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### . Form '990

## **Return of Organization Exempt From Income Tax**

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

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

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22 Net assets or fund halances. Subtract line 21 from line 20	Pa					,3 0000	ract III	116 2 1 11	on me	20	_ <del>· ··</del> ·	<u>:-</u>	<u></u>				700		<del>'</del>		
			<del></del>			ciare that I	have ex	xamined th	his return,	including a	accompa	inying so	hedules and	statemer	nts, and	to the t	est of my	knov	Medge		
			and belief, it is tru	Je, co	orrect, ar	nd complete	a Declar	ration of p	preparer (ot	other than of	officer) is	based o	n all informa	ation of wh	nich pre	eparer ha	s any kno	wled	ge		
Il Signature Block				0				_													
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.	Sigr	1	1 Ch	4	Le	L 2	7	Est	len	ZF .							05	5/	12/201	0	
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.	ter		Signature	e of	office	r											Dat	е			
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.    O5/12/2010		_					TT					C	CEO								
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.    O5/12/2010			<b>D</b>						<del></del>									_			
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.    O5/12/2010			<del></del>			. 3.13 (10)	<u> </u>					Dat	<u> </u>		Che	ck if					nber
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    O5/12/2010	Paid		]	•								l Dai			self-	•	▶ П	(	see instructions)		
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    O5/12/2010	rep:	arer's	<del></del>		<del>_</del> _							Ц			emp			<u></u>			
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.    O5/12/2010	Jse (	Only	if self-employed),		•																
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    O5/12/2010			address, and ZIP													Pho	ne no 🕨	_		<del></del>	No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    O5/12/2010	Use (	Only	if self-employed),	+ 4	with t	he prepa	arer si	hown at	bove? (§	See insti	truction	ns) .		· · · ·			ne no Þ		. X Ye	s l	]

Fo		) VFW POST 3634		61-101175	1 Page 2
E		atement of Program Servi	ce Accomplishments		
1		scribe the organization's mission			
	RAISE	MONEY VIA BINGC	AND PULL TABS TO HELP	NEEDY VETERENS	
					<del>-</del>
	Did the or	nanization undertake any signific	ant program services during the year which w	vere not listed on	
-		iorm 990 or 990-F7?			Yes 🕅 No
	•	escribe these new services on Sc			
3			nake significant changes in how it conducts a	iny program services?	Yes 🗵 No
		escribe these changes on Sched			
4	Describe t	he exempt purpose achievement	s for each of the organization's three largest p	program services by expenses	
	Section 50	01(c)(3) and 501(c)(4) organizatio	ns and section 4947(a)(1) trusts are required	to report the amount of grants and	
	allocations	s to others, the total expenses, an	d revenue, if any, for each program service re	eported	
	(Cada	\ /Funnana @	and the seconds of C	\/Devenue ¢	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
				<del></del>	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					<del></del>
					<del></del>
			<del></del>		
					<del></del>
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	•				-
		<del></del> .			
					<del></del>
44	Other progra	m services (Describe in Schedul	200		
4d	(Expenses \$			evenue \$	
4e		m service expenses		)	
<del></del>	. Jun. progra	ou. Hou expenses		Form	990 (2009)

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ĺ		
	complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	1	ł
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? if "Yes," complete Schedule C,		}	
	Part !!	4	Ĺ	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	j	[	}
	reporting requirement and proxy tax? If "Yos," complete Schedule C. Part III	5	<del> </del>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ì	į	i
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	}	1	}
	Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		Ì
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	Ì
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1	}
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		}	}
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			}
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable	. 11	X	Ĺ <u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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	İ		
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	}	٠	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	<u></u>		
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	<del></del>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	} }	ł	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X_
15	Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or assistance to any	1 1	Ì	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	[	[	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		}	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	X	
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ليي	<u> </u>
		For	m 990	(2009)

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		l	]
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 employee's? If "Yes,"	1 1	i	į
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bend 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	1 1	ŀ	
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		Х
d		24d		Х
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	1	Х
ь	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	1 1	i	
	990EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		$\neg$	
-•	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ŀ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,	1		
	conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b	- 1	Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
·	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	1	Х
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			
•	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?	-	-	
-	If "Yes," complete Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	- 1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	<del>-55</del>	<del></del>	<del></del>
<b>-</b>	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	<del> -</del>		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		$\frac{\lambda}{X}$
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19:	30		

