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Department of the Treasury Internal Revenue Service

For the 2011 calendar year, or tax year beginning

SCANNED DF. : 0 2012

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)

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

JUL 01, 2011, and ending

OMB No 1545-0047 **2011**

Open to Public Inspection

JUN 30,2012

H	check ii applicable		C Name of organization POST 4190 VETERAINS OF FOR	ETGN								
Ц	Address c	change	Doing Business As Number and street for R.O. box if mail is not delivered to street address) Room/St	unte		050044	<u> </u>					
Ш	Name cha	ange	Hamber and street (or F. O. Box ii main is not delivered to street address)	uite	E Telephone nu		700					
Ц	Initial retu	urn	PO BOX 2041			-355-5						
Ц	Terminate	ed	City or town, state or country, and ZIP + 4		G Gross g	<u> </u>	204094.					
	Amended		DECATUR AL 35602-2041		H(a) Is this a group return							
	Applicatio pending	on	F Name and address of principal officer LARRY WILLIAMS		for affiliat	tes?	Yes X No					
			PO BOX 2041 DECATUR AL 35602-	2041	H(b) Are all affilia	ites included?						
1 7	ax-exe	empt sta	tus 501(c)(3) X 501(c)(1 9) ∢ (insert no) 4947(a)(1) or	527	(see instruc		∐ Yes ∐ No					
J /	Vebsite	e: ▶				ption number	<u> </u>					
		rganization		Year of for	nation	M State of leg	al domicile AL					
Р	art l		nmary		_							
	1 8	Briefly d	escribe the organization's mission or most significant activities	=			3 M T 0 3 Z O					
Φ		CONTRIBUTIONS AND AWARDS WERE DISTRIBUTED TO VARIOUS ORGANIZATIONS										
auc	1 2	AND INDIVIDUALS ON THE BASIS OF NEED OR MERIT										
Ë	-											
Š	1		nis box if the organization discontinued its operations or disposed of m	nore than	25% of its net as	1	2.5					
ජ	1		of voting members of the governing body (Part VI, line 1a)			3	35					
es			of independent voting members of the governing body (Part VI, line 1b)			4	10					
Ĭ.			mber of individuals employed in calendar year 2011 (Part V, line 2a)		-	6						
Activities & Governance			mber of volunteers (estimate if necessary)	- •	}	7a	24.					
			related business revenue from Part VIII, column (C), line 12		1_	7a 7b						
_	b !	Net unre	elated business taxable income from Form 990-T, line 34				umant Vaar					
	١		(D-4)(III los 4b)		Prior Year	Ci	irrent Year 49211.					
Re			itions and grants (Part VIII, line 1h)				47211.					
Revenue		•	n service revenue (Part VIII, line 2g)				24.					
Æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)				84555.					
	1		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				133790.					
			venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-	6289.					
			and similar amounts paid (Part IX, column (A), lines 1-3)				0205.					
			paid to or for members (Part IX, column (A), line 4).	├			34826.					
Expenses	ſ		, other compensation, employee benefits (Part IX, column (A), lines 5-10)				31020.					
ë	1		onal fundraising fees (Part IX, column (A), line 11e)									
X	1		ndraising expenses, (Part IX, column (D), line 25)▶ quenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-			106323.					
			penses Add lines 13-17 (must equal Part IX, column (A), line 25)				147438.					
			e less expenses Subtract line 18 from line 12				-13648.					
		I VE A SUIT	C 1000 CAPCINGES CONDITION TO HOM TIME 12	Ве	ginning of Curre	ent F,	nd of Year					
s or	20 -	Total as	sets (Part X, line 16)	<u> </u>	43081		410900.					
\sser Bata	21 -		bilities (Part X, line 26)		2010		13840.					
Net Assets or Fund Balances	22 1		ets or fund balances Subtract line 21 from line 20		41070		397060.					
	art II		nature Block									
			ry, I declare that I have examined this return, including accompanying schedules and statements, and	to the best	of my knowledge							
and	belief, it is	s true, com	ect and complete Declaration of preparer (other than officer) is based on all information of which prep	oarer has ar	y knowledge							
	_				11,	/13/20	12					
Sig	n	│ ₹	Signature of officer		Date	111	1.0 /0.0					
He			LARRY WILLIAMS are Malana QUARTE	RMAS	TER	///	13/2012					
		7	Type or print name and title									
Pai	d		t /Type preparer's name Preparer's signature D	ate	Check		ΓIN					
Pre	parer	LA	URA WALKER OL Was Solley	<u>/10/</u>	2012 self-em							
	e Only	Firm	n's name ▶ WALKER & ASSOC/IATES		Firm's EIN▶	63-11	51018					
	-		n's address ▶ 2126 6TH AVE STE 204		Phone no		<u> </u>					
		1	DECATUR AL 35601-		256-35	5-5702						

