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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	e 2011 calend	dar year, or	tax year begi	nning		, 2011, and	d endin	g		,		
В	Check if	applicable	C Name of o	rganization AM	ERICAN I	EGION MOUNT	AINEER	POST	174	D Empl	oyer Identif	ication Number	
	Add	fress change	Doing Bus	ness As						55	-06 <u>69</u> 5	23	
	Nan	ne change	Number ar	id street (or P O	box if mail is not	delivered to street addr)		Room/s	uite	E Telep	hone numbe	er	
	Initi	al return	P. O. B	OX 43						(3	04) 29	1-4676	
	Terr	minated	City, town	or country			State ZIP	code + 4		į			
	Ame	ended return	DELLSLO	W			WV 26	<u> 5531-</u>	0043	G Gross	receipts \$	85,359	·
	П Арр	lication pending	F Name and	address of princip	pal officer				H(a) Is this			ates? Yes	X No
			RALPH W. PHI	LLIPS P. O	. BOX 11	8 DELLSLOW	WV 26	5531	H(b) Are all	l affiliates ir ' attach a lis		ructions) Yes	No
<u></u>	Tax-ex	xempt status	501(c)(3)	X 501(c) ((19)	insert no.) 4947(a)(1) or	527			(30330	,	
<u>J</u>	Webs	site: ► N/.							H(c) Group	exemption	number -		
K			X Corporation	n Trust	Association	Other ►	L Year o	of Format	ion 198	4 M	State of le	gal domicile WV	·
Pa	art I	Summar											
	1 E	Briefly describ	oe the organ	ization's miss	sion or most s	significant activities	WILI	TARY	VETER	ryn yr	SISTA	NCE	-
e S	_										- 	- -	
Activities & Governance	-						-				- -	- <i>-</i>	
Ven	1 2 -									0/ -4-4-			
Ô						ed its operations or Part VI, line 1a)	aisposea	or more	e tnan 25	% OT ITS	net asset	S	3
a g	1		•	•	• •	rning body (Part VI	. line 1b)		•		4		3
ij						ear 2011 (Part V, lin					5		
棄				s (estimate if		• ,	ŕ				6		15
Ă						umn (C), line 12					7a		0.
	b N	let unrelated	business ta	xable income	from Form 9	90-T, line 34					7b		
									F	rior Yea		Current Y	
۵	l .		-	(Part VIII, line	•				·	69,	691.	57	<u>,860.</u>
Revenue	1	_		(Part VIII, line	-	. =			ļ				
) N	4		-		(A), lines 3, 4				ļ				
ш			-			, 9c, 10c, and 11e)		Γ	ļ	-21,			<u>,698.</u>
-						Part VIII_column	47, line 12)	1	+	4/,	945.		<u>,162.</u>
					X, column (A	1), line\$_1(3) \ \v		જ્ર \			600.		<u>75.</u>
						art IX, column _b (A),	_ 16	$\circ t$	·				
8							ທົ່ນຄົວ ວະເດ	(2)					
J.	1				column (A),	(4)		1-1					
Expenses	ľ				olumn (D), lin				ļ			···	
ш						11f-24e)	09	-		66,	580.		<u>,167.</u>
		•		•	•	column (A), line 2	25)		<u> </u>		180.		<u>,242.</u>
_	19 R	Revenue less	expenses. S	Subtract line 1	18 from line 1	2				-19,		-1	<u>,080.</u>
800									Beginnir	ng of Curre		End of Ye	
Salar		otal assets (F		•	•	•	•		ļ	682,			<u>,043.</u>
Nat Assats Fund Balanc		otal liabilities	•		•		•		-	311,			<u>,427.</u>
		1		es Subtract I	ine 21 from li	ne 20		:		<u>370,</u>	696.	369	<u>,616.</u>
	rt II	Signature											
Unde	r penaltie: plete Decl	s of perjury, I declaration of prepar	clare that I have er (other than o	examined this re efficer) is based or	eturn, including ac n all information o	companying schedules at if which preparer has any	nd statements knowledge	, and to t	he best of m	ny knowledg	e and belie	f, it is true, correct	, and
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Sig	jii re	IN _'		Phelley IILLIPS J	JR.					1			
110	. •		print name and			 -							
		Print/Type pr	eparer's name		Preparer's sig	nature /	Dat	te		Check	nf P	TIN	
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	. <i></i>	Times address		ANTOWN		WV	26508-8	3803		Phone no	(304		1 9
Mar	the IDS	S discuse this			shown shows	e? (see instructions		3003		I - HOHE HO	(304	X Yes	No
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orm 990 (2011)

