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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

Open to Public Inspection

<u>A</u>	For the 2012 of	alendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization CONTACT LENS MANUFACTURERS		D Emp	ployer identification number
<u>.</u> .	Address change	ASSOCIATION		i	
٦,	Name change	Doing Business As		23	<u>3-7073347</u>
∹		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Tele	phone number
יו ר	initial return	P.O. BOX 29398		40	2-465-4122
╝.	Terminated	City, town or post office, state, and ZIP code			
7,	Amended return	LINCOLN NE 68529-0398		<b>G</b> Gross r	eceipts \$ 477,33
Ĺ	Application pending	F Name and address of principal officer			
٬ ۱	Applicason pending		H(a) Is this a g	roup retum f	or affiliates? Yes X N
			H(b) Are all af	filiates inclu	ded? Yes N
			II "No	o," attach a	list (see instructions)
	Tax-exempt status	501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527	1		
		ww.clma.net	H(c) Group ex	emption nu	mber
_	Form of organization		ear of formation		M State of legal domicile
		mmary	<u> </u>		IN Clare of regal dominate
		scribe the organization's mission or most significant activities			
1		ATION TO MANUFACTURERS, EYECARE PROFESSIONALS & CONS	ITMED		
ဋ		USTOM CONTACT LENSES.	OHER		
nar	ON C	JSIOM CONTACT LENSES.			
Activities & Governance	<b>6</b> 01 1 11				
3	2 Check thi		of its net assets	1	1
		f voting members of the governing body (Part VI, line 1a)		3	11
		f independent voting members of the governing body (Part VI, line 1b)		4	11
l		ber of individuals employed in calendar year 2012 (Part V, line 2a)		5	4
:		ber of volunteers (estimate if necessary)		6	0
ĺ	7a Total unre	lated business revenue from Part VIII, column (C), line 12		7a	8,500
1	b Net unrel	ited business taxable income from Form 990-T, line 34		7b	<del></del>
Į			Prior Yea	<u>r                                      </u>	Current Year
l		ons and grants (Part VIII, line 1h)			(
Revenue	9 Program	ervice revenue (Part VIII, line 2g)		2,760	<del></del>
ı	10 Investmer	it income (Part VIII, column (A), lines 3, 4, and 7d)		7,675	
l	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,408	<u> 6,676</u>
l	12 Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54	6,843	477,33
1	13 Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)			(
١		aid to or for members (Part IX, column (A), line 4)			(
Į		other compensation, employee benefits (Part IX, column (A), lines 5–10)	11:	1,406	174,054
l		nal fundraising fees (Part IX, column (A), line 11e)			(
		raising expenses (Part IX, column (D), line 25) ▶ 0			
1		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	590	0,510	519,863
1	•	• • • • • • • • • • • • • • • • • • • •		1,916	
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,073	<del></del>
S.	19 Revenue	ess expenses Subtract line 18 from line 12	Beginning of Cur		End of Year
일	20. Total acco	ets (Part X, line 16)		6,188	
副		The state of the s		3,586	<del></del>
Fund Balances		ties (Part X, line 26)		$\frac{3,380}{2,602}$	<del></del>
_		s or fund balances Subtract line 21 from line 20	44.	2,002	
_		nature Block	-14-14		lada a and but did
		erjury, I declare that I have examined this return, including accompanying schedules and statements, a inplete Declaration of preparan(other than officer) is based on all information of which preparer has a second		my knowi	edge and belief, it is
, u	e, correct, and col	implete Decial attorn of preparen gottler trial rouncer) is based up at information of which preparer has all			
	-	Ten Granham		<u>  Ø</u>	
g	••   :	gnature of officer		Dat	<del>U</del>
er	, -	KEN LEDWHARD PRESIDENT			
		pe or print name and title			<del></del>
_	1	preparer's name Preparer's signature	Date	Chec	k f PTIN
id		F. BUCKLEY, CPA Willy Crickly	10/03	/13 self-e	
	parer Firm's nar		F	ırm's EIN ▶	47-0350235
e	Only	3901 Normal Blvd Ste 100			
	Firm's add		Р	hone no	402-484-7676
— ay	the IRS discuss	this return with the preparer shown above? (see instructions)			X Yes No
or F	aperwork Reduc	tion Act Notice, see the separate Instructions.			Form <b>990</b> (2012
AA					/ h
					<b>√</b> ′

