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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 black lung
 benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

FRATERNAL ORDER OF POLICE
BERKELEY COUNTY LODGE #19

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1537

Room/suite

City or town, state or country, and ZIP + 4

MONCK'S CORNER SC 29461

D Employer identification number

57-0876483

E Telephone number

843-719-4675

F Accounting method: ☒ Cash☐ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number**M** Check ☒ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.SCFOP19.ORG**J** Organization type(check only one) ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **131,350****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	14,854	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 14,854 noncash \$)	1e	14,854	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3	4,295	
4	Interest on savings and temporary cash investments	4	914	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	9,325	
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	9,325	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	4,209	
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	4,209	
10a	Gross sales of inventory, less returns and allowances	10a	716	
b	Less cost of goods sold	10b	567	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	149	
11	Other revenue (from Part VII, line 103)	11	97,037	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	130,783	
13	Program services (from line 44, column (B))	13	33,517	
14	Management and general (from line 44, column (C))	14	17,286	
15	Fundraising (from line 44, column (D))	15	1,560	
16	Payments to affiliates (attach schedule)	16	41,096	
17	Total expenses. Add lines 16 and 44, column (A)	17	93,459	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	37,324	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	489,081	
20	Other changes in net assets or fund balances (attach explanation)	20	-80,282	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	446,123	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
 DAA

Form 990 (2007)

AS AMENDED

SCANNED DEC 30 2010

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ _____ non-cash \$ _____)					
If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule)					
(cash \$ _____ non-cash \$ _____)					
If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) STMT 5	23	6,380	6,380		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	100		100	
32 Legal fees	32	3,700		3,700	
33 Supplies	33	2,932		1,422	1,510
34 Telephone	34	2,155		2,155	
35 Postage and shipping	35	191		191	
36 Occupancy	36	15,327	15,327		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	9,435		9,435	
40 Conferences, conventions, and meetings	40	1,907	1,907		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	9,903	9,903		
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 6	43a	333		283	50
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	52,363	33,517	17,286	1,560

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a TO PROVIDE ASSISTANCE TO FALLEN OR ILL OFFICERS AND THEIR FAMILIES.

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

3,009

b TO PROVIDE OFFICERS WITH A PLACE TO HOLD DEPARTMENTAL AND SOCIAL GATHERINGS AS WELL AS A PLACE TO RELAX FROM THE STRESS ASSOCIATED WITH THEIR DUTIES.

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

27,137

c TO PROVIDE ASSISTANCE TO CHARITABLE ORGANIZATIONS AND COMMUNITY RECREATIONAL LEAGUES.

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

3,371

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

33,517

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	6,679	45		
	46 Savings and temporary cash investments	35,776	46	48,942	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52	750	
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 8	55b	69,984	55c		
56 Investments—other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a	439,882			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 9	57b	9,903	69,984	57c	429,979
58 Other assets, including program-related investments (describe ► SEE STATEMENT 10)		306,658	58		
59 Total assets (must equal line 74) Add lines 45 through 58		489,081	59	479,671	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET		64b	33,048	
	65 Other liabilities (describe ► SEE STATEMENT 11)		65	500	
66 Total liabilities. Add lines 60 through 65		0	66	33,548	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds	489,081	72	446,123	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	489,081	73	446,123		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	489,081	74	479,671		

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FRATERNAL ORDER OF POLICE

57-0876483

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) **N/A**

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return **N/A**

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES A. MIXON 300 BRADLEY BEND DRIVE MONCKS CORNER SC 29461	PRESIDENT 2	0	0	0
MELISSA L. BLANCHARD 1520 CEDAR AVENUE MONCKS CORNER SC 29461	V. PRESIDENT 2	0	0	0
DAVID MARTIN, JR. 321 GUPPY WAY ST. STEPHEN SC 29479	V. PRESIDENT 2	0	0	0
MARK TILLMAN 214 ARROWHEAD DRIVE SUMMERVILLES SC 29483	SECRETARY 2	0	0	0
CHARLES AUCOIN 110 DAVIDSON DRIVE LADSON SC 29456	TREASURER 2	0	0	0
FRANK C. JACKSON, SR. 101 TALL SPRUCE DRIVE MONCKS CORNER SC 29461	CHAPLAIN 2	0	0	0
STEPHEN PLATT 775 SANGAREE PARKWAY BLVD SUMMERVILLE SC 29483	SGT AT ARMS 2	0	0	0
MARTIN HOUSAND 517 HOUSAND LANE ST. STEPHEN SC 29479	TRUSTEE 2	0	0	0

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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82a			
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
90b			
91a	The books are in care of FRED THORNTON P.O. BOX 1537 Located at MONCK'S CORNER, SC	Telephone no 843-719-4675	
		ZIP + 4 29461	
b	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
91b			
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)**c** At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes No
☐ ☒

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92****Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated**93** Program service revenue

Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
		41	4,295	
		14	914	
		16	9,325	
		25	4,209	
		25	149	
		15	94,190	
				2,847
	0		113,082	2,847
			▶	115,929

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

103C UNITED STATES TREASURY TAX REFUND**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

- 106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

- 107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

- 108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please
Sign
Here**

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.