	1 990 (2011) AMERICAN LEGION MOUNTAINEER POST 174	55-0669523	Page 2
Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		П
1	Briefly describe the organization's mission:		
	MILITARY VETERAN ASSISTANCE		 -
	,		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O		-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? . Yes 🗶	No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expen-	ses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported.	ount of grants and allocation	ns to
	others, the total expenses, and revenue, it any, for each program service reported.		
	(Code) (Expenses \$ including grants of \$) (F	Payanua é	
40	MILITARY VETERAN ASSISTANCE	revenue \$,
	MILITARI VEIERAN ASSISIANCE		- -
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40	(Code) (Expenses \$ including grants of \$) (F	revenue ş	
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40	(Code:) (Expenses \$ including grants of \$) (F		
		- <b></b>	- <b></b>
			- <b>-</b>
•			
	Other present applied (Decorbe in Selective O.)		<del></del>
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$		
	(Expenses \$ including grants of \$ ) (Revenue \$		

_			Yes	_No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	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? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		
6	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? If 'Yes,' complete Schedule D, Part I	6_		х
7	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	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	_	_	
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI .	11 <u>a</u>	х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	-	х
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		X_
(	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 in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		x
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	X
1	f 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.	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	_	х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	-	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13	-	X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
ŧ	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .	15	<u> </u>	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
t	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Form 990 (2011) AMERICAN LEGION MOUNTAINEER POST 174

Part IV* Checklist of Required Schedules (continued)

Pai	rive   Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	. 21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	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? <i>If 'Yes,' complete Schedule J</i>	. 23		x
		123		
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25	. 24a	l	х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			2 TA
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29_		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		ж
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	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,' complete Schedule R, Part V, line 2	35b		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Forn	1 <b>990</b> (	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V .	<u></u>					
				Yes	No		
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	οſ					
1	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			i		
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	7	1 c				
2	a 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  2a	-					
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		'		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	- F	25		<del>                                     </del>		
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	\  -	3a	-	x		
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	·	3b				
		·	30		<u> </u>		
	a 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		х		
'	b if 'Yes,' enter the name of the foreign country:		]		1		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	-			'		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5a		X		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·	5b		X		
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	.  -	5c				
6	a 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?		6a		х		
١	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	ŀ	7a		X		
ŀ	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .	L	7b				
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7с		х		
(	d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d						
é	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	$\Box$	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. [	<b>7</b> f		Х		
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	-			
t	n 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	-	8		-		
9	Sponsoring organizations maintaining donor advised funds.	Ī					
a	a Did the organization make any taxable distributions under section 4966?		9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	Γ	9 b				
	Section 501(c)(7) organizations. Enter				,		
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1	1				
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ļ		, ,		
11	Section 501(c)(12) organizations. Enter		l				
a	Gross income from members or shareholders		- 1		,		
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				1		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	- 1 -			
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	F	7				
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.	ſ					
ь	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						
	Enter the amount of reserves on hand	$\dashv$					
	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		X		
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	.	14b				

Form 990 (2011) AMERICAN LEGION MOUNTAINEER POST 174 55-0669523 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 3 1 a 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 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 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 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? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director or 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? 15 a a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 X 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