Form 990 (2012)

	n 990 (2012) CONTACT LENS MANUFACTURERS 23-7073347		F	age
<u> </u>	বার্থাপু Checklist of Required Schedules			Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule-A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u></u>	L.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5	<u> </u>	X
6	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			
	"Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8	<del>-</del> -	X
9	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
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del> </del>	┢
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ı,
_	VII, VIII, IX, or X as applicable.			
а		11a	x	
<b>L</b>	Complete Schedule D, Part VI	111a	_	$\vdash$
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
_		110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		1		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a	х	
b	The second secon			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

If "Yes," complete Schedule G, Part III

Form **990** (2012)

19

20a

20b

19

	Checkist of Required Schedules (Continued)			
•	P.1.11		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	24		X
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<del>-</del> -	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		$\dashv$	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		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			
		24a	ł	X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	· · · · · · · · · · · · · · · · · · ·	24c	ļ	
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		一	
		25a	ļ	
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		- 1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ŀ	
	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,		l	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	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		ŀ	
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		- 1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
		30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		l	
	· <del>· · · ·</del> · · · · · · · · · · · · · ·	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	_	ļ	v
	- Complete Concession (1) and in	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_	İ	v
		33	-	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	.	1	X
	or IV, and Part V, line 1	34		$\frac{\mathbf{x}}{\mathbf{x}}$
	End and organization material and an analysis	35a		
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	Controlled Strain, the most mig or costilet of 12/1/19/10 1991	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		
27	related organization? If "Yes," complete Schedule R, Part V, line 2		$\overline{}$	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		x
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		一寸	
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13. Note: All Fullil 330 likels are required to complete Schedule O		n 990	(2012)

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Pr

	Check it Schedule O contains a response to any question in this Part V	<del>-</del>			
	1	i m		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		ł	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	4-	v	
2-	reportable gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20 1	ļ		
h	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	i i	20	A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ŀ	3b	x	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty	-	<del></del>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		l	ŀ	
	account)?		4a		X
b	If "Yes," enter the name of the foreign country	ì			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	ounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Γ	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or	1		
	gifts were not tax deductible?	<u>[</u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s			L.,
	and services provided to the payor?	_	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 1	1	
	required to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e	$\dashv$	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ille a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
9	Sponsoring organizations maintaining donor advised funds.		Š		
а	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?	F	9b	$\neg$	
10	Section 501(c)(7) organizations.Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ľ	
11	Section 501(c)(12) organizations.Enter				
а	Gross income from members or shareholders	11a	l		
b	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 10	41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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	1			
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	4.4		Ţ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	F	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	gh 7b	below, aı	nd for a "		age e
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n Sch	edule O.	See insti	uctio	ns.
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	ction 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	11	The A	学が	1
	If there are material differences in voting rights among members of the governing body, or			100	1	1
	if the governing body delegated broad authority to an executive committee or similar					(刘恪)
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				1	
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct				Ì	
	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		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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year to	y the fo	ollowing.			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			- [		ĺ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al Rev	<u>renue Co</u>	ode)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			76 × 1	が表れ	1
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 to	conflic	ts?	12 <u>b</u>	X	
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	X	Ĺ <u>.</u>
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				int.	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
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)			1		<b>1</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				11/2	***
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			****	部都	學
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	
	organization's exempt status with respect to such arrangements?			16b		
Sec	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 501(c	)(3)s or	ıty)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X 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 interest	policy,				
	and financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization ▶ PAMELA B. WITHAM PO BOX 29398					
T.1	INCOLN NE 6852	9-03	398 40	02-46	5-4	122

