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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	e 2013 calendar year, or tax year beginning , and ending							
В	Check if ap	pplicable C Name of organization		D Empl	oyer identification number				
	Address cl	hange VFW POST 3634							
百	Name change Doing Business As VFW POST 3634 61-1011751								
\equiv		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number				
\Box	Initial retur	P.O. BOX 951		85	9-236-7295				
	Terminated	City or town, state or province, country, and ZIP or foreign postal code		1					
	Amended i	return DANVILLE KY 40423		G Gross re	ceipts\$ 589,990				
\equiv		F Name and address of principal officer		G Gross le	Ceipis Coo / Coo				
Ш	Application	n pending	H(a) Is this	a group return for	subordinates? Yes X No				
			H(b) Are a	l subordinates inc	luded? Yes No				
					(see instructions)				
_		ppt status		,	(coo modestione)				
	Тах-ехеп				_				
	Website			exemption numb					
*****		rganization X Corporation Trust Association Other ▶	L Year of formation		M State of legal domicile				
<u> </u>	art I	Summary							
	1 E	Briefly describe the organization's mission or most significant activities							
စ္ပ		BINGO AND PULLTABS TO RAISE MONEY FOR DONATIONS TO V	ETERANS						
ă	l								
Governance	1								
ò	2 0	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that	n 25% of its net	assets					
න න	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	0				
Se	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0				
Activities	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0				
Ę	1	otal number of volunteers (estimate if necessary)		6	0				
⋖	ł	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0				
		let unrelated business taxable income from Form 990-T, line 34		7b	0				
_	1	tot dividated business taxable meditir form 555 1, into 54	Pno	r Year	Current Year				
_	8 0	Contributions and grants (Part VIII, line 1h)		5,641	1,630				
ã		Program service revenue (Part VIII, line 2g)		•	0				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		40	41				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	67,889					
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		73,570					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,	0				
		Benefits paid to or for members (Part IX, column (A), line 4) RECEIVED							
				30,094	48,156				
benses		1991		30,034	40,130				
Ë		Professional fundraising fees (Part IX, column (A), line 119 MAY 1 9 2014 9 fotal fundraising expenses (Part IX, column (D), line 25)			0				
EX	1			.54,395	145,646				
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) GGREN IIT		.84,489					
	i	otal expenses Add lines 13–17 (must equal Part IX, column A) 4me 25)							
	19 F	Revenue less expenses Subtract line 18 from line 12		Current Year	14,343 End of Year				
let Assets or und Balances	20 -	otal assets (Part Y. line 16)		242,534	273,252				
\sse Bala	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	<u> </u>	1,969					
<u> </u>	21 1	,		40,565					
, <u></u>		let assets or fund balances Subtract line 21 from line 20		.40,505	2/1,4/1				
_	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta ct, and complete Declaration of preparer (other than officer) is based on all information of which prepa			nowledge and belief, it is				
	· ,	ct, and complete Declaration of preparer (other than officer) is based on an information of which preparer	Ter has any know	euge 1	= .,,				
້ອ Sig		Charles M. Ellion			<u> </u>				
		Signature of officer		Date					
Нe	re	Charles M. Elliott							
<u></u>		Type or print name and title							
Z		Print/Type preparer's name	Date	Check	X of PTIN				
Ęai		WILLIAM D RUTH WWW D. INTW	05/	14/14 self-er					
~	parer	Firm's name RUTH & VANDERPOOL	<u> </u>	Firm's EIN	61-1000321				
Use	Only	475 West Main Street, Suite 108							
		Firm's address Danville, KY 40422		Phone no	859-236-4630				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No				
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2013) 15				
DAA					(0/1)				

143,706

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

Form 990 (2013) VFW POST 3634 61-1011751 Page 3 Part 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," X complete Schedule A 1 Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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. 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes." complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, 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 X debt negotiation services? If "Yes." complete Schedule D. Part IV 9 10 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 X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a 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 X c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d $\overline{\mathbf{x}}$ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

X

19

20a

20b

If "Yes." complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Ghecklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2º 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	1		
	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		
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	ì	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			•
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
a	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		Х
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		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			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 1		
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts 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		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		-	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-+	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			77
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			77
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	.	- 1	v
	19? Note All Form 990 filers are required to complete Schedule O	38	, 990	<u>X</u>
		Form	n 33 39 11	/20121

