See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
VFW POST 3634	61-1011751

PART V - Line 13a - Our organization is not licensed to issue qualified health plans in more than one state

PART VI - Line 6 - Our organization is made up of member of the Veterans of Foreign Wars of the United States

PART VI - Line 7 - Our organizations members elect members of our governing body

PART VI - Line 8a - Answer should have been checked as yes instead of no The minutes of our meetings are recorded and retained on file.

Line 8b - There are no committees that act on behalf of the governing body

Line 11b - Our organization did not provide a copy of this Form 990 to all members of its governing body before filing the form

Lines 15 a and b - There is no compensation for any of the organizations members or elected officials

Lines 18 and 19 - Our organization has not made any governing documents, conflict of interest policy, and financial statements available to the public

If required to do so, it would be done upon request

PART IX - Line 24f - Not applicable