Parit VIII

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D)  Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOSH ADAMS						$\Box$				
	1.00									
DIRECTOR	0.00	X	L	_	L	Ш		0	0	0
(2) DANIEL BELL				l		1				
	1.00	l								_
DIRECTOR	0.00	X	<u> </u>			$\sqcup$		0	0	0
(3) DAVID BLAND										
	1.00	l								
DIRECTOR	0.00	X	_	_				0	0	0
(4) TROY MILLER										
	1.00	\			ļ	] ]				_
DIRECTOR	0.00	X				╌		0	0	0
(5) KURTIS BROWN	1 00		İ							
DIDECTOR	1.00								0	0
DIRECTOR (6) KEITH PARKER	0.00	X	$\vdash$	┝		$\vdash$		0	0	0
(6) KEITH PARKER	1 100			ŀ						
DIDECEON	1.00	x						o	0	0
DIRECTOR (7) DAREN NYGREN	0.00	┢		$\vdash$	_	$\vdash$		0		
(/)DAREN NIGREN	1.00									
DIRECTOR	0.00	x						o	o	0
(8) CHRIS PANTLE	0.00	A			_	$\vdash$	_			
(0) CHRIS TANTLE	2.00					1 1				
PAST PRESIDENT	0.00			x				o	o	0
(9) AL VASKE		_		-		$\vdash$				
(0)122 (112242	3.00					ł				
PRESIDENT	0.00			x		ĺĺ		o	0	0
(10) KEN LEONHARD		$\vdash$			_					
, ,,	2.00									
VICE PRESIDENT	0.00	١.		X		] ]		0	0	0
(11) JAN SVOCHAK							П			
	2.00									
SEC/TREAS	0.00	1		X		1 I		0	0	0

Pa	Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mp	oyee	s, a	nd Highest Compensate	d Employee(continued)	
	(A) Name and title	(B) (C) Average hours per (do not check more than week box, unless person is bo officer and a director/tru			s both or/trust	th an from stee) the		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)											
(13)											
(14)											···
(15)	·····										
(16)											
(17)			-	_							
(18)											
(19)											
	Sub-total										
	Total from continuation she	ets to Part VII. S	ecti	on A					<u></u>		
	Total (add lines 1b and 1c)							<b>&gt;</b>			
2	Total number of individuals (increportable compensation from t			to the	ose I	isted	abo	ve) v	who received more than \$10	00,000 in	
3	Did the organization list any for employee on line 1a? If "Yes," of	mer officer, direc	ctor, «	or tru				oloye	ee, or highest compensated	1	Yes No
4	For any individual listed on line organization and related organi	1a, is the sum of	repo	rtab	le co	mpe	nsatı			n the	4 X
5	Did any person listed on line 1a for services rendered to the org									lividual	5 X
Secti	on B. Independent Contracto		s, c	лпри	ele c	CHE	uule .	) 101	such person		
1	Complete this table for your five compensation from the organiz										
		(A) business address					<u> </u>			(B) ion of services	(C) Compensation
								_			
		<u></u>							<del></del>		
	Total number of independent co										

_		Check if Schedule	O contains	s a response to		<del></del>		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इंध	1a	Federated campaigns	1a					
ira Pun	b	Membership dues	1b		1			
δ, G E	С	Fundraising events	1c			i		
	d	Related organizations	_1d					
S.E	e	Government grants (contributions)	1e					
is is	f	All other contributions, gifts, grants,						
ᄚ		and similar amounts not included above	_1f				1	
둳	g	Noncash contributions included in lines 1a-	-1f \$					
<u>ပွဲ န်</u>	h	Total. Add lines 1a-1f		<u> </u>				··
Ë				Busn. Code				
Ver	2a	MEMBERSHIP DUES		L	350,383	350,383		
8	b	ANNUAL MEETING			79,800			79,800
Program Service Revenue   Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts	С	THE CONTACT, MEMERGP	DIRECT	511190	25,936	17,436	8,500	
Şe	d	EDUCATIONAL PROGRAM	s		10,193	10,193		
E	е							
ğ	f	All other program service rever	nue					
<u>-</u>	g	Total. Add lines 2a-2f			466,312			
	3	Investment income (including of	dividends, inte	erest,				
		and other similar amounts)		▶	4,349			4,349
	4	Income from investment of tax-	exempt bone	d proceeds 🕨				
	5	Royalties			6,676			6,676
		(ı) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental exps					}	
	C	Rental inc. or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7a	Gross amount from (i) Securities sales of assets	3	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
	C	Gain or (loss)						
	d	Net gain or (loss)						<del></del>
ا ہ	8a	Gross income from fundraising ever	nts					
Ĕ		(not including \$						
ě		of contributions reported on line 1c)	İ	ì	Ì		{	
Other Revenue		See Part IV, line 18	a					
Ĕ	b	Less direct expenses	b					<del></del>
۲		Net income or (loss) from fundi		s 🕨				
	9a	Gross income from gaming activities	s.					
		See Part IV, line 19	a					
	b	Less direct expenses	b					
	C	Net income or (loss) from gami	ng activities	<b>•</b>				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
J	b	Less cost of goods sold	b					
ŀ	<u>c</u>	Net income or (loss) from sales	of inventory	$\neg \neg$				<del></del>
		Miscellaneous Revenue		Busn. Code				
	11a							
ł	b			<b> </b>				<del></del>
	C					<del>_</del>		
	d	All other revenue						<del></del>
	е	Total. Add lines 11a-11d		▶	477.337	378.012	8,500	90,825
- 1	42	Total revenue See instruction	^	<b>►</b> 1	A 77 3371	< /SC (17.7)	× 5000	90 ×25