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 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 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? 7a 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? 7с 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 13b 13c c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Form 990 (2013) VFW POST 3634

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	i ochedale o o	JC IIISti	uctioi	
Sec	tion 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			
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				}
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				7.5
_	stockholders, or persons other than the governing body?	an booth 10 th	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following		٠,	
a	The governing body?		8a	X	
þ	Each committee with authority to act on behalf of the governing body?		_8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				v
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Inter	nal Povonuo C	9	ــــــا	<u> </u>
Jec	tion b. I dicies (This Section B requests information about policies not required by the inter	nai Nevenue C	Jue. j	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		104		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a		the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
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?				
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply				
46	Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st policy, and			
20	financial statements available to the public during the tax year	No			
20	State the name, physical address, and telephone number of the person who possesses the books and records of organization CHARLES ELLIOT	ine			
	organization F Character Manager				

Form 990 (20	13) VFW POST 3634	61-1011751	Page
Part VII	Compensation of Officers, Directors, Tr	rustees, Key Employees, Highest Compensated Em	ployees, and
	Independent Contractors		
•	Check if Schedule O contains a response	or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, an	d Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

		-						· · · · · · · · · · · · · · · · · · ·			
(A) Name and Title	(B) Average				C) sition			(D) Reportable		(E) Reportable	(F) Estimated
reallo din Title	hours per			check	more	than one		compensation		compensation from	amount of
	week (list any					is both an or/trustee)		from the		related organizations	other compensation
	hours for related	오코	l E	T⊊	6	의 등등 구	1	organization (W-2/1099-MISC)		(W-2/1099-MISC)	from the organization
	organizations	direc	itut	Officer	y em	Former Highest employe		(***2 1000141100)			and related
	below dotted line)	or to	onal t		Key employee	e comp					organizations
		Individual trustee or director	Institutional trustee		*	Former Highest compensated employee					
(1) BILLY WATERS		-	<u> </u>	 	-	=	-				
(.,====================================	5.00										
TRUSTEE	0.00	X		ļ					0	0	o
(2) HAROLD J. HENDR	CKS	1									
	10.00										
COMMANDER	0.00		<u> </u>	X		<u> </u>	\perp		0	0	0
(3) CHARLES ELLIOT											
979	10.00									-	_
CFO	0.00	+	<u> </u>	X					의	0	0
(4)											
(5)		T	<u> </u>				\dagger		+		
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(9)											
(10)		\vdash				 	1		+		
17										İ	
(11)									\exists		

Par	t VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unl ficer a	Pos check ess pe ind a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amour othe compens	ated at of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and rel organiza	ation ated	
(12)														
(13)														
(14)						-								
(15)								-						
(16)	<u> </u>													
(17)			-											
(18)					ļ									<u>.</u>
(19)														
	Sub-total Total from continuation she	ets to Part VII. S	l Secti	ion /	<u> </u>	<u> </u>	<u>. </u>	▶						
d	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not I	ımıte	d to		e lıs	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, or					oyee, or highest compensa	ated		3	Yes	No X
4	For any individual listed on line organization and related organization and related organization.	e 1a, is the sum	of re	port	able	com	pens	atio				4		x
5	Did any person listed on line 1 for services rendered to the or	rganization? If "Y								ndıvıdual		5		X
Secti 1	on B. Independent Contractor Complete this table for your five	ve highest comp												-
	compensation from the organi Name and	(A) business address	ompe	ensa	tion	tor ti	ne ca	lienc		(B) tion of services	ear	Co	(C)	tion
							·							
		·					_							_
		<u>.</u>												
2	Total number of independent	contractors (inclu	uding	but	not	limite	ed to	thos	se listed above) who					
	received more than \$100,000	or compensation	LITOI	n me	s org	ailiZ	auon			0				

