Department of the I

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

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Do not enter social security numbers on this form as it may be made public be a for instructions and the latest information.

Open to Public Inspection

A feet the 2018 calendary year, or tax year beginning Jul 3), 2018 and ending Jul 3), 2019 Activat Application production of C flame of organization number	•		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	informa	ation.	Inspection
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Annended return Program province/statecounty Program pr	$\overline{\Box}$			DECATUR AL 35601	F	<u> 256-355-570</u>	12
Application pending F Name and address of principal officer GEORGE KUNKEL PO BOX 2041 DECATUR AL 35502-20 H(0) for all subordinates included? Ves No No No No No No No N	Ш,	-ınal returr	n/terminated		code		
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2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 Total of unrelated business revenue (From Part VIII, line 1b) 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 74DGDEN, UT 11 Other revenue (Part VIII, column (A), lines 3, 4, and 74DGDEN, UT 12 Total revenue—add lines 8 through 11 (must equal Part VIII), line 1a) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16 Professional fundraising expenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total fundraising expenses (Part IX, column (A), line 1te) 19 Total fundraising expenses (Part IX, column (A), line 1te) 10 Total fundraising expenses (Part IX, column (A), line 25) 11 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total assets (Part X, line 26) 25 Signature Block 10 Print'l Print 10 Print'l Print Signature 1	P	art I	Sur	mmary			
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46						
4e	Total program service expenses	>				
	(Expenses \$	including grants of	\$) (Revenue \$)
4d	Other program services (Describe	e in Schedule O)				
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Form 990 (2018) POST 4190 VETERANS OF FOREIGN Part IV: Checklist of Required Schedules

			Yes	No
1٠	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
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			
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ì	
	"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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
0	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			
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Х
а	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 Schedule D, Part VI	11a	x	!
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	11b		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	11c		Х
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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
	Schedule D, Parts XI and XII	12a		Х
D	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 and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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	_	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	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?	18		Х
3	If "Yes," complete Schedule G, Part III	19		Х
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I. Parts I and II	21	x	

Par	t IVo Checklist of Required Schedules (continued)			,
			Yes	No
22 ·	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a	-	-
D				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	254		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		Ì	l
	disqualified persons? 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			١
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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)			-
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	 		
	Schedule L, Part IV	28b		X
С	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	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		Х
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?			l
	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			l
	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, Part II,			
	III, or IV, and Part V, line 1	34		_X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			l
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ĺ
	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			Х
	VI	37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38		
Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		-	Х
	gaming (gambling) winnings to prize winners?	1c		

rai	Statements Regarding Other IRS Fillings and Tax Compliance (Continued)		Yes	No
2a·	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	"
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	I
4a	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 ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	l	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.	,,	
_	gifts were not tax deductible?	6b	X	┼─
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 for goods and services provided to the payor?	<u>·</u> 7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	1
Ŭ	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1 :
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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. Did a donor advised fund maintained by the	<u></u>		.
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┼
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11				
a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
IJ	against amounts due or received from them)			
12a		12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	· · · · · · · · · · · · · · · · · · ·	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
C	Enter the amount of reserves on hand			1
14a	J	14a		—
b	100, 1100 t 20 to 10 per 11100 per	14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N		*	45.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O		1,0	1 . 1

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 or note to any line in this Part VI

	Check if Schedule S contains a response of note to any line in this fact vi				<u> </u>
Sect	ion 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 433	_		
	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	41			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	inship with			
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or undo				
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization	s assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?		6	Х	
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?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	ers,	7.		v
0	Did the organization contemporaneously document the meetings held or written actions undertain	con during	7b		X
8	the year by the following	ken during	1		
а	The governing body?		8a	X	
	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	0.0		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the I			اــــــا	
			,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	n chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	• • • • • • • • • • • • • • • • • • • •		12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"	1		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	1.4	14	Х	
15	Did the process for determining compensation of the following persons include a review and appropriate persons compared by data, and contemporare up substantiation of the deliberation	•	,		l
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.	in and decision?	15a		×
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15b	_	<u> </u>
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		135		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrai	ngement			j
	with a taxable entity during the year?	.g.=	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	luate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa		İ		}
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► AL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99		n 501	(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a				
		plaın ın Schedule C			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of interest	policy	and	
20	financial statements available to the public during the tax year		~		
20	State the name, address, and telephone number of the person who possesses the organization's				
	LAWRENCE WILLIAMS PO BOX 204 DECATUR AL 35603	256-351 - 89	۷		
	LO DON EOF DECRION NE 55005				