the public during the tax year

Form <b>990</b> (2011)	AMERICAN	LECTON	MOUNTAINEER	POST	174

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# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if neither the organization	n nor any r	elated	org	janiz	atio	n com	pen	sated any current office	cer, director, or truste	е.
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from	(E) Reportable	(F) Estimated amount of other		
	(describe hours for related organiza- tions in Schedule	adividual trustee or director	institutional trustee	Offirer	Key employee	Higt est compensated employee	Forner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RALPH PHILLIPS JR.										
PRESIDENT	20.00			X			_	0.	0.	0.
(2) RALPH PHILLIPS SR V. PRESIDENT	20.00			x				0.	0.	0.
(3) EDWARD T. WHITE	20.00						-			
SEC/TREASURER	20.00			x				0.	0.	0.
_(4)										
_(5)						·				
_(8)										
_(9)										
(19)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Trust	ees, I	Key	En			es,	and	d Highest Con	pensated Em	ployee	s (cont	
(A) Name and title	(B) Average hours	box	, unie	Pos heck	rson	than is bot	h an	(D) Reportable compensation from	(E)  Reportable compensation from	) amo	(F) stimated ount of other	er
, ·	per week (describ e hours for related organi- zations in Sch O)	or director		Officer	Key employee	Highest compensated employee	Τ.	the organization (W-2/1099-MISC)	related organization: (W-2/1099-MISC)	s cor	npensation from the ganization nd related janizations	1
<u>(15)</u>	+	_										
(16)	1									1	<del></del> -	
<u>(17)</u>	-											
<u>(18)</u>	_											
(19)	-											
(20)				-	-					<del> </del>		
<u>(21)</u>	-			-						-		
(22)						-	-				·· •	
(23)												
(24)												
<u>(25)</u>			-								<del></del>	
1 b Sub-total c Total from continuation sheets to Part VII, Section A	\ \	1	,	•	L	<u> </u>	<b>&gt;</b>	0.	0			0.
d Total (add lines 1b and 1c)	·						<b>&gt;</b>	0.				0.
2 Total number of individuals (including but not limited from the organization ►	to thos	se lis	ted	abov	ve) v	who	rece	eived more than \$	100,000 of reporta	ible comp	ensatio	n
3 Did the organization list any <b>former</b> officer, director of	or truste	ee k	ev e	mnl	ove	e or	hia	hest compensated	l employee		Yes	No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc</li> <li>4 For any individual listed on line 1a, is the sum of rep</li> </ul>										3		X
the organization and related organizations greater th such individual	an \$15	0,00	07 li	f 'Ye	s' c	omp	lete	Schedule J for		4		_ <b>X</b>
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens mplete	atior Sch	fro edu	m ai le J	ny u for	nrela such	ated per	l organization or ir rson	ndıvıdual	5		x
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inder	end	ent o	cont	racte	ors t	hat	received more tha	n \$100.000 of			
compensation from the organization. Report compen	sation	for th	ne ca	alen	dar	year	enc	ding with or within	the organization's			
Name and business address	s						_	Description (	of services	Compe	C) ensation	
									<del></del>			
2 Total number of independent contractors (including b \$100,000 in compensation from the organization •	out not l	limite	ed to	tho	se I	ısted	abo	ove) who received	more than			

<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
97.0	1a Federated campaigns 1a				
ANT	b Membership dues 1b 1,060.				
g S	c Fundraising events 1c				1
R A	d Related organizations 1d		u		
ਛੁੱਡੋ	e Government grants (contributions) 1 e				
SNS	e dovernment grants (contributions)				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1f 56,800.				
TNO ON	g Noncash contributions included in lns 1a-1f. \$				
	<del></del>	57,860.			
Ž	Business Code				-
Ē	2a				
Ä	b				<u></u>
ž	C	····		<u></u>	<del></del>
SE	d				<del></del>
Z.	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
8	g Total. Add lines 2a-2f . ▶				
	3 Investment income (including dividends, interest and			,	
	other similar amounts)	<del></del>			
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		 		
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less rental expenses				i
į	c Rental income or (loss)				
	d Net rental income or (loss)		- <del></del> -		
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses				1
	c Gain or (loss)				
	d Net gain or (loss)			<del></del>	
UE	8a Gross income from fundraising events (not including \$	-			,
	of contributions reported on line 1c).				
OTHER REVEN					
<b>E</b>	See Part IV, line 18 a b Less. direct expenses b				
6	c Net income or (loss) from fundraising events				-
	9a Gross income from garning activities				
	See Part IV, line 19 a				
	b Less. direct expenses b				
l	C Net income of (loss) from garning activities				
	10a Gross sales of inventory, less returns and allowances a 27,499.				,
	b Less cost of goods sold b 30,197.				
-	c Net income or (loss) from sales of inventory	-2,698.	-2,698.	0.	0.
- 1	Miscellaneous Revenue Business Code				
	11a				
}	b				·
l	c				
ļ	d All other revenue				
- 1	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	55,162.	-2,698.	0.	0.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