Form 990 (2013) VFW POST 3634
Part VIII Statement of Revenue

		Check	ir Schedule (J cont	ains a re	sponse or	note to any line (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections
ts ts	1a	Federated car	npaigns	1a		 		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership of	· -	1b	•	1,045				
S, A	С	Fundraising e	vents	1c						
a ∓	d	Related organ		1d					3	
s, Hi	е	Government grants	(contributions)	1e						
คร	f	All other contribution	ns, gifts, grants,							
the st		and similar amounts	not included above	1f		585				
<u> </u>	g	Noncash contributio	ns included in lines 1a	1f \$						
a C	h	Total. Add line	es 1a-1f			>	1,630			
пe						Busn Code				
ven	2a									
8	b									·
ļ;	С									
Ser	đ									
E	е									
Program Service Revenue	f	All other progr	am service reve	nue						
مّ	g	Total. Add line	es 2a-2f			•				
	3	Investment inc	come (including	dividend	ds, interest	,				
		and other simi	lar amounts)			▶ _	41	41		
	4	Income from I	nvestment of tax	-exemp	t bond pro	ceeds ▶	_			
	5	Royalties				•				
			(ı) Real		(II) Per	sonal				
	6a	Gross rents	7,	285						
	b	Less rental exps								
	С	Rental inc or (loss)	7,	285						
j	_d	Net rental inco	me or (loss)			▶	7,285	7,285		
	/a	Gross amount from sales of assets	(i) Securities		(II) Ot	her				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)								
	d	Net gain or (lo	ss)	_		•				
	8a	Gross income fro	om fundraising eve	nts						
5		(not including \$								
ě		of contributions i	eported on line 1c)) [
Other Revenue		See Part IV, line	18	a						
	b	Less direct ex	penses	ь_						
9	C	Net income or	(loss) from fund	raising	events	•				
	9a	Gross income fro	om gaming activitie	s						
		See Part IV, line	19	a	4	75,841				
	b	Less direct ex	penses	ь[3	81,845				
	С	Net income or	(loss) from gam	ing acti	vities	•	93,996	93,996		
	10a	Gross sales of	f inventory, less	- 1						
		returns and all	owances	aL						
	b	Less cost of g	joods sold	ь						
	С	Net income or	(loss) from sale	s of inve	entory	>				
		Mise	cellaneous Revenue			Busn Code				
	11a	CLUB ROOM					93,683	93,683		
	b	OTHER					11,510	11,510		
	С									
	d	All other rever	iue							
	е	Total. Add line	es 11a–11d			▶ _	105,193			
	12	Total revenue	. See instruction	าร		▶	208,145	206,515	0	

Part IX Stateme	ent of Function	onal Expenses
-----------------	-----------------	---------------

Sect	on 501(c)(3) and 501(c)(4) organizations must on the control of th			nplete column (A)	
	Check if Schedule O contains a resp	,		(6)	(2)
	ot include amounts reported on lines 6b, b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
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)				
7	Other salaries and wages	43,064	33,209	9,855	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		, = = =		
10	Payroll taxes	5,092	4,517	575	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	657			657
	Advertising and promotion	1,574		1,574	657
13	Office expenses Information technology	1,3/4		1,3/4	
14 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	64,149	64,149		
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,463	12,463		·• · · · · · · · · · · · · · · · · · ·
23	Insurance	2,236		2,236	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	CONTRIBUTIONS	23,630	23,630		
b	TAXES AND LICENSES	16,196		16,196	
С	UTILITIES AND PHONE	11,617		11,617	
d	REPAIRS AND MAINTENANCE	3,691		3,691	
е	All other expenses	9,433	5,738	3,695	
25	Total functional expenses. Add lines 1 through 24e	193,802	143,706	49,439	657
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 42,194 1 68,447 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 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 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 217,760 other basis Complete Part VI of Schedule D 10a 12,955 200,340 204,805 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 242,534 273,252 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,969 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 25 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 1,969 1,781 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 240,565 271,471 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here Net Assets or complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

> 273,252 Form 990 (2013)

271,471

240,565

242,534

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

the Single Audit Act and OMB Circular A-133?

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

Form 990 (2013)