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors	, Trustees, Ke	y Employees	s, and Highes	t 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 nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson	n of st a bet u Highest compensated ந்தி employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CALVIN UNDERWO COMMANDER	15			х				0	0	0
(2) LAWRENCE MAURE SR VICE COMM	15			х				0	0	0
(3) JOEL CATTERTON JR VICE COMM	15			х				0	0	0
(4) LAWRENCE WILLI QUARTERMASTER	20			х				0	0	0
								•		
(6)										
.(7)										
(8)										
(9)										
(10)								_		
(11)										
(12)										
(13)						_		· -		
(14)										

Р	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	nd	High	est	Compensated	Employe	es (co	ntınu	ed)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than is both	h an	(D) Reportable compensation	(E) Reporta compensa			(F) stimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ated lions	com fr org an	other apensa rom the lanization of the lanizatio	ition e ion ed
(15)														
(16)														
(17)														
<u>(18)</u>								-						
(19)						_								
(20)														
(21)														
(22)														
(23)								_						
(24)														
(25)											İ			
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A	I		L	1		> > >						
2	Total number of individuals (including but not I reportable compensation from the organization		ısted	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of				
3	Did the organization list any former officer, dir		, key	em	ploy	yee,	or h	ighe	est compensated	d			Yes	No
4	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum					anc	l othe	or co	omponention fro	m	-	3		X
7	the organization and related organizations gre	•							•			4		X
5	Did any person listed on line 1a receive or acc									dıvıdual	-			
Sec	for services rendered to the organization? If " tion B. Independent Contractors	Yes," complete S	Sche	dule	J f	or s	uch p	oers	son			5		Х
1	Complete this table for your five highest compound compensation from the organization Report c year											's tax		
	(A) Name and business add	ress							(B) Description of ser	vices	С	(C omper) isation	
												<u>-</u>		
	Total number of independent contractors (inclu	iding but not less	utod t	0 th	000	. lic4	od o		e) who recoved					
2	more than \$100,000 of compensation from the		inteu t ▶	o (II)	Jac	, iiSl	cu ai	JUV	c, will leceived		`	· '		¥,.°

	990 (20		S OF FOREI	GN			63-050	0440 Page 9
Par	t VHI	Statement of Revenue		-		•		
	-	Check if Schedule O contain	ns a response o	r note to any line	in this Part VIII			
`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Nα	1a	Federated campaigns	. 1a	1				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues	1t	7740.				
S, G	С (Fundraising events	10					-
Sifts lar/	d	Related organizations	10	l l				
JS, (Government grants (contributio						
or S	f	All other contributions, gifts, gra	1					
ğ Ş	•	similar amounts not included at		64995.		:		
No.	g	Noncash contributions included in	lines 1a-1f \$					
	h	Total. Add lines 1a-1f		•	72735.			
ī				Business Code				
ven	2a							
Program Service Revenue	b							<u> </u>
	С							
	d							
	е							
	f	All other program service reven	ue	L				
	g	Total. Add lines 2a-2f						
	3	Investment income (including d	ividends, interes	st, and				
		other similar amounts)		>				
	4	Income from investment of tax-	exempt bona pr	oceeas				
	5	Royalties	(ı) Real	(ii) Personal				
	6-	Cross conts	(1) 11001	(ii) i croonar		S 1 1 1		#,
	6a	Gross rents		 		•		
	b	Less rental expenses Rental income or (loss)				<i>'</i>		-
	c d	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(II) Other				
	, α	assets other than inventory	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	b	Less cost or other basis				ĺ		
		and sales expenses						
	c	Gain or (loss)		 				
		Net gain or (loss)		•				
	_	riot gam or (1995)						
e	8a	Gross income from fundraising						
enr	-	events (not including \$			1			1
é		of contributions reported on line	: 1c)					
r.		See Part IV, line 18	a					
Other Revenue	b	Less direct expenses	b					
0	С	Net income or (loss) from fundra	aising events	•				
	9a	Gross income from gaming acti	vities		4			
		See Part IV, line 19	а		İ			
	b	Less direct expenses	b					
	С	Net income or (loss) from gamin	ng activities	•				
;	10a	Gross sales of inventory, less					, ³ 47,	
		returns and allowances	а	276630.		ļ	A	
	b	Less cost of goods sold	b	132370.			<u> </u>	
	С	Net income or (loss) from sales	of inventory	•	144260.		147560.	
		Miscellaneous Revenue		Business Code				ــــــــــــــــــــــــــــــــــــــ
	11a	SALES TAX DISCOUNTS		999999	724.		724.	
	b							
	С							<u> </u>
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	724.			* 7