50

X Yes No

Form **990** (2011)

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

		03-0500440	Page Z
Pai	Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	CONTRIBUTIONS AND AWARDS ARE DISTRIBUTED TO VARIOUS OF	RGANIZATIONS	AND
	INDIVIDUALS ON THE BASIS OF NEED OR MERIT		
	1		
			
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	_ □ v. f	⊽
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		es
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun	t of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (R	evenue \$)
4b	(Code) (Expenses \$ including grants of \$) (R	evenue \$)
			
			-
		.	
4c	(Code) (Expenses \$ including grants of \$) (R	evenue \$)
		—	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$)(Revenue \$)	
	Total program service expenses▶		
46	Total program service expenses?	Form 99	(2011)

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A X 2 is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in 4 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, 5 or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Х 6 Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete X 11a Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2011) POST 4190 VETERANS OF FOREIGN

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 12 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? If "Yes,"			
	complete Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	-	
25a	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		
b	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	_		V
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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			v
	of any of these persons? If "Yes", complete Schedule L, Part III	27		X
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)	20-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		$\frac{X}{X}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and œase operations? If "Yes," complete Schedule N, Part I	31	_	<u>X</u>
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	"		
32	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			 -
J- 4	III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	100		
	of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		_
50	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19º Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Fo	rm 990	(2011)

سجب	Check if Schedule O contains a response to any question in this Part V .						П
	Check is deficulte of contains a response to any question in this rait v					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	l	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble				
	gaming (gambling) winnings to prize winners?	•			1c	Х	
	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		10			
	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority ov	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			·	4a		Х
b	If "Yes," enter the name of the foreign country						
	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fin	ancial A	Accoun	ts		_	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the					
	organization solicit any contributions that were not tax deductible?				6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions c	r				
	gifts were not tax deductible? .				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	s				
	and services provided to the payor? .				7a		·
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was					
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			ļ	!
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor				7f		
	If the organization received a contribution of qualified intellectual property, did the organization file			required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	ızatıon	file a		l l		
	Form 1098-C?				7h		
	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 sponsorii	ng orga	inizatio	n,			
	have excess business holdings at any time during the year?				8		
	Sponsoring organizations maintaining donor advised funds.				_		
	Did the organization make any taxable distributions under section 4966?				9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	- 	
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 104	11?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	•	•				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				1		
	Is the organization licensed to issue qualified health plans in more than one state?				13a		İ
	Note. See the instructions for additional information the organization must report on Schedule O						
	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						
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O			14b		
CA	US990\$\$5				Fo	rm 990	(2011)

63-0500440 Part VI 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

	Check if Schedule O contains a response to any question in this Part VI					
Secti	on 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 .	1a	35			
	If there are material differences in voting rights among members of the governing body, or if the governing					ł
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			ŀ		ł
b	Enter the number of voting members included in line 1a, above, who are independent	1b				ł
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ŀ		ł
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	iled?	Ī	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	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 on	e or more	. [
	members of the governing body?	-		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold	ers, or pe	rsons	7b		X
	other than the governing body? .					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					ĺ
	the year by the following				ı	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo	le)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		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?		Ĺ	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the	form?	11a	_X	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990					
	Did the organization have a written conflict of interest policy? If "No", go to line 13			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to c	onflicts∄	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	-	ļ	12c		ļ
13	Did the organization have a written whistleblower policy?		ļ	13		Х
14	Did the organization have a written document retention and destruction policy?		1	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by		ì			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?				١,,
	The organization's CEO, Executive Director, or top management official		-	15a		X
b	Other officers or key employees of the organization		-	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				-	v
	with a taxable entity during the year?		}	16a		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 take steps to safeguard		į			
	the organization's exempt status with respect to such arrangements?			16b		<u> </u>
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL	- E04/->/	2\= ==!-`			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1	n 5U1(C)(s only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	interest				
,	policy, and financial statements available to the public during the tax year	In				
20	State the name, physical address, and telephone number of the person who possesses the books and record		251	001	۵	
	organization ►LAWRENCE SEPAN PO BOX 204 DECATUR AL 35603	250-	22T-	0 7 2	<u> </u>	

Part VII 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.