3a

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VFW POST 3634

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

61-1011751

Pa	ırt l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art) Se	e inst	tructio	ns	
The	orga			se it is (For lines 1 through 11,								
1		A church, co	onvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).					
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)								
3		A hospital or	a cooperative hospital serv	ice organization described in se	ection 170	(b)(1)(A)	(iii).					
4	П			d in conjunction with a hospital)(1)(A)(i	iii). Ente	er the h	ospital's name,	
	_	city, and stat	te				•		•		•	
5	\Box	An organizat	tion operated for the benefit	of a college or university owned	or operat	ed by a q	overnm	ental uni	t descri	ibed in		
		_	(b)(1)(A)(iv). (Complete Par	- · · · · · · · · · · · · · · · · · · ·	•							
6	\Box			jovernmental unit described in s	section 1	70(b)(1)(A	M(v).					
7	П			substantial part of its support fr				from the	denera	al public		
-		_	section 170(b)(1)(A)(vi). (C		J 2 301				90	a, public	•	
8				170(b)(1)(A)(vi). (Complete Par	1 11)							
9	H			1) more than 33 1/3% of its sup	•	contributi	ons me	mhershi	n fees	and are	nee	
•	لـــا			npt functions—subject to certain					•	_	733	
				nd unrelated business taxable ii	-		•					
			•	0, 1975 See section 509(a)(2)	•			, 110/11 L	Jusines.	303		
10			~	exclusively to test for public saf	•		•					
11	H	•	•	exclusively for the benefit of, to	•				out the	Δ.		
• •	<u></u>	-	•	ted organizations described in s	•						1	
				the type of supporting organizat					•	3000001		
		a Type		c Type III–Function			ď			n-funct	ionally integrated	
е				ganization is not controlled direct				-				
Ĭ	ш	-	•	er than one or more publicly sup	•					•		
		or section 50	=			3				(-)(•,	
f			, , , ,	ermination from the IRS that it is	s a Type I	Type II.	or Type	III sago	ortina			
		_	check this box		, , ,	, .,,,,	,,,,,				I	
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n anv of th	ne				I	
9		following pe	· · · · · · · · · · · · · · · · · · ·	, g		,						
				ontrols, either alone or together	with perso	ons descr	abed in (ii) and			Yes	No
			w, the governing body of the	-				,			11g(i)	
		• •	member of a person descri	• • •							11g(ii)	
			•	described in (i) or (ii) above?							11g(III)	
h			•	he supported organization(s)							[]	
(1)	Name	e of supported	(II) EIN	(III) Type of organization	(rv) Is the	organization	(v) Did y	ou notify	(vi)!	s the	(vii) Amount of monetary	
	org	anızatıon		(described on lines 1-9		sted in your	the organ	nization in	organizati	ion in col	support	
				above or IRC section	governing	document?		of your port?	(i) organi: U S			
				(see instructions))	Yes	No	Yes	No	Yes	No		
A)								-				_
,						ŀ						
B)												_
C)												
•												
D)	-											_
٠												
E)												
•												
otal												
or F	ape	rwork Reduc	tion Act Notice, see the In	structions for					Schedu	le A (F	orm 990 or 990-EZ) 2	013

61-1011751

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tion A. Public Support	quality under ti	ic tests listed i	below, picase c	ompicie i arci	· /			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	F	(6 Total	
	• • • • •	(a) 2009	(b) 2010	(6) 2011	(0) 2012	(e) 2013		(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с 8	Add lines 7a and 7b Public support (Subtract line 7c from								_
	line 6)	<u> </u>			L	<u> </u>			_
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total	
9	Amounts from line 6								_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							· · · <u>- · ·</u>	
С	Add lines 10a and 10b						\dashv		_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	~							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)			under an Ether Co		1(=)(2)		 	_
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	t, secona, thira, fo	unn, or nith tax yea	ar as a section 50	I(C)(3)		<u> </u>	\neg
Sec	tion C. Computation of Public Su		tage						_
15	Public support percentage for 2013 (line 8						15	9	<u>_</u>
16	Public support percentage from 2012 Scho			(17)		<u> </u>	16	9,	_
	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	·	L	<u> </u>		<u>-</u>
17	Investment income percentage for 2013 (i			3. column (f))			17	9	<u> </u>
18	Investment income percentage from 2012			, 50.0 (1)		F	18	9	_
19a	33 1/3% support tests—2013. If the orga	· ·		e 14, and line 15 is	more than 33 1/3	<u> </u>		<u> </u>	_
-	17 is not more than 33 1/3%, check this be					·		▶ [٦
b	33 1/3% support tests—2012. If the orga						nd	,	
	line 18 is not more than 33 1/3%, check th							▶ [
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions		>	

61-1011751

Page 4

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attack School 15 D. (Farm 200)