Form **990** (2009)

US990\$\$4

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L	Statements Regarding Other INS I mings and Tax Compliance		Yes	No
1:	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ł	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
	D. H. L. H.	7		
	gaming (gambling) winnings to prize winners?	1c	X	
2:	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax		<del></del>	
20	Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	- 1	ļ
•	Note: If the sum of lines 1e and 2e is greater than 250, you may be required to e-file this return. (see instructions)	1	'	_
3-	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-		
36	this return?	3a		X
h	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 authority over,	1		
-+a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>h</b>	If "Yes," enter the name of the foreign country			
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	-		
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	f	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	100		
C	Prohibited Tax Shelter Transaction?	5c		
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa	organization solicit any contributions that were not tax deductible?	6a	:	Х
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 50		
b	gifts were not tax deductible?	6ь	i	
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
′,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	$\vdash$		
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · · ·		
·	required to file Form 8282?	7c	İ	
А	If "Yes," indicate the number of Forms 8282 filed during the year		<u>-</u>	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7е	T	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ü	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			i
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			1
а	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			i
	Section 501(c)(12) organizations. Enter			Ì
	Gross income from members or shareholders			1
	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 Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
<del>~</del>	1 1	Forn	n <b>990</b>	(2009)

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Form 990, (2009) VFW POST 3634 61-1011751 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 Section A. Governing Body and Management Yes No 301 1a 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? 7a . .. . Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? a The governing body? Х . . . . . . . . . . . 8b Х b Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Х at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? ... 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? Х 15a Х **b** Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶ KY 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

> Form **990** (2009)

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19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶CHARLES ELLIOT 421 STANFO DANVILLE KY 40423-

Own website Another's website 🔀 Upon request

policy, and financial statements available to the public.

Page 7

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

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 Use Schedule J-2 if additional space is needed
- 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. 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

(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per week	-		hec Officer		1			Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL POLAND										
COMMANDER	10			X				0	0	0
CHARLES ELLIOT		İ		İ						
CEO	10		<u> </u>	x				00	0	0
BILLY WATERS				İ		ľ				
TRUSTEE	10	Х						0	0	0
								_		
										····
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	_									

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Form 990 (2009) VFW POST 3634										0117	51	Page
Part VII Section A. Officers, Directors,	1	Key E	mploy			d High	est	T	oyees (continu	ed)		
(A)	(B)	i		(C				(D)	(E)	Ì	(F)	
Name and title	Average	Posit	ion (cl	heck	all t	that ap	ply)	Reportable	Reportab	le	Estima	ated
	hours per	익	ij	오	₩.	목,풀	F	compensation	compensat	tion	amour	nt of
	week	d ₹	#	Officer	Уe	함	Former	from	from relate	ed	othe	∍r
		e dua	ğ	7	릥	ye st c	4	the	organizatio	วทร	compen	sation
	ļ	Individual trustee or director	Institutional trustee		Key employee	" ŝ		organization	(W-2/1099-M	ISC)	from t	he
	İ	ste	Sn		ñ	E		(W-2/1099-MISC)	į		organız	ation
			Ę.			Highest compensated employee		 	i	) 	and rel	ated
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									-			
			- 1									
Total		1.				)	•	0	0			<u> </u>
Total number of individuals (including but no		those	listed	abo	ve)	who re	ceiv	ed more than \$100.0	000 in reportab	le compe	ensation	
from the organization					•				•	•		
									· · · · · · · · · · · · · · · · · · ·		Yes	No
Did the organization list anyformer officer, di	rector or tr	ustee	kev e	mple	vee	or hi	ahes	st compensated			1 1,5,5	
employee on line 1a? If "Yes," complete Scho			-		,,		-				3	Τx
For any individual listed on line 1a, is the sun					<b></b>					· :		<del>,</del>
the organization and related organizations gr												į
						•					. ]	X
individual										• • • -	4	┸┷╖
Did any person listed on line 1a receive or ac	-				-			-		-		1 ,
services rendered to the organization? If "Yes	s," complet	te Sch	edule	J for	suc	ch per	son				5	<u> </u>
ction B. Independent Contractors								<del> </del>				
Complete this table for your five highest comp	pensated i	ndepe	ndent	cont	ract	ors th	at re	ceived more than \$1	00,000 of			
compensation from the organization										,		
(A)								(B)	:		(C)	
Name and business a	address							Description of se	rvices	Cor	npensatio	on
								-				