		·			
	Check if Schedule O contains a re	<del></del>			···········
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	75.			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	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 section 403(b) employer contributions)				
9	Other employee benefits	T			
10					
	Fees for services (non-employees):				
	Management	_			
	Legal .				<del></del>
	Accounting	1,100.	600.	500.	
	Lobbying	2,100.			
	Professional fundraising services. See Part IV, line 17			<del></del>	
	, , , , , , , , , , , , , , , , , , ,	<del></del>		<del></del>	<del></del>
	Investment management fees				
	Other	138.		120	
	Advertising and promotion			138.	
13	- T - T - T - T - T - T - T - T - T - T	230.		230.	
14	Information technology .		<del></del>		
15	Royalties				
16	Occupancy . I	12,107.		12,107.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	11,380.		11,380.	
21					
	Depreciation, depletion, and amortization	16,537.		16,537.	<del></del>
23	<b> </b>	5,008.		5,008.	
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.)				
а	TELEPHONE	2,067.		2,067.	
t	MAINTENANCE	1,544.		1,544.	
	LICENSES & PERMITS	2,216.		2,216.	
c	CASUAL LABOR	650.		650.	
	All other expenses	3,190.	648.	2,542.	
	Total functional expenses. Add lines 1 through 24e	56,242.	1,248.	54,919.	
	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)				

**Balance Sheet** (A) Beginning of year End of year 1 Cash - non-interest-bearing 82,288 80,501. Savings and temporary cash investments 2 3 Pledges and grants receivable, net. 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 728,772 10b **b** Less: accumulated depreciation 145,230 600,079 10 c 583,542 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 682,367 664,043. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 485 209. Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 311,186 294,218. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 311,671 26 294,427 Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34. 1,000 1,000. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 368,616. 369,696. Total net assets or fund balances 370,696. 33 369,616.

BAA

Total liabilities and net assets/fund balances

664<u>,043.</u>

682,367.

Form	990 (2011) AMERICAN LEGION MOUNTAINEER POST 174 55-0669523	s	Pa	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			$\Box$
_		_		
1	Total revenue (must equal Part VIII, column (A), line 12)			62.
2	Total expenses (must equal Part IX, column (A), line 25)			42.
3	Revenue less expenses Subtract line 2 from line 1			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>	0,6	<u>96.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	36	9,6	16.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			$\prod$
		`	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	ll	- [	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_ ]	X
ŧ	Were the organization's financial statements audited by an independent accountant?	2b	]	x
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
c	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		ļ	
	Separate basis Consolidated basis Both consolidated and separate basis		-	
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. 3a		<u>x</u>
t .	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.	3 b		
BAA		Form 9	990 (	2011)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization .

Employer identification number

AME	RICAN LEGION MOUNTAINEER POS	Т 174			55-0669523	
Par			r Similar Funds			
	the organization answered 'Yes' t	o Form 990, Part IV, line	6.			•
		(a) Donor advised for	unds	<b>(b)</b> Fu	nds and other acco	ounts
1	Total number at end of year .					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and don	or advisors in writing that the ar	cate hold in donor	advisad.		
	funds are the organization's property, subject t	to the organization's exclusive le	egal control?		Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or donor	advisor, or for any	other	☐Yes	No
Par	t II Conservation Easements. Compl	lete if the organization an	swered 'Yes' to	Form 99	0. Part IV. line	 7.
1	Purpose(s) of conservation easements held by				-,	<u></u>
•	Preservation of land for public use (e.g., re		¬' ' ' ' '	an historicall	y important land a	rea
	Protection of natural habitat		Preservation of a		•	· =
	Preservation of open space	L				
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	contribution in the	form of a co	nservation easeme	ent on the
	•			He	eld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easen	nents .		2b		
С	Number of conservation easements on a certification	ed historic structure included in	(a)	2c		
d	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and	not on a historic	2d		
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguish	ed, or terminated t	y the organi	zation during the	
4	Number of states where property subject to cor	nservation easement is located	<b>-</b>			
5	Does the organization have a written policy reg and enforcement of the conservation easement	parding the periodic monitoring, its it holds?	inspection, handlin	g of violation	ns, . Yes	No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing con	servation easemer	its during the	e year	
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conserva	ation easements di	uring the yea	ar	
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requ	irements of section	ı 	. Yes	☐ No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.					
ar	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 1 wered 'Yes' to Form 990,	reasures, or 0 Part IV, line 8.	ther Simi	lar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, educa-	ation, or research i	statement ar n furtheranc	nd balance sheet we of public service	orks of , provide,
b	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report d for public exhibition, education	ın its revenue state ı, or research in fu	ement and b rtherance of	alance sheet work public service, pro	s of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>⊳\$</b> _	
	(ii) Assets included in Form 990, Part X				. >\$	
	If the organization received or held works of ari amounts required to be reported under SFAS 1	t, historical treasures, or other s	imilar assets for fir			
а	Revenues included in Form 990, Part VIII, line				. <b>&gt;\$</b>	
ь	Assets included in Form 990, Part X				. <b>&gt;</b> \$	