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public

Inspection

Name of the organization		Employer identification number
VFW POST 3634		61-1011751
	onor Advised Funds or Other Similar Funds of Swered "Yes" to Form 990, Part IV, line 6	or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor a	advisors in writing that the assets held in donor advised	
funds are the organization's property, subject to the	ne organization's exclusive legal control?	Yes No
-	and donor advisors in writing that grant funds can be used	
, ,	it 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 ans	swered "Yes" to Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the	e organization (check all that apply)	
Preservation of land for public use (e g , recre	eation or education) Preservation of an historically	y important land area
Protection of natural habitat	Preservation of a certified his	storic structure
Preservation of open space		
	ield a qualified conservation contribution in the form of a co	
easement on the last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		
b Total acreage restricted by conservation easemen		2b
c Number of conservation easements on a certified		2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register		
	nsferred, released, extinguished, or terminated by the organ	nization during the
tax year	anistran assessment in Israelad N	
4 Number of states where property subject to conse		
5 Does the organization have a written policy regard violations, and enforcement of the conservation ea	ding the periodic monitoring, inspection, handling of	☐ Yes ☐ No
•	asements it noids? nspecting, and enforcing conservation easements during th	لــا لــا
 Staff and volunteer hours devoted to monitoring, ii 	ispecting, and emorcing conservation easements during tr	ne year
	cting, and enforcing conservation easements during the ye	ear
> \$		
	ie 2(d) above satisfy the requirements of section 170(h)(4)(
(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
	conservation easements in its revenue and expense state	
	of the footnote to the organization's financial statements the	ial describes the
organization's accounting for conservation easements	ens Ilections of Art, Historical Treasures, or Oth	or Similar Assots
	swered "Yes" to Form 990, Part IV, line 8.	er Jillilar Assels.
•	AS 116 (ASC 958), not to report in its revenue statement a	
\sim	assets held for public exhibition, education, or research in fi	
	footnote to its financial statements that describes these ite	
	AS 116 (ASC 958), to report in its revenue statement and t	
	assets held for public exhibition, education, or research in fi	urtnerance of
public service, provide the following amounts relat		•
(i) Revenues included in Form 990, Part VIII, line	: 1	▶ \$
(ii) Assets included in Form 990, Part X	interioral transcures, or other similar assets for financial and	► \$
_	istorical treasures, or other similar assets for financial gain,	, provide tile
following amounts required to be reported under S	or AS 110 (ASC 930) relating to these items	. ¢
a Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ €

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of is collection terms (check) all this tappiny) a Public exhibition d Loan or exchange programs b Scholarly research c Proseevation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII XIII Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21 1b if "Yes," explain the arrangement in Part XIII and complete the following table c Regioning balance 1c Anditions during the year c Distributions or scholarships d Difference	Pi	art 即 Organizations Maintaini	ng Collections o	f Art, H	istorical T	reasures,	or Othe	r Similar Asset	s (contir	ued))
b Scholarly research	3		ssion, and other record	ds, check	any of the fol	llowing that a	ire a signif	icant use of its		_	
Preservation for future generations	а	Public exhibition	d 🗌	Loan or	exchange pro	grams					
Amount Part V Excrew and Custodial Arrangements. Complete if the organization solicitor receive donations of art, historical treasures, or other similar assess to be sold to isself funds tather than to be maintained as part of the organizations's collections? Yes No No No No No No No N	b	Scholarly research	е 🗍	Other							
Sull plane year, dot the organization solicit or receive donations of art, instoncial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves	С	Preservation for future generations									
Source Description Desc	4	Provide a description of the organization's	collections and explain	in how the	ey further the	organization	s exempt	purpose in Part			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization answered investigation answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization answered investigation and investigation a											
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Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				part of the	e organizatior	n's collection			Y	es	_ No
Segmang of year balance Segmang of year	Pa		-	" to Fo	000 Da				F	_	
tal is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X If Yes, "explain the arrangement in Part XIII and complete the following table C Beginning balance			on answered Tes	5 10 FOI	iii 990, Pai	rtiv, iirie s	, or repo	orteu an amount	OII FOITI	I	
Segment Seg	12		odian or other interme	diany for o	contributions of	or other acce	te not				
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e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217	С	Beginning balance						1c			
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2a Did the organization include an amount on Form 990, Part X, line 217	е	Distributions during the year						1e			
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Pror year (c) Two years back (d) Three years back. (e) Four years back (e	f	Ending balance						1f			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years had years (e) Four years had years (e) Four years (e) Four years (e) Four years (e) Four years (e) F	2a	Did the organization include an amount on	Form 990, Part X, line	e 21?					Y	es 📗	∐ No
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(a) Current year (b) Prior year (c) Two years back (d) Trive years back (e) Four years back (e) F	Pa		1 42 4				_				
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (other) (depreciation) 1a Land 2,000 2,000 b Buildings 2 2,000 2,000 c Leasehold improvements 4 Equipment 6 0ther 215,760 12,955 202,805	D 4		•						36		L
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b Buildings c Leasehold improvements d Equipment e Other 215,760 12,955 202,805		possipilor or property	k	I					(4,000.	Va.00	
b Buildings c Leasehold improvements d Equipment e Other 215,760 12,955 202,805	1a	Land			·					2.	000
c Leasehold improvements d Equipment e Other 215,760 12,955 202,805				-		,					
d Equipment e Other 215,760 12,955 202,805		•	-								
e Other 215,760 12,955 202,805		•									
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	е	• •			2	15,760		12,955	2	02,	805
	Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	rt X, colur	nn (B), line 10	D(c))		>	2)4,	805