Fred Thornton

Signature of officer

FRED THORNTON

Type or print name and title

TREASURER

Date

11-8-10

**Paid
Preparer's
Use Only**

Preparer's
signature

Firm's name (or yours
if self-employed),
address, and ZIP + 4

Chadwick D. Sweatman, CPA

Date

11/7/10

Check if
self-
employed ☒

Preparer's SSN or PTIN
(See Gen Instr X)
P00811420

CHADWICK D. SWEATMAN, CPA, P.C.

EIN

26-1577005

400 E ALTMAN ST

Phone

MONCK'S CORNER, SC 29461-5913

no 843-899-1500

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2007Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **FRATERNAL ORDER OF POLICE
BERKELEY COUNTY LODGE #19**

Identifying number
57-0876483

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I 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	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 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 2008 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.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
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 <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		6,882	7.0	HY	200DB	983
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	1/01/07	363,016	39 yrs	MM	S/L	8,920
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	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 instr	22	9,903
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2**AS AMENDED**

Special Events Schedule

Form **990**

2007

For calendar year 2007, or tax year beginning

and ending

Name

**FRATERNAL ORDER OF POLICE
BERKELEY COUNTY LODGE #19**

Employer Identification Number

57-0876483

	(A)	(B)	(C)	Others	Total
Gross receipts	4,209	0	0	0	4,209
Less contributions	0	0	0	0	0
Gross revenue	4,209	0	0	0	4,209
Less direct expenses	0	0	0	0	0
Net income (loss)	4,209	0	0	0	4,209

[illegible]

AS AMENDED

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2007**

For calendar year 2007, or tax year beginning

, and ending

Name

**FRATERNAL ORDER OF POLICE
BERKELEY COUNTY LODGE #19**

Employer Identification Number

57-0876483**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) FARMERS & MERCHANTS BANK	N/A
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 60,000	12/14/06	12/15/21	COUP/MATR NTC	8.250
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) LAND & BUILDING	BUILDING & IMPROVEMENTS
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		33,048
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		33,048

AS AMENDED

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBER DUES	\$ <u>4,295</u>
TOTAL	\$ <u><u>4,295</u></u>

Statement 2 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
MERCHANDISE SALES	\$ <u>716</u>	\$ <u>567</u>	\$ <u>149</u>
TOTAL	\$ <u><u>716</u></u>	\$ <u><u>567</u></u>	\$ <u><u>149</u></u>

0108 Fraternal Order of Police
57-0876483
FYE: 12/31/2007

Federal Statements

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Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name Address	Purpose	Amount
TRI-COUNTY FOP LODGE #3 P.O. BOX 62469 N. CHARLESTON SC 29419	BINGO PROCEEDS SPLIT	\$ 35,171
SC STATE FOP LODGE 220 COACHMAN DRIVE LEXINGTON SC 29072	DUES	3,560
GRAND FOP LODGE 701 MARRIOT DRIVE NASHVILLE TN 37214	DUES	2,365
TOTAL		<u>\$ 41,096</u>

AS AMENDED

0108 Fraternal Order of Police
57-0876483
FYE: 12/31/2007

Federal Statements

11/8/2010 5:45 AM

Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENT	\$ -80,282
TOTAL	<u>\$ -80,282</u>

AS AMENDED

Federal Statements

Statement 5 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
FAMILIES OF FALLEN OFFICERS	\$ 3,009
LOCAL CHARITIES & REC LEAGUES	3,371
TOTAL	<u>\$ 6,380</u>

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
BANK SERVICE CHARGES	33		33	
MISCELLANEOUS EXPENSE	250		250	
PHONE SOLICITATION LICENSING	50			50
TOTAL	<u>\$ 333</u>	<u>\$ 0</u>	<u>\$ 283</u>	<u>\$ 50</u>

Federal Statements

Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE ASSISTANCE TO FALLEN OR ILL OFFICERS AND THEIR
FAMILIES.

Federal Statements

11/8/2010 5:45 AM

Statement 8 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
LAND	\$ 69,984	\$	\$	\$
TOTAL	\$ 69,984	\$ 0	\$ 0	\$ 0

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 69,984	\$	\$ 69,984	\$
TOTAL	\$ 69,984	\$ 0	\$ 69,984	\$ 0

Statement 10 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CAPITALIZED BUILDING COST	\$ 306,658	\$
TOTAL	\$ 306,658	\$ 0

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
RENTAL SECURITY DEPOSITS	\$	\$ 500
TOTAL	\$ 0	\$ 500

AS AMENDED