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >

Form-990 (2009) VFW POST 3634

61-1011751

Page 9

#### Part IX Statement of Functional Expenses

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

_	All other organizations must complete t				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>7b</u>	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21	<u></u>		-	•
2	Grants and other assistance to individuals in				·
	the U.S. See Part IV. line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. 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)	Ì		1	
7	Other salaries and wages			<del></del>	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<del></del>		<del></del>	<del></del>
				<del></del>	
11	Fees for services (non-employees).				
a	Management				
b	Legal	1800.	900.	900.	
C	Accounting	1800.	900.	900.	<del></del>
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17		<del></del>		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	780.	390.	390.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	(	1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5654.	2827.	2827.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4359.		4410.	
23	Insurance	5524.	2762.	2762.	
24	Other expenses Itemize expenses not		• • • •		ı
	covered above (Expenses grouped together		gradusta maria	remarkable to water	~ ~
	and labeled miscellaneous may not exceed	-			ì
	5% of total expenses shown on line 25 below )				}
а	BINGO SUPPLIES	21460.	10730.		10730.
b	UTILITIES	8822.	8822.		
С	MISC SUPPLIES	10312.	5156.	5156.	
d	PROP TAX	3584.	1792.	1792.	<del></del>
e			<del></del>		
f	All other expenses			<del></del>	
	Total functional expenses. Add lines 1 through 24f	62295.	33379.	18237.	10730.
25		02233.	<del></del>	10237.	10750.
26	<u> </u>	-	İ		
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (000)

Part X Balance Sheet (A) (B) Beginning of year End of year 34699. 1 36126. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . . . 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 6 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net Assets 8 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other 186311. basis Complete Part VI of Schedule D 10a 36255. 157617. 10c 150056. Less accumulated depreciation . 10b 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 ..... 192316. 186182 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 .... .. . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. -labilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties ....... 23 24 24 25 25 Other liabilities. Complete Part X of Schedule D Total liabilities Add lines 17 through 25 .... 26 26 Organizations that follow SFAS 117, check here ▶ | and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 Unrestricted net assets . . . 27 Temporarily restricted net assets ..... ..... 28 28 29 29 Permanently restricted net assets .... ..... . . . Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 36126. 32 38612. 32 Retained earnings, endowment, accumulated income, or other funds 36126. 38612. 33 Total net assets or fund balances .... 33 Total liabilities and net assets/fund balances 36126. 34 38612. 34

Form **990** (2009)

Form **990** (2009)

2đ

issued on a consolidated basis, separate basis, or both

the Single Audit Act and OMB Circular A-133? . . .

If "Yes," did the organization undergo the required audit or audits?

3a

Separate basis consolidated basis both consolidated and separate basis

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  VFW POST 3634	Employer identification numbe 61-1011751
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	
Complete if the organization answered ``Yes" to Form 990, Part IV, line 6	7,7,000477,0
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grante 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 advised	I funds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be us	
for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private	
Part-II Conservation Easements. Complete if the organization answered Yes" to Form 990,	
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
	of an historically important land area
	of certified historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conser	rvation easement on the last day of th
tax year	·
	Held at the End of the Year
a 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 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during
the taxable year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of viol	lations,
and enforcement of the conservation easements it holds?	∐ Yes ☒ No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(	(4)(B)(ı)
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense state.	•
include, if applicable, the text of the footnote to the organization's financial statements that describes the c	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" to Form 990, Part IV, line 8	
1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance.	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide, in Part XIV, the
text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	
sures, or other similar assets held for public exhibition, education, or research in furtherance of public serv relating to these items	rice, provide the following amounts
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(II) Assets included in Form 990, Part X	▶ \$
If the organization received or held works of art, historical treasures, or other similar assets for financial ga	in, provide the following amounts
required to be reported under SFAS 116 relating to these items	and and and and and and and and and and
a Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b Assets included in Form 990, Part X	<b>▶</b> \$