Schedule D (F	orm 990) 2013 VFW POST 3634		61-1011751	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11b See Form 990, Part 2	X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	ition
	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial o	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				,
(C)				
(D)				
(E)			-	
(E)				
(G)				
(H)	(h) must equal Form 000. Bot V. col. (P) line 12.)			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.	1.	<u> </u>	
Past Vill	Complete if the organization answered "Yes" to	Form 000 Part IV line	11c See Form 990 Part	Cline 13
		(b) Book value	(c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year mar	
			Cost of end-or-year mar	Net value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d See Form 990, Part X	(, line 15
	(a) Description			(b) Book value
_(1)				
(2)				=
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f See Form 990	, Part X,
	line 25			•
1.	(a) Description of liability	(b) Book value		***************************************
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
•	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) C	neck here if the text of the f	ootnote has been provided in Part	i XIII

Sche	edule D (Form 990) 2013 VFW POST 3634	61-:	1011751	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	e per Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
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	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	Int XII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses per Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		

Part XIII Supplemental Information

b Other (Describe in Part XIII) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information (continued)

Page 5

Department of the Treasury

Internal Revenue Service

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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, 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Inspection

Open to Public

VFW POST 3634		61-1011751				
Part I Fundraising Activities. Complete Form 990-EZ filers are not required			red "Yes" to Form	990, Part IV, line	17	
Indicate whether the organization raised funds through	·· · · · · · · · · · · · · · · · · · ·		Check all that apply			
a Mail solicitations		_	vernment grants			
b Internet and email solicitations		_	nent grants			
c Phone solicitations	g Special fur	=	-			
d In-person solicitations	g opecial ful	idiaising ev	rems			
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entib If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization	ty in connection with	profession	al fundraising services	? e fundraiser is to be	Yes No	
(i) Name and address of individual		raiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) Activity	custody or control of	from activity	fundraiser listed in	organization	
		contributions?	<u> </u>	col (ı)		
4		Yes No				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					+	

Schedule G (Form 990 or 990-EZ) 2013 VFW POST 3634 61-1011751 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b 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 col (c)) (event type) (total number) (event type) 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 120,679 309,185 45,977 475,841 1 Gross revenue 95,580 251,459 34,806 381,845 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % % Yes % Yes Yes X No X 6 Volunteer labor No No 381,<u>845</u> 7 Direct expense summary Add lines 2 through 5 in column (d) 93,996 8 Net gaming income summary Subtract line 7 from line 1, column (d) KY Enter the state(s) in which the organization operates gaming activities X Yes | No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedu	ule G (Form 990 or 990-EZ) 2013	61-101175	1		Page 3
11 C	Does the organization operate gaming activities with nonmembers?			Yes	X No
12 ls	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_		
fo	ormed to administer charitable gaming?			Yes	X No
13 Ir	ndicate the percentage of gaming activity operated in				
a T	The organization's facility	13a			<u>%</u>
b A	An outside facility	13b			<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and ecords				
٨	Name ► CHARLES ELLIOT				
A	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gaming evenue?			Vaa	X No
		and the	Ш	res	A NO
	imount of gaming revenue retained by the third party ► \$	and the			
	f "Yes," enter name and address of the third party				
N	Name ►				
Α	Address ▶				
16 G	Saming manager information				
N	Name ▶				
G	Gaming manager compensation ▶ \$				
D	Description of services provided >				
	Director/officer Employee Independent contractor				
17 N	Mandatory distributions				
a Is	s the organization required under state law to make charitable distributions from the gaming proceeds to		_		
	etain the state gaming license?			Yes	X No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	pent in the organization's own exempt activities during the tax year > \$	1 () 1 ()			
Part I		` ' ' ' '	and	ŀ	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this p	art to provide any			
	additional information (see instructions)				

