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# AS AMENDED

Extended to April 18, 2017

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning **JUN 1, 2015** and ending **MAY 31, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VALLEY POST INC.</b>		<b>D</b> Employer identification number <b>15-0553089</b>
	Doing business as		<b>E</b> Telephone number <b>315-492-2040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>240,101.</b>
	110 ACADEMY STREET		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13207-2842</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H(c)</b> Group exemption number
F Name and address of principal officer: <b>Robert Haumann</b> <b>110 Academy Street, Syracuse, NY 13207</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>19</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>N/A</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2013</b> <b>M</b> State of legal domicile: <b>NY</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>This organization's mission is to provide past or present members of the United States Armed Forces</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>13,958.</b> Current Year: <b>11,104.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>27.</b> <b>1.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>118,908.</b> <b>122,424.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>132,893.</b> <b>133,529.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b> <b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>60,150.</b> <b>61,719.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>69,757.</b> <b>68,291.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-14e)	<b>129,907.</b> <b>130,010.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,986.</b> <b>3,519.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>160,241.</b> <b>193,694.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>160,241.</b> End of Year: <b>193,694.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,945.</b> <b>32,879.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>157,296.</b> <b>160,815.</b>

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <i>Robert Haumann</i>	Date <b>10-12-2017</b>
	Type or print name and title <b>Robert Haumann, President</b>	
<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>Wendy Walsh</b>	Preparer's signature <i>Wendy Walsh</i>
	Firm's name <b>Arnold J Hodes &amp; Co., CPA PLLC</b>	Date <b>10/11/17</b>
	Firm's address <b>2030 Erie Blvd East Syracuse, NY 13224</b>	Check <input type="checkbox"/> self-employed PTIN <b>P00483570</b>
		Firm's EIN <b>20-0500257</b>
		Phone no. <b>315-472-6683</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

See Schedule O for **EXPLANATION FOR AMENDED**

SCANNED NOV 0 1 2017

# AS AMENDED

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

**Open to Public  
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
VALLEY POST INC.

Employer identification number  
15-0553089

Form 990, C - Name of Organization

The Taxpayer is amending this return for a name change only.

It has been brought to the current president's attention that the name on prior years' tax returns has been incorrect and did not match the  
Federal ID. We are making this name correction now and for future years.