30	iedule D (L'Olly) 2001 500	US VEW LOST	3034			TOTT Tage z
Р	art III Organi	zations Maintainin	g Collections of Art	, Historical Treasur	es, or Other Similar	Assets
	(continue		annula abadı anı af th	e fellowing that are a name	referent use of its collection	ur itama (abaak all that
3		on's accession and other	records, check any or th	e following that are a sign	illicant use of its conecuc	in items (check all that
	apply)  a Public exhibition			d Loan or exchai	nge programs	
	· H	<b>.</b> L		e Other	ige programs	
	Scholarly research			e  Other		
		future generations	llestions and ovalers how	thou further the erganize	tion's exempt burness in	Darf VI\/
4	-	<del>-</del>		they further the organization		
5	-			, historical treasures, or o	ther similar assets to be	
D.		nan to be maintained as Escrow and Custod	part of the organization'	S COILECTION /	tion answered "Yes" to F	Yes X No
			<del>-</del>	Complete a organizat	1011 0110Weled - 45 10 -	om seo, -arriv, me e,
1.		ed an amount on Form 9	<del></del>	or contributions or other a	seets not included	
1 6			in or other intermediary is	or contributions of other a	issets not included	Yes 🕅 No
	on Form 990, Part X?		and complete the follows			☐ 163 M 140
Ц	ii tes, explain the al	mangement in Pait AIV a	and complete the following	ig table.		Amount
_	Danisana balansa				10	Aillouit
	Beginning balance				1c	
	Additions during the y		••		1d	
	Distributions during th				1e	
	Ending balance					
	=	nclude an amount on Fo	m 990, Part X, line 217			. 🗌 Yes 🔀 No
	If "Yes," explain the ar				Deat IV line 40	· · · · · · · · · · · · · · · · · · ·
Pa	art V Endowr	1	1	vered "Yes" to Form 990		(a) Four-yourn book
4.	Danis of	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1 a	Beginning of year					
	balance			_		
	Contributions					
С	Investment earnings					
	or losses					
	Grants or scholarships		ļ			
е	Other expenditures					
	for facilities and					
	programs				<u> </u>	
f	Administrative					
	expenses					
g	End of year balance		<u>                                     </u>			
2	Provide the estimated j	percentage of the year e	nd balance held as			
а	Board designated or qu	uasi-endowment ▶	<u>0.00</u> %			
b	Permanent endowment	t ▶ <u>      0.00</u> %				
c	Term endowment ▶	0.00 %				
3a	Are there endowment f	unds not in the possess	on of the organization th	at are held and administe	ered for the organization	by Yes No
	(i) unrelated organizat	tions				3a(i)
	(ii) related organization	ns				. 3a(ii)
b	If "Yes" to 3a(ii), are the	e related organizations li	sted as required on Sche	edule R?		3b
4	Describe in Part XIV the	e intended uses of the o	rganization's endowmen	t funds		
Par	t VI Investme	ents - Land, Buildir	igs, and Equipmen	t. See Form 990, F	Part X, line 10	
	Description of ii	nvestment	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Book value
			basis (investment)	basis (other)		
1a	Land .		2,000.			2,000.
b	Buildings		170,000.			170,000.
С	Leasehold improvemen	ts				
	_		14,311.			14,311.
	Other	<u>}</u>				
			n 990, Part X, column (B	), line 10(c) )		186,311.

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_			.011/51	Page 4
Р	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		<u>61,735.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		62,295.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	ļ	(560.
4	Net unrealized gains (losses) on investments	4	<del> </del>	
5	Donated services and use of facilities	5	ļ	
6	Investment expenses	6		
7	Prior period adjustments	7	<del> </del>	
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4-8	9	<u> </u>	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 3	10	<u> </u>	(560.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	<u>r R</u>	T	
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			
а	Net unrealized gains on investments 2a			
b				
С	Recoveries of prior year grants		1	
d	Other (Describe in Part XIV)			
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 linet.		ı İ	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per		
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			
þ	Prior year adjustments			
С	Losses reported on Form 990, Part IX, line 25	$\dashv$		
d	Other (Describe in Part XIV)			
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 line1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	$\dashv$		
	Other (Describe in Part XIV)	-	_	
_	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5	
_	t XIV Supplemental Information	11		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines			
art 2	K. Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any add	ition	al information	I
	<del></del>			
	<del></del>			

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection Employer identification number