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

VFW POST 3634

Employer identification number 61-1011751

Form 990, Part III, Line 4d - All Other Accomplishment BINGO AND PULLTABS TO RAISE MONEY FOR DONATIONS TO VETERANS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other \$ Book / Tax Depreciation Difference 5,379

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury

Intern	al Revenue Service	(99)	► See separa	ate instructions.	► Att	ach to yo	ur tax retu	rn.		Sequence No	<u> 179</u>
Name	(s) shown on return	****** DO	am 2624						/ing num		
			ST 3634			·		PT-	.101	1751	
	ess or activity to which t ndirect [ion								
				perty Under Sect	ion 179						
,		•	•	y, complete Part \		u comp	lete Part	l.			
1		nt (see instruction				•			1	500	,000
2	Total cost of sec	tion 179 property	placed in service (se	ee instructions)					2		
3	Threshold cost of	of section 179 pro	perty before reductio	n in limitation (see ins	tructions)				3	2,000	, 000
4	Reduction in lim	itation Subtract li	ne 3 from line 2 If ze	ero or less, enter -0-					4	-	-
5	Dollar limitation for	tax year Subtract lin	ne 4 from line 1. If zero o	or less, enter -0- If marne	d filing separat	ely, see ins	tructions		5		
6		(a) Description	n of property	(b) Cost (business	use only)	(c) E	lected cost		-	
							<u> </u>				
							<u> </u>				
7	Listed property	Enter the amount	from line 29			7					
8	Total elected cos	st of section 179 p	property Add amoun	ts ın column (c), lines	6 and 7				8		
9	Tentative deduct	tion Enter the sm	ialler of line 5 or line	8					9		
10	Carryover of disa	allowed deduction	from line 13 of your	2012 Form 4562					10		
11	Business income	e limitation Enter	the smaller of busine	ess income (not less t	han zero) or l	line 5 (see	Instruction	s)	11		
12	Section 179 exp	ense deduction A	Add lines 9 and 10, bi	ut do not enter more t	han line 11		,		12		
13				and 10, less line 12		13					
			v for listed property					<u> </u>			
				nd Other Depred			lude liste	d prope	erty)(See instruction	s)
14	•			other than listed prope	rty) placed in	service				_	
		ear (see instruction	•						14	5,	,774
15		to section 168(f)(•						15		
16 D		on (including ACR		ide lieted seesed	· \ /Caa ::::		- \		16		
	art III MAC	KS Deprecial	ion (Do not incit	ude listed property Section		uction	s)				
47	MACDS doduction	one for esecte pla	and in consist in tax						47	6	362
17 18		•		years beginning befor		b1. b		\sim	17		, 302
10	ir you are electing to g			ear into one or more general rvice During 2013 Ta			eral Depre	ciation S	vstem		
	(a) Classification		(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	on (d) Reco	very (e)	Convention	(f) Meth		(g) Depreciation ded	uction
19a	3-year property			, , , , , , , , , , , , , , , , , , , ,			İ				
b	5-year property						İ				_
С	7-year property]	5,7	75 7.	0	MQ	200	DB		327
d	10-year property										
е	15-year property	1									
f	20-year property	,									
g	25-year property				25 yr	s		S/L			
h	Residential renta	al			27 5 y	rs	MM	S/L			
	property				27 5 <u>y</u>	rs	MM	S/L			
į	Nonresidential re	eal			39 yr	5	MM	S/L			
	property						MM	S/L			
		Section C—As	sets Placed in Serv	ice During 2013 Tax	Year Using 1	the Altern	ative Depr	eciation	Systen	n	
<u>20a</u>	Class life							S/L		······································	
	12-year				12 yr	5		S/L			
	40-year		l	<u> </u>	40 yrs	5	MM	S/L			
Pa		mary (See ins			<u> </u>				, r	· - · · · · · · · · · · · · · · · · · · ·	
21		Enter amount from							21	-	
22				lines 19 and 20 in colu is and S corporations-			nter here		22	12.	463

For assets shown above and placed in service during the current year, enter the

23