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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****D Employer identification number**
57-0876483**E Telephone number**
843-719-4675**F Accounting method:** Cash Accrual Other (specify)**G Website:** WWW.SCFOP19.ORG**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 an organization 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)****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****b Direct public support (not included on line 1a)****c Indirect public support (not included on line 1a)****d Government contributions (grants) (not included on line 1a)****e Total (add lines 1a through 1d) (cash \$ **14,854** noncash \$ _____)**

1a	
1b	14,854
1c	
1d	

1e **14,854****2 Program service revenue including government fees and contracts (from Part VII, line 93)****SEE STATEMENT 1****3 Membership dues and assessments****4 Interest on savings and temporary cash investments****5 Dividends and interest from securities****6a Gross rents****b Less rental expenses****c Net rental income or (loss) Subtract line 6b from line 6a**

6a	9,325
6b	

6c **9,325****7 Other investment income (describe)****8a Gross amount from sales of assets other than inventory****b Less cost or other basis and sales expenses****c Gain or (loss) (attach schedule)****d Net gain or (loss) Combine line 8c, columns (A) and (B)****9 Special events and activities (attach schedule) If any amount is from gaming, check here ►** **a Gross revenue (not including \$ _____ of contributions reported on line 1b)****b Less direct expenses other than fundraising expenses****c Net income or (loss) from special events Subtract line 9b from line 9a****10a Gross sales of inventory, less returns and allowances****b Less cost of goods sold****c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a****11 Other revenue (from Part VII, line 103)****12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**

(A) Securities	(B) Other
8a	
8b	
8c	

8d

RECEIV	9a	4,209
	9b	

9c **4,209****13 Program services (from line 44, column (B))****14 Management and general (from line 44, column (C))****15 Fundraising (from line 44, column (D))****16 Payments to affiliates (attach schedule)****17 Total expenses. Add lines 16 and 44, column (A)****SEE STATEMENT 3****10c** **149****11** **97,037****12** **130,783****13** **33,517****14** **17,286****15** **1,560****16** **41,096****17** **93,459****18 Excess or (deficit) for the year Subtract line 17 from line 12****19 Net assets or fund balances at beginning of year (from line 73, column (A))****20 Other changes in net assets or fund balances (attach explanation)****21 Net assets or fund balances at end of year Combine lines 18, 19, and 20****SEE STATEMENT 4****18** **37,324****19** **489,081****20** **-80,282****21** **446,123**

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 \$ _____)	22a				
If this amount includes foreign grants, check here ► <input type="checkbox"/>					
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22b				
If this amount includes foreign grants, check here ► <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)	23	6,380	6,380		
STMT 5					
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 \$ _____

DAA

Form 990 (2007)

AS AMENDED

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.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
	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
	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
	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
	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

Form 990 (2007) 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
 b Amounts included on line a but not on Part I, line 12:
 1 Net unrealized gains on investments
 2 Donated services and use of facilities
 3 Recoveries of prior year grants
 4 Other (specify)

a	
b1	
b2	
b3	
b4	

Add lines b1 through b4
 c Subtract line b from line a
 d Amounts included on Part I, line 12, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify)

b	
c	
d1	
d2	
d	

Add lines d1 and d2
 e Total revenue (Part I, line 12) Add lines c and d

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
 b Amounts included on line a but not Part I, line 17
 1 Donated services and use of facilities
 2 Prior year adjustments reported on Part I, line 20
 3 Losses reported on Part I, line 20
 4 Other (specify)

a	
b1	
b2	
b3	
b4	

Add lines b1 through b4
 c Subtract line b from line a
 d Amounts included on Part I, line 17, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify).

b	
c	
d1	
d2	
d	

Add lines d1 and d2
 e Total expenses (Part I, line 17) Add lines c and d

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
MELISSA L. BLANCHARD 1520 CEDAR AVENUE	MONCKS CORNER SC 29461	V. PRESIDENT 2	0	0
DAVID MARTIN, JR. 321 GUPPY WAY	ST. STEPHEN SC 29479	V. PRESIDENT 2	0	0
MARK TILLMAN 214 ARROWHEAD DRIVE	SUMMERVILLES SC 29483	SECRETARY 2	0	0
CHARLES AUCOIN 110 DAVIDSON DRIVE	LADSON SC 29456	TREASURER 2	0	0
FRANK C. JACKSON, SR. 101 TALL SPRUCE DRIVE	MONCKS CORNER SC 29461	CHAPLAIN 2	0	0
STEPHEN PLATT 775 SANGAREE PARKWAY BLVD	SUMMERVILLE SC 29483	SGT AT ARMS 2	0	0
MARTIN HOUSAND 517 HOUSAND LANE	ST. STEPHEN SC 29479	TRUSTEE 2	0	0

Form 990 (2007)

AS AMENDED

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 7

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ►

and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)
b Did the organization file Form 1120-POL for this year? _____

81a

1

Form 990 (2007)

AS AMENDED

Form 990 (2007) **FRATERNAL ORDER OF POLICE**
Part VI Other Information (continued)

57-0876483

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	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?	82a	<input checked="" type="checkbox"/>
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?	83a	<input checked="" type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	<input checked="" type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<input checked="" type="checkbox"/>
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		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	88a	<input checked="" type="checkbox"/>
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	88b	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	89a	
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	89c	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
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?	89g	<input checked="" type="checkbox"/>
90a List the states with which a copy of this return is filed ► SC	90a	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91a The books are in care of ► FRED THORNTON P.O. BOX 1537 Located at ► MONCKS CORNER, SC	91a	Telephone no ► 843-719-4675
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)? 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	91b	ZIP + 4 ► 29461

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			11-8-10	
	► <i>Fred Thornton</i> Signature of officer				
	► FRED THORNTON Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ► <i>Chadwick D. Sweatman, CPA</i>	Date 11/7/10	Check if self-employed ► <input checked="" type="checkbox"/> X	Preparer's SSN or PTIN (See Gen Instr X) P00811420	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CHADWICK D. SWEATMAN, CPA, P.C. 400 E ALTMAN ST MONCKS CORNER, SC 29461-5913	EIN ► 26-1577005	Phone no ► 843-899-1500		

Form 990 (2007)

Form 4562Department 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	
	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
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						
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)

THERE ARE NO AMOUNTS FOR PAGE 2

AS AMENDED

Form 990	Special Events Schedule			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
Less contributions	0	0	0	0
Gross revenue	4,209	0	0	0
Less direct expenses	0	0	0	0
Net income (loss)	4,209	0	0	0

Description: (A) **FUNDRAISING**

(B) _____

(C) _____

Others _____

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

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

11/8/2010 5:45 AM

Federal Statements

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

Description	Amount
MEMBER DUES	\$ 4,295
TOTAL	\$ 4,295

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

Description	Gross Sales	COGS	Gross Profit
MERCHANDISE SALES	\$ 716	\$ 567	\$ 149
TOTAL	\$ 716	\$ 567	\$ 149

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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>

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57-0876483
FYE: 12/31/2007

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Federal Statements

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

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

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

11/8/2010 5:45 AM

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	<u>3,371</u>
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>

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

11/8/2010 5:45 AM

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.

AS AMENDED

Federal Statements

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