



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

| (See the instructions for Part II ) |                                                                                             | (A) Beginning of year | (B) End of year |         |
|-------------------------------------|---------------------------------------------------------------------------------------------|-----------------------|-----------------|---------|
| 22                                  | Cash, savings, and investments . . . . .                                                    | 55,022                | 22              | 20,110  |
| 23                                  | Land and buildings . . . . .                                                                | 424,031               | 23              | 409,700 |
| 24                                  | Other assets (describe in Schedule O) . . . . .                                             | 1,000                 | 24              | 1,000   |
| 25                                  | <b>Total assets</b> . . . . .                                                               | 480,053               | 25              | 430,810 |
| 26                                  | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                 | 47,023                | 26              | 20,101  |
| 27                                  | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . | 433,030               | 27              | 410,709 |

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose?  
CHARITY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|    |                                                                                                                              |                                                                             |     |  |
|----|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----|--|
| 28 | CONTRIBUTIONS AND AWARDS WERE DISTRIBUTED TO VARIOUS ORGANIZATIONS & INDIVIDUALS ON THE BASIS OF NEED OR MER<br>(Grants \$ ) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |  |
| 29 |                                                                                                                              |                                                                             |     |  |
|    | (Grants \$ )                                                                                                                 | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |  |
| 30 |                                                                                                                              |                                                                             |     |  |
|    | (Grants \$ )                                                                                                                 | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |  |
| 31 | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ )                                                    | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |  |
| 32 | <b>Total program service expenses</b> (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 address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                          | 33  | No |
| 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  | No |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .                                                                                                                                                                                 |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                 | 35a | No |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                       | 35b | No |
| 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  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶                                                                                                                                                                                                                                                                                                                                             | 37a |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                    | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                        | 38a | No |
| 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 ▶, section 4912 ▶, section 4955 ▶                                                                                                                                                                                                                                                                                      |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                            | 40b | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶                                                                                                                                                                                                                                                |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶                                                                                                                                                                                                                                                                                                                  |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                         | 40e | No |
| 41  | List the states with which a copy of this return is filed ▶ AL                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 42a | The organization's books are in care of ▶ CHARLES B POOLE Telephone no ▶ (256) 355-5702<br>PO BOX 2041<br>Located at ▶ DECATUR, AL ZIP + 4 ▶ 35601                                                                                                                                                                                                                                                                                         |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/><br>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? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                        | 44a | No |
| 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 | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                     | 44c | No |
| 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 |    |

|     |                                                                                                                                                                                                                         |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                         | Yes | No |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ                                 |     | No |
| 45a | 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 must be completed instead of Form990-EZ |     | 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                              |     | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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? If "Yes," complete Schedule C, Part II        | No |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?         | No |
| 49b | If "Yes," was the related organization a section 527 organization?                                | No |

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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                          |                                                               |              |      |            |                        |                                                              |
|--------------------------|---------------------------------------------------------------|--------------|------|------------|------------------------|--------------------------------------------------------------|
| Sign Here                | Signature of officer                                          |              | Date |            |                        |                                                              |
|                          | CHARLIE POOL QUARTERMASTER                                    |              |      |            |                        |                                                              |
| Paid Preparer's Use Only | Preparer's signature                                          | LAURA WALKER | Date | 2012-09-08 | Check if self-employed | Preparer's taxpayer identification number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 |              |      |            | EIN                    |                                                              |
|                          | DECATUR, AL 35601                                             |              |      |            | Phone no               | (256) 355-5702                                               |

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

Additional Data

Software ID: 10000108  
Software Version:  
EIN: 63-0500440  
Name: POST 4190 VETERANS OF FOREIGN WARS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address                                 | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| LAWRENCE SEPANSKI<br>PO BOX 2041<br>DECATUR,AL 35601 | COMMANDER 20                                             | 0                                          |                                                                     |                                          |
| PAUL LIGHTELL<br>PO BOX 2041<br>DECATUR,AL 35601     | SR-VICE CM 20                                            | 0                                          |                                                                     |                                          |
| RON HOWELL<br>PO BOX 2041<br>DECATUR,AL 35601        | JR-VICE CM 20                                            | 0                                          |                                                                     |                                          |
| CALVIN UNDERWOOD<br>PO BOX 2041<br>DECATUR,AL 35601  | ADJUTANT 20                                              | 0                                          |                                                                     |                                          |
| CHARLES B POOLE<br>PO BOX 2041<br>DECATUR,AL 35601   | QUARTERMAS 20                                            | 0                                          |                                                                     |                                          |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                       |                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>POST 4190 VETERANS OF FOREIGN WARS | <b>Employer identification number</b><br>63-0500440 |
|-----------------------------------------------------------------------|-----------------------------------------------------|

| Identifier | Return Reference | Explanation                              |
|------------|------------------|------------------------------------------|
|            |                  | ADVERTISING \$30 INTEREST ON LOAN \$1259 |

| Identifier | Return Reference | Explanation           |
|------------|------------------|-----------------------|
|            |                  | OFFICE EXPENSE \$1279 |

| Identifier | Return Reference | Explanation            |
|------------|------------------|------------------------|
|            |                  | POST ACTIVITIES \$8988 |

| Identifier | Return Reference | Explanation              |
|------------|------------------|--------------------------|
|            |                  | BONDS & INSURANCE \$7675 |

| Identifier | Return Reference | Explanation  |
|------------|------------------|--------------|
|            |                  | PERMIT \$200 |

| Identifier | Return Reference | Explanation      |
|------------|------------------|------------------|
|            |                  | CLEANING \$17817 |

| Identifier | Return Reference | Explanation     |
|------------|------------------|-----------------|
|            |                  | SUPPLIES \$6280 |

| Identifier | Return Reference | Explanation             |
|------------|------------------|-------------------------|
|            |                  | TAXES & LICENSE \$12571 |

| Identifier | Return Reference | Explanation      |
|------------|------------------|------------------|
|            |                  | DONATIONS \$1708 |

| Identifier | Return Reference | Explanation          |
|------------|------------------|----------------------|
|            |                  | DEPRECIATION \$14331 |

| Identifier | Return Reference | Explanation                 |
|------------|------------------|-----------------------------|
|            |                  | PART II - OTHER LIABILITIES |

| Identifier | Return Reference | Explanation             |
|------------|------------------|-------------------------|
|            |                  | TAX LIABILITIES \$2,115 |

| Identifier | Return Reference | Explanation                    |
|------------|------------------|--------------------------------|
|            |                  | OTHER ASSETS- DEPOSITS \$1,000 |

| Identifier | Return Reference | Explanation                  |
|------------|------------------|------------------------------|
|            |                  | LOAN ON BUILDING \$17,985 72 |