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	(do no box, u office	ot che inless	(C Positick m ck m pers	ion nore son recto	than ones that the state of the	one an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organiza- tions in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)LAWRENCE SEPAN								0		0
COMMANDER (2)JERRY ECELROY	20			X				0	0	0
SR VICE CO	20			X				0	0	0
(3) JOHN MOORE				<u> </u>						
JR VICE COM	20			X				0	0	0
(4)JENNA HERBSTER										
ADJUTANT	20			X				0	0	0
(5)LAWRENCE WILLI QUARTERMASTER	20			X				0	0	0
(6)	-							- U.J U.S		
(7)										-
(8)				-	-					
(9)	1									
(10)										
(11)										
(12)						_				
(13)										
(14)										

Part VII Section A. Officers, Directors	s, Trustees	, Key	Empl			and Hi	ghe	st Compensated E	nployees (continued	<u>)</u>		
•				_ (C	•				1			
		(do n		Positeck m		than	one	<u> </u>				
(A)	(B)	lbox. ι	unless	per	son	is both	n an	(D)	(E)	_	(F)	
Name and title	Average	~ 						1	Reportable		tımate	-
	hours per	Individual truster or director	Ins	Officer	<u></u>	떒	Former	compensation	compensation		nount o	of
	week	ire vid	E	8	e e	Beg	me me	from	from related		other	
	(describe hours for	당	nstitutional truste		Key employee	/ee α	"	the	organizations		pensat	
	related	'ੜੋਂ	al		Уe	Į		organization	(W-2/1099-MISC)		om the	
	organiza- tions in	stee	St		T T) en		(W-2/1099-MISC)	;	_	anızatı	
	Sch O)		&			Highest compensated employee					d relate	
			!			ä	<u> </u>			orga	anızatı	ons
(15)	4					}						
(46)	-		<u> </u>	-			┝					
(16)												
				 -	-	-						
(17)	4	ļ				ł						
(4.0)	+					-						
(18)	1					<u> </u>						
(19)	 						<u> </u>					
(20)	 				_	 						
(20)	1											
(21)	+											
()	1											
(22)								· · · · · · · · · · · · · · · · · · ·				
	1		ĺ			}						
(23)			-	_								
	1											
(24)	1											
							ļ					
(25)												
1b Sub-total							>	0	0		0	
c Total from continuation sheets to Part	VII, Sectio	n A					•	0	0		0	
d Total (add lines 1b and 1c)							•	0	0		0	
2 Total number of individuals (including but	not limited	to tho	se listi	ed al	bove	e) who	rec	eived more than \$10	0,000 of reportable o	compens	sation	
from the organization 🕨												
											Yes	No
3 Did the organization list any former office						oyee, c	or hi	ghest compensated				
employee on line 1a? If "Yes," complete S	Schedule J	for suc	ch indi	vidu	al					3	<u> </u>	X
4 For any individual listed on line 1a, is the												
the organization and related organizations	s greater th	an \$15	50,000)? If '	"Yes	s," con	nplet	te Schedule J for suc	:h			
ındıvıdual										4	ļ	X
5 Did any person listed on line 1a receive o									vidual for			
services rendered to the organization? If '	Yes," comp	ete S	chedu	ıle J	for s	such p	erso	on		5	L	<u>X</u>
Section B. Independent Contractors												
1 Complete this table for your five highest c												
compensation from the organization Rep	ort compen	sation	for th	e ca	lend	ar yea	r en		e organization's tax			
(A)								(B)			C)	
Name and busine	ss address							Description of	services	Comp	ensatio	on
							\vdash					
							<u> </u>					
						_	-					
O Tablesonhard description	/ al-:		lue	٠.	4b -	ا سالیس	<u> </u>		and the			
2 Total number of independent contractors	-	out not	urnite	u 10	เทอร	e iiste	u at	ove) who received r	nore man			
\$100,000 in compensation from the organ	nzauon 🚩						_					