VFW POST 3634						61-1	011751
Part I Fundraising Activities.	Complete if the or	ganızatı	on answe	ered "Yes" to Form 990,	Part IV, line 1	7	
1 Indicate whether the organization a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writte	en or oral agreem	e [ i	Solici Solici Speci	tation of non-governmer tation of government gra al fundraising events idual (including officers,	nt grants	stees or key	
Form 990, Part VII) or entity in co.  b If "Yes," list the ten highest paid in				-			
at least \$5,000 by the organization				-		ile iuliuraist	er is to be compensated
(i) Name of individual or entity (fundraiser)	(ii) Activity	(ili) Did fund- raiser have custody or control of contributions?		(iv) Gross receipts from activity	(V) Amount retained by)	V) Amount paid to (or etained by) fundraiser iisted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				<del></del>
							· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·		
Total	<u> </u>						
3 List all states in which the organizar		or licens	sed to sol	licit funds or has been n	otified it is exe	empt from re	gistration or licensing
	<del></del>		<del></del>		<del></del>		
				_		<del></del>	

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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through		
nue			(event type)	(event type)	(total number)	col (c)		
Re renue	1 1	C. CCC . CCC						
Œ	2	Less (Charitable contributions)						
	3	,	•					
		minus line 2)						
Direct Expenses	4	Cash prizes						
	5	Non-cash prizes	-					
	6	Rent/facility costs .						
	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses .		:				
	10	•	Add lines 4 through 9 in colu	mn (d)				
	11		ombine lines 3 and 10 in colum		▶			
Pa	rt III		ete if the organization answere	d ``Yes" to Form 990, Part IV, I	line 19, or reported more than	\$15,000 on Form 990-EZ		
		line 6a	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add		
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c)		
₹ 	1	Gross revenue	71,456.	260,780.	10,114.	342,350.		
es	2	Cash prizes .	84,031.	131,521.		215,552.		
Jiled Expenses	3	Non-cash prizes		289.		289.		
	4	Rent/facility costs .						
ı	5	Other direct expenses	12,556.			12,556.		
1		Volunteer labor	X Yes 100.0%	X Yes 100.0%	X Yes 100.0 %	12,000		
		_	Add lines 2 through 5 in colur			228,397.		
	8	Net gaming income summ	nary Combine lines 1 and 7 in	column (d)	▶	113,953.		
_						Yes No		
			organization operates gaming operate gaming activities in ea		<del></del>	—		
		o," Explain	operate garning activities in ea	acif of these states?		9a X		
_		-, <del>-</del>						
0a	Wer	10a X						
b	if "Ye	es," Explain.						
						_ !		
1	Does	. 11 X						
2	Is the	e organization a grantor, b	eneficiary or trustee of a trust of	or a member of a partnership o	<u>-</u>			
	admı	nister charitable gaming?	<u></u>		<u></u>	12 X		

Sche	edule G (Form 990 or 990-EZ) 2009 VFW POST 3634 61-1	01175	1	Page 3
			Yes	No
a	Indicate the percentage of gaming activity operated in The organization's facility	<del></del>		1
	Name ▶			
	Address▶	— <del> </del>		
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?.  If "Yes," enter the amount of gaming revenue received by the organization  \$ and the amount of gaming revenue retained by the third party  \$ If "Yes," enter name and address			×
	Name ►Address ►		-	e L
16	Gaming manager information			
	Name▶ CHARLES ELLIOTT			1
	Gaming manager compensation ▶ \$			
	Description of services provided ► OVERSEE BINGO			
	☑ Director/officer ☐ Employee ☐ Independent contractor			
а	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	х	-
	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year >\$	_		-===

OMB No 1545-0172 Form **4562** Depreciation and Amortization 2009 (Including Information on Listed Property) Attachment Department of the Treasury See separate instructions.
Attach to your tax return. Internal Revenue Service Sequence No 57 Name(s) shown on return Business or activity to which this form relates Identifying number VFW POST 3634 61-1011751 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount See the instructions for a higher limit for certain businesses 11 250,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000. A Peduction in limitation. Subtract line 3 from line 2. If zero or less, enter-0-A 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8. ... . 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . . . . . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ...... 14 15 Property subject to section 168(f)(1) election ...... 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions ) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 4,359. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depr (b) Month and (d) Recovery (g) Depreciation (e) (a) Classification of property (f) Method véar placed in (business/investment use репод Convention deduction only - see instructions) 3-year property 5-year property С 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs S/I Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real 39 yrs MM S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Summary (See instructions) Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 4,359. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2009) For Paperwork Reduction Act Notice, see separate instructions.

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