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other

De	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	9, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			дополаголропосс	<u> </u>
	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				<del></del>
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)		<del></del>		
7	Other salaries and wages	142,446	<del></del>		····
8	Pension plan accruals and contributions (include	[			
_	section 401(k) and 403(b) employer contributions)	10 000			
9	Other employee benefits	19,989			
10	Payroll taxes	11,619			
11	Fees for services (non-employees)				
a	Management	28,700	<del></del>		<del></del>
b c		5,400		<del></del>	····
d	<del>.</del>	3,400	<del></del>		<del></del>
e					<del></del>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
9	(A) amount, list line 11g expenses on Schedule O)			Ì	
12	Advertising and promotion				
13	Office expenses	10,524			
14	Information technology				
15	Royalties				
16	Occupancy	··			
17	Travel	1,730			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,441			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	673			
23	Insurance				
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	SCHOOL PROGRAMS	141,186			
b	RGP LENS INSTITUTE	86,626			
C	FULFILLMENT	53,542			<u> </u>
d	Readership Costs	28,145			<del></del>
е	All other expenses	41,896			
25	Total functional expenses. Add lines 1 through 24e	693,917	0	0	0
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		1	ł	
DAA	following SOP 98-2 (ASC 958-720)	<u> </u>			Form <b>990</b> (2012)

32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2012)  $\mathbb{R}_{0}$ **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 13,533 20,355 Cash-non-interest bearing 1 397,065 249,267 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 60,784 40,188 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 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 Inventories for sale or use 56,626 11,397 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or 8,588 other basis Complete Part VI of Schedule D 10a 7,049 1,358 1,539 10b 10c b Less accumulated depreciation 11 Investments-publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 536,188 315,924 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 89,086 79,193 17 17 Accounts payable and accrued expenses 18 18 Grants payable 4,500 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 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 93,586 79,193 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check herd X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 442,602 236,731 27 Unrestricted net assets Temporarily restricted net assets 29 29 Permanently restricted net assets and Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 315,924 Form 990 (2012)

236,731

32

33

442,602

536,188

Form 990 (2012)

3a

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

### 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. 
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Name of the organization

CONTACT LENS MANUFACTURERS

Employer identification number

A	SSOCIATION		23-7	073347
	Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or Acc		
	organization answered "Yes" to Form 990, Part IV			
		(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 advisors in writing that the	ne assets held in donor advised	_	
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
_	conferring impermissible private benefit?			Yes No
P	Conservation Easements. Complete if the organ	<u>sization answered "Yes" to Form 99</u>	0, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	Il that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	ortant lan	d area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservati	on	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	l
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	ed ın (a)	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		2d	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during the	e
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	ated ▶		
5	Does the organization have a written policy regarding the periodic monitor			
•	violations, and enforcement of the conservation easements it holds?	mig, mepseus, nameurig er		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
Ĭ	b	g concervation adominist during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
•	S	isorration outcome ne desing the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)		
•	(i) and section 170(h)(4)(B)(ii)?	, 10 <b>4</b> and 100 and 100 and 11		Yes No
9	In Part XIII, describe how the organization reports conservation easement	ts in its revenue and expense statement, ar	nd	
•	balance sheet, and include, if applicable, the text of the footnote to the org			
	organization's accounting for conservation easements	•		
Pe	ர்இ∭ Organizations Maintaining Collections of Art, H	listorical Treasures, or Other Sin	nilar As	ssets.
	Complete if the organization answered "Yes" to Fo			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public ext	•		
	public service, provide, in Part XIII, the text of the footnote to its financial s			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		sheet	
-	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items.			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treasures, or other	her sımılar assets for financıal gaın, provide	the	
_	following amounts required to be reported under SFAS 116 (ASC 958) rel			
а	Revenues included in Form 990, Part VIII, line 1	<b>0</b>	•	\$