Page 9

Part	VIII	Statement of Revenue					
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
Sra	b	Membership dues 1b	5180.				
s, (Am	С	Fundraising events 1c	,				
Sift ar	d	Related organizations 1d	-				
s, (mil	e	Government grants					
Si	f	(contributions) All other contributions, gifts,					
F	'	grants, and similar amounts	44031.				
걸	g	Noncash contributions					
Contributions, Gifts, Grants and Other Similar Amounts	_	included in lines 1a-1f		49211.			
	h	Total. Add lines 1a-1f	<u> </u>	43211.			
_			Business Code				
Program Service Revenue	2a _		_	,			
≥ •	b_		_				
n S	c _		_				
ran	d _						
δğ	е						
<u>a</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	. •				
	3	Investment income (including divider	nds, interest, and				
		other similar amounts)	•	24.		24.	
	4	Income from investment of tax-exempt bond pro-	ceeds				
	5	Royalties	•		<u>-</u>		
		(ı) Real	(II) Personal				
			(II) I ersonal				
	١.	Gross rents Less rental					
	b	expenses Rental income	<u> </u>				
	C	or (loss)	<u> </u>				
		Net rental income or (loss) Gross amount from	<u> </u>				
	7a	sales of assets (i) Securities	(II) Other				
		other than inventory					
	b	Less cost or other basis and sales					
		expenses					
	С	Gain or (loss)		_			
	d	Net gain or (loss)	•				
	8a	Gross income from fundraising events					
re		(not including \$]
en/	l	of contributions reported on line 1c)		1			
Ř	1	See Part IV, line 18 . a					
ē	b	Less direct expenses b		1			
Other Revenue	I	Net income or (loss) from fundraising	events >	1			
	I	Gross income from gaming	9 0 0 0 1 1	-			
	34	activities See Part IV, line 19 . a			j		
	_	_					
	l		tuutina 🕨	1			
	I	Net income or (loss) from gaming ac	tivities				
	10a	Gross sales of inventory, less	154050				
		returns and allowances a	154859.	-			
		Less cost of goods sold b	70304.	04555	04555		
	С	Net income or (loss) from sales of in		84555.	84555.		
	L	Miscellaneous Revenue	Business Code				
	11a		_				
	b						
	С						
	d	All other revenue .					
	е	Total. Add lines 11a-11d	•	İ			
	1	Total revenue					
	1	See instructions	•	133790.	84555.	24.	

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 response to any question in this Part IX										
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses						
1	Grants and other assistance to governments and org-										
	anizations in the United States See Part IV, line 21	6289.	6289.								
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										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	34826.		34826.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes .										
11	Fees for services (non-employees)										
а	Management .										
b	Legal										
С	Accounting	2100.		2100.							
d	Lobbying			_							
е	Professional fundraising services See Part IV, line 1	<u></u>									
f	Investment management fees										
g	Other				· · · · · · · · · · · · · · · · · · ·						
12	Advertising and promotion		·								
13	Office expenses	1313.		1313.							
14	Information technology										
15	Royalties .										
16	Occupancy	23717.		23717.							
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials		44.4								
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	8152.		8152.							
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	SEE STMT	6838.			_						
b		12122.									
C		11659.									
d		1614.									
е	All other expenses .	38808.	10100	100050	- .						
25	Total functional expenses. Add lines 1 through 24e	147438.	19188.	128250.							
26	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)										

Part X Balance Sheet (A) (B) Beginning of year End of year 20110 14531. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L. 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 663578 basis Complete Part VI of Schedule D 10a 268209 409700. 395369. 10b 10c Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 1000. 1000. 15 Other assets See Part IV, line 11 15 430810. 410900. 16 16 Total assets Add lines 1 through 15 (must equal line 34) 2115. 1655 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 17986. 12185. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 20101. 13840. 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117, check here▶ complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 412929. 30 396869. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 -13649. -22321. 32 Retained earnings, endowment, accumulated income, or other funds 32 390608. 33 383220. 33 Total net assets or fund balances 410709. 397060. 34 Total liabilities and net assets/fund balances 34

Form 9	990 (2011) POST 4190 VETERANS OF FOREIGN	63-050	0440	Pag	e 12		
Pari	XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response to any question in this Part XI						
		1 1	_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		474	<u>38.</u> 48.		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	<u>906</u>	08.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6	3	769	<u>60.</u>		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII	•					
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O			٠.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	37		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the			١,,		
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selected process during the tax year, explain in						
	Schedule O			1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were		į				
	issued on a separate basis, consolidated basis, or both						
	Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ĺ		1		
	the Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