12 Total revenue. See instructions

148284.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete at Check if Schedule O contains a response or note			t complete column	(A)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	35309.	35309.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22			,	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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	37295.			37295
8	Pension plan accruals and contributions (include	31293.			37293
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3832.			3832.
11	Fees for services (non-employees)	3032.			
а	Management				
b	Legal				
С	Accounting	2275.			2275.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			•	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	509.			509.
13	Office expenses	336.		- -	336.
14	Information technology	350.			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5200.	5200.		
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	15002.		14331.	671.
23	Insurance	10587.			10587.
24	Other expenses Itemize expenses not covered	1	د 1	_	
	above (List miscellaneous expenses in line 24e If	İ			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	SEE STMT	426.			
b		44911.			
C		8000.			
d	All other eveness	200.			37191.
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	37191. 201073.	40509.	14331.	146233.
25 26	Joint costs. Complete this line only if the	2010/3.	40309.		140233.
20	organization reported in column (B) joint costs				
	from a combined educational campaign and		į		
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

34

Part X: **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 91014 1 121843. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 671090 375703. 310389. 295387. b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 1000. 15 1000. 16 Total assets. Add lines 1 through 15 (must equal line 34) 402403. 16 418230 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 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 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 3529 25 2710. 26 Total liabilities. Add lines 17 through 25 3529 26 2710. Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds 391444. 30 398874. 31 Paid-in or capital surplus, or land, building, or equipment fund 31

16646.

415520.

418230.

7430.

398874.

402403.

32

33

34

	, , , , , , , , , , , , , , , , , , , ,				
Part	XIs Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1		217	719.
2	Total expenses (must equal Part IX, column (A), line 25)	2		201	073
3	Revenue less expenses Subtract line 2 from line 1	3		16	646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		398	874.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		415	<u>520.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш_
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			Ì
	the 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 selection process during the tax year, explain in	1	7		
	Schedule O				
3a	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		Х
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		3b		
			Form	990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Name of the organization Employer identification number POST 4190 VETERANS OF FOREIGN WARS 63-0500440 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Par	III Organizations Maintaining Collection	ctions of Ar	t, Histoi	rical Trea	asures, or (Other	Similar Assets	(contir	nued)	
3	Using the organization's acquisition, access	sion, and othe	er records	, check a	ny of the follo	wing th	nat are a significai	nt use o	fits	
•	collection items (check all that apply)			-						
а	Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII									
5	During the year, did the organization solicit	or receive do	nations of	f art, histo	rical treasure	es, or of	ther similar			
	assets to be sold to raise funds rather than	to be maintai	ned as pa	art of the	organization's	s collec	tion?	Ye	es 🔙	No
Par	rt IV Escrow and Custodial Arrangements.									
	Complete if the organization answe	red "Yes" or	n Form 9	90, Part	IV, line 9, or	repor	ted an amount o	on Forr	n	
	990, Part X, line 21						·			
1a										
	included on Form 990, Part X?									
b										
	Amount									
C	Beginning balance Additions during the year									
d	Additions during the year Distributions during the year 1d									
e f	Ending balance									
2a										
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII									
Part	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
					T	hast.	(d) There were book	(n) Fa		. hook
10		Current year	(D) Pri	or year	(c) Two years	Dack	(d) Three years back	(e) FC	our years	Баск
1a b	Beginning of year balance Contributions									
C	Net investment earnings, gains,						•			
Ū	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			 						
f	Administrative expenses							ļ		
g	End of year balance							<u></u>		
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
a	Board designated or quasi-endowment	▶ 0.	00%							
b										
C	• • • • • • • • • • • • • • • • • • • •									
3a	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by		. 3.						Yes	No
	(i) unrelated organizations	•						3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize							3b		
4	4 Describe in Part XIII the intended uses of the organization's endowment funds									
Part										
	Complete if the organization answe	1		1			·			
	Description of property	(a) Cost or ot (investm			or other basis other)	, , ,	Accumulated depreciation	(d) Bo	ook valu	е
10	Land	(mixeau)	,	<u> </u>						
1a b	Land Buildings	663,	578			۸	68,526.	291	5,05	2.
C	Leasehold improvements	000,			·		,		<i>-</i> ,	<u></u> -
d	Equipment	<u> </u>								
۰.	Other	7.	512.				7.177.		33	55.