4 Describe in Fait XIV the interiord uses of the organization's chaowinent lands.				
Part VI Land, Buildings, and Equipme	ent. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		75,000.		75,000
<b>b</b> Buildings		623,718.	130,253.	493,465
c Leasehold improvements		30,054.	14,977.	15,077
<b>d</b> Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule **D** (Form 990) 2011

583.542.

Schedule D (Form 990) 2011 AMERICAN LEGION MO			55-066	9523 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion: ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u></u>			<u> </u>	
<u>(G)</u>				
(H)				
<u>_()</u>				_ <del></del>
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)				
Part VIII Investments - Program Related. See		line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuate Cost or end-of-year mark	ion ket value
(1)	<del></del>			
(2)		<del> </del>		
(3)	–			
(4) (5)				
<u>(5)</u> (6)		<u> </u>		
(7)	<u> </u>			
(8)				
(9)	<del></del>			
(10)	<del></del>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)				
Part IX Other Assets. See Form 990, Part X, I	ine 15.			
(a) De	scription			(b) Book value
(1)				
(2)	. <u> </u>			
(3)				<del></del>
_(4)				
_(5)				
	<del></del>			
(8)				
(9)				
(10)  Tatal (Column (h) must equal Form 900, Part V, column (P)	\ /ma_15_\	<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. See Form 990, Part X		<u> </u>	<u></u> ▶	<del></del>
(a) Description of liability	(b) Book value			
(1) Federal income taxes	(5) 200 1000			
(2)				1
(3)		_		1
(4)				1
(5)				1
(6)				,
(7)				
(8)				
_(9)				ł
(10)				1
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<u> </u>		ensual statements that ren	

Sch	edule D (Form 990) 2011 AMERICAN LEGION MOUNTAINEER POST 174	55-066	9523 Page 4
Pa	rt XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	[	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	, .	
6	Investment expenses .	[	
7	Prior period adjustments		_
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8 .		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ź	Net unrealized gains on investments		
t	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	1 Other (Describe in Part XIV.) . 2d		
	Add lines 2a through 2d	. 2e	
	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	.	
·	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
-	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	
	t XIII   Reconciliation of Expenses per Audited Financial Statements With	Expenses per Retu	rn
1	Total expenses and losses per audited financial statements	. 1	· · · · · · · · · · · · · · · · · · ·
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated services and use of facilities . 2a		
-	Prior year adjustments 2b		
	Other losses . 2c		
	Other (Describe in Part XIV )		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·	<u></u> -
·	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIV   Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and additional information	1a and 4, Part IV, lines 1b 4b. Also complete this part	and 2b, to provide
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Part XIV   Supplemental Information (continued)	· <del>····································</del>		
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Schedule **D** (Form 990) 2011

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service 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.

Name of the organization *	Employer identification number
AMERICAN LEGION MOUNTAINEER POST 174	55-0669523
Pt_VI,_Line_19AVAILABLE_TO_THE_PUBLIC_THRU_OFFICERS	<b></b>
Pt_VI,_Line 6MEMBERS	
Pt VI, Line 8a YES - WRITTEN	
Pt_VI, Line 8b YES - WRITTEN	
Pt VI, Line 11a VERIFICATION OF ALL INFORMATION ENTERED	