POST 4190 VETERANS OF FOREIGN WARS

Employer identification number 63 - 0500440

Pa	t Corganizations Maintaining Donor Adv		inds or Accour	nts.	
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) Funds ar	nd other accou	ınts
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 donor advisors	in writing that the assets held in donor adv	vised funds		_
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dono for charitable purposes and not for the benefit of the dono impermissible private benefit?	or advisors in writing that grant funds may	be used only se conferring		X No
Pa	rt II Conservation Easements. Complete if t	he organization answered ``Yes" to Form	990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organi	zation (check all that apply)			
	Preservation of land for public use (e.g., recreation or	education) Preservati	ion of an historically	ımportant lan	d area
	Protection of natural habitat	Preservati	on of certified histo	rıc structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the for	m of a conservation	easement on	the
	last day of the tax year				
			Held at	the End of th	e Tax Y
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic	2c			
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a historic			
	structure listed in the National Register .		2d		
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by	the organization du	rıng	
	the tax year				
4	Number of states where property subject to conservation		_		
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, handling of	of violations,		_
	and enforcement of the conservation easements it holds?			X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements duri	ng the year ▶ \$_		
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 1	70(h)(4)(B)(ı)	n i	-
	and section 170(h)(4)(B)(ii)? .			∐ Yes [No
9	In Part XIV, describe how the organization reports conser				
	include, if applicable, the text of the footnote to the organ	zation's financial statements that describe	es the organization's	s accounting for	or
	conservation easements				
Pa	rt III Organizations Maintaining Collection		or Other Similar	r Assets.	
	Complete if the organization answered "Yes" to I			 	 -
1 a	If the organization elected, as permitted under SFAS 116				
	treasures, or other similar assets held for public exhibition		public service, prov	ide, in Part XI	V, the
	text of the footnote to its financial statements that describ	es these items			
t	If the organization elected, as permitted under SFAS 116				
	sures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publ	lic service, provide	the following a	mounts
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	-	
	(ii) Assets included in Form 990, Part X.	•	▶ \$		·
2	If the organization received or held works of art, historical	treasures, or other similar assets for finan	ncial gain, provide tl	ne following ar	nounts
	required to be reported under SFAS 116 relating to these	items			
	Revenues included in Form 990, Part VIII, line 1	•	▶ \$		
	Assets included in Form 990. Part Y		▶ €		

	dule D (Form 990) 2011			FOREIGN WAR		-0500440 Page
Pa		tions Maintaining	Collections of A	rt, Historical Treas	ures, or Other Si	milar Assets
3	(continued)	acquisition, accession,	and other records, che	ack any of the following t	hat are a significant us	e of its collection items
3	(check all that apply)	acquisition, accession,	and other records, che	eck any or the lonowing t	nat are a significant us	e or its conceitor items
а	Public exhibition			d 🗍 Loan or eychai	nne programs	
_	Scholarly research			d Loan or exchar	igo programa	
b	H	iro gonorations		e 🗌 Other	· ·	
C	Preservation for futi		tions and system have	that further the erganiz	ation's average number	un Part YIV
4		the organization's collect				
5	= =	organization solicit or re			ottiei siitiilat assets to t	Yes N
Da		in to be maintained as particular and Custodial Arra			answored "Ves" to For	1
Га			_	ipiete ii tile organization	answered les totol	111 330, Falt IV, IIIC 3,
4-		an amount on Form 990 gent, trustee, custodian		for contributions or other	accete not included	
ıa		gent, trustee, custodian	or other intermediary i	ioi continuations of other	assets not included	☐ Yes ☐ N
	on Form 990, Part X?		d accordate the falleys	na tabla		☐ 1e2 ☐ III
b	if "Yes," explain the arra	angement in Part XIV and	a complete the following	ng table		Amount
	5				4.	
	Beginning balance		•		. 10	
	Additions during the year		•			
_	Distributions during the	year			16	
f	Ending balance	· . <u>.</u> -				
	•	lude an amount on Form	1 990, Paπ X, line 21 /	•	••	∐ Yes ⊠ N
	If "Yes," explain the arra	ent Funds. Comple	to if the ergonization	anguared "Ves" to Form	900 Part IV line 10	
Fe	Lildowiii	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
10	Beginning of year	(a) Current year	(b) The year	(b) Two years back	(4) 111100 youro 22	
ıa	balance					
h	Contributions		- · · ·			Car Thire the Late Car
	Net investment earn-		***		-	
·	ings, gains, and losses					14.
А	Grants or scholarships			· · · · · · · · · · · · · · · · · · ·		7.51 × 7.22 × 1.5
-	Other expenditures				-	MACHINE HART OF THE CO.
·	for facilities and					
	programs	į				
f	Administrative					C. Pickerson
•	expenses					
a	End of year balance					
2		percentage of the year er	nd balance (line 1g) he	eld as		
a	Board designated or qu		0.00 %			
	Permanent endowment		%			
	Temporarily restricted e					
C		s 2a, 2b, and 2c should				
32	·	unds not in the possession		that are held and admini	stered for the organiza	tion by Yes N
Ja	(i) unrelated organizat	•	o. a.o o.gamzadon	and the rest wife welling		3a(i)
	(ii) related organization			•		3a(ii)
h	- · ·	related organizations lis	sted as required on Sc	chedule R?		3b
	Describe in Part XIV the					