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

295,387.

	Complete if the organization answe	erea yes on Form 990,	Part IV, line 11b See Form 990, Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(3) Other _			
(<u>A</u>)			
(<u>B</u>)			
(Ĉ)			
(D)			
(E)			
(F)			
(H) Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•	*
	Investments—Program Related.		
	_	ered "Yes" on Form 990	Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment		(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	>	5 1 i i
(9)	Other Assets.		
(9) Total. (Colum	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Colum Part IX	Other Assets. Complete if the organization answe		
(9) Total. (Column Part IX	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Colum. Part IX (1) (2) (3)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe (a)	red "Yes" on Form 990, Description	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answe (a)	red "Yes" on Form 990, Description	Part IV, line 11d See Form 990, Part X, line 15
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col (B) in Other Liabilities.	red "Yes" on Form 990, Description	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25	red "Yes" on Form 990, Description fine 15) red "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Colum. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum. Part X	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability	line 15) red "Yes" on Form 990, line 15) red "Yes" on Form 990, (b) Book value	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability	line 15) red "Yes" on Form 990, line 15) red "Yes" on Form 990, (b) Book value	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4) (5)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description line 15) red "Yes" on Form 990, (b) Book value 833.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) SALE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) Inn (b) must equal Form 990, Part X, col (B) in Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes	red "Yes" on Form 990, Description Inne 15) red "Yes" on Form 990, (b) Book value 833. 1,878.	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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Common of the same

▶ Go to www.irs.gov/Form990 for the latest information.

and citi	Employer identification number	63-0500440
-1		

	X Yes No]
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
_		7

General Information on Grants and Assistance

Part I

POST 4190 VETERANS OF FOREIGN WARS

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

(h) Purpose of grant or assistance													
(g) Description of noncash assistance													A A
(f) Method of valuation (book, FMV, appraisal, other)										i			
(e) Amount of non- cash assistance													ne 1 table
(d) Amount of cash grant													zations listed in the lin
(c) IRC section (if applicable)													government organisted in the line 1 tab
(b) EIN											j		1501(c)(3) and
1 (a) Name and address of organization or government	(1)	(2)	(3)	(4)	(9)	(6)	(7)	(8)	(6)	(10)	(11)	(12)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

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Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individuals space is needed	s. Complete if the or	rganization answere	d "Yes" on Form 990, Pa	rt IV, line 22 '
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
ო						
4						
25						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line	the information red	urred in Part I, line	2, Part III, column (b),), and any other additional information	al information
SCHEDU	SCHEDULE 1 PART 1					
ALL DO		5,000 TO AN	TO ANY ORGANIZATION AND	ION AND		
RECORD	RECORDS ARE KEPT AT OFFICE ON ALL DONATIONS	ALL DONATIC	SNC			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

POST 4190 VETERANS OF FOREIGN WARS	63-0500440
PART VI LINE 11A	
COPY OF 990 IS AVALIABLE FOR REVIEW BY ALL MEMBE	ERS AT EVERY
MEETING OR IF THERE IS A REQUEST TO REVIEW THE F	RETURN AT
OTHER TIMES	
PART VI LINE 19	
COPY OF THE FINANCIAL STATEMENT IS AVALIABLE FOR	R REVIEW BY
ALL MEMBERS AT EVERY MEETING OR IF THERE IS A RE	QUEST TO
REVIEW FINANICAL STATEMENT AT OTHER TIMES	
PART X BALANCE SHEET LINE 15 OTHER ASSETS	
THE \$1,000 OTHER ASSTES IS UTILITY DEPOSTIS	
PART XII LINE 2	
FINANCIALS ARE PREPARED BY AN OUTSIDE ACCOUNTANT	
BOARD MEETS EVERY MONTH TO REVIEW AND APPROVE TH	IE FINANCIALS
SCHEDULE I PART 2	
ANY DONATION MADE TO ANY ORGINZATION WAS LESS TH	IAN \$5,000
PART VI LINE 6 AND 7B	
ALL MEMBERS HAVE THE RIGHT TO VOTE. ELECTIONS AF	E HELD
YEARLY AND MEMBERS ELECT THE OFFICERS OF THIS OF	GANIZATION.
THERE ARE NO STOCKHOLDERS ONLY MEMBERS.	