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 (c) Accumulated (d) Book value Description of investment (a) Cost or other (b) Cost or other basis (investment) basis (other) Depreciation 1a Land . 395,369. 663,578. 268,209. **b** Buildings c Leasehold improvements d Equipment 395,369. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 POST 4190 VETERANS OF FOREIGN					0440	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to A	udited Financia	al St	ate		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			,790.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			,438.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		(13	,648.)
4	Net unrealized gains (losses) on investments .			4			
5	Donated services and use of facilities			5			
6	Investment expenses .			6			
7	Prior period adjustments .			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9	L		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10			,648.)
Pa	t XII Reconciliation of Revenue per Audited Financial Staten	nent	s With Revenu	e pe	r Re	turn	
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		1				
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c			1 1		
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b			_		
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		•		5		
Pa	t XIII Reconciliation of Expenses per Audited Financial State	men	nts With Expens	ses	per	Return	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities .	2a					
b	Prior year adjustments .	2b	<u></u>				
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1 .		•		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b	, , ,		1 1		
С	Add lines 4a and 4b .				4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)				5		
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I						
Part	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also o	omple	ete this part to provid	de an	y add	ditional info	rmation
							
							
					- L	ula D./Es	m 990\ 2011

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

ited States

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

Internal Revenue Service			► Attach	Attach to Form 990.			Inspection
Name of the organization DOST 7100 VFTFDANS	OF FORFICN	M M M				Employer identifica	Employer identification number 63-0500400
Part General Information on Grants and Assistance	tion on Grants	and Assistance					
ses th	n records to substar	trate the amount of the	grants or assistance, the	grantees' eligibility for the	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria	the selection criteria	
used to award the grants or assistance?	ssistance?	:	:		: .	: : : : : : : : : : : : : : : : : : : :	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ration's procedures	for monitoring the use of	grant funds in the United	l States			
Part II Grants and Othe	r Assistance to	Governments and	Grants and Other Assistance to Governments and Organizations in the United States.	the United States.	Complete if the organiz	Complete if the organization answered "Yes" to	
Form 990, Part IV, line 21, for any recipient that	e 21, for any recipier Aditional space is ne	nt that received more tha	in \$5,000 Check this box	c if no one recipient receiv	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be diminished if additional space is peopled.	=======================================	⊠
1 (a) Name and address of	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
	<u>.</u>						
(7)							
(8)							
(6)							
(10)							
(11)							
	-						
(12)							
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gover	nment organizations liste	listed in the line 1 table			•	
	ganizations listed in	the line 1 table				•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tice, see the Instru-	ctions for Form 990.				Sched	Schedule I (Form 990) (2011)

	Functional Exp	Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
ROGRAMS	6,838.	6,838.		
JPPLIES	12,122.	6,061.	6,061.	
CENSES, PERMITS, TAX	11,659.		11,659.	
ITEREST ON LOAN	1,614.		1,614.	
LEANING	24,477.		24,477.	
PRECIATION	14,331.		14,331.	
SPRECIATION	71,041.	12,899.	58,142.	
	/1,041.	12,033.	30,142.	
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