Schedule D (Form 990) 2012

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

Part VII	Investments—Other Securities. See Form 99	90 Part X line 12		raye c
	(a) Description of security or category	(b) Book value	(c) Method o	of valuation
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial	derivatives			·····
	eld equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			<u> </u>	
(I)				
		<u> </u>		
Part VIII	Investments—Program Related. See Form 9	90, Part X, line 13.		·
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
<u>(3)</u>				
(4)		_		
(5)				
(6)				
_(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
(10)				
		<u> </u>	<u> </u>	<del></del>
Part IX	Other Assets. See Form 990, Part X, line 15.	<u> </u>		
	(a) Description			(b) Book value
(1)	<del></del>	<del></del>	<del></del>	
(2)				
(3)	<del></del>		<del></del>	
(4)				
(5)				
(6)	<del></del>		<del></del>	
(7)	<del>_</del>	<del> </del>		
(8)		<del></del>	<del></del>	<del></del>
(9)		·	<del></del>	
(10)	(I) 15 000 D 14 (D) 1 45	<del></del>		<del></del>
	(b) must equal Form 990, Part X, col (B) line 15)	<u> </u>	<u> </u>	<del></del>
Part X	Other Liabilities. See Form 990, Part X, line 29  (a) Description of liability	(b) Book value	<del></del>	
1.	Income taxes	(D) BOOK VAILUE	+	
	income taxes	<del></del>	-	
(2)				
(3)		<del> </del>	-	
(4)		<del></del>	₫	
(5)			+	
<u>(6)</u> <u>(7)</u>		<del></del>	┪	
			7	
(8)			┪	
(9) (10)		<del></del>	7	
(11)			†	
	n (b) must equal Form 990, Part X, col (B) line 25)	<b>,</b>	7	
- Jan (Odialini	. (2) (2)		<del></del>	

chedule	D (Form 990) 2012 CONTACT LENS MANUFACTURERS		23-707334	7	Page 4
Part 2		nts With Rev	<u>renue per Retu</u>	rn	
1 To	tal revenue, gains, and other support per audited financial statements			1	459,901
2 An	nounts included on line 1 but not on Form 990, Part VIII, line 12				
a Ne	t unrealized gaias on investments	2a			
<b>b</b> Do	nated services and use of facilities	2b			
c Re	covenes of prior year grants	2c			
d Ot	ner (Describe in Part XIII )	2d		200	
e Ad	d lines 2a through 2d			2е	
3 Su	btract line 2e from line 1			3	459,901
4 Arr	ounts included on Form 990, Part VIII, line 12, but not on line 1:			(100 m)	
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a		\$7.40°	
b Oti	ner (Describe in Part XIII )	4b	17,436		
c Ad	d lines 4a and 4b			4c	17,436
5 To	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	477,337
Part >	(II.) Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses per Re	turn	
1 To	al expenses and losses per audited financial statements		<del></del>	1	665,772
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25				
a Do	nated services and use of facilities	2a		100	
<b>b</b> Pn	or year adjustments	2b			
c Oth	ner losses	2c			
<b>d</b> Oth	ner (Describe in Part XIII )	2d		<b>冷</b> 类	
e Ad	d lines 2a through 2d			2e	
3 Su	otract line 2e from line 1			3	665,772
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:			14 14 14 14 14 14 14 14 14 14 14 14 14 1	
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a			
b Oth	ner (Describe in Part XIII )	4b	28,145	2.00	
c Add	i lines 4a and 4b			4c	28,145
5 Tot	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	693,917
Part )	(III Supplemental Information				
	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	s 1a and 4, Part	IV, lines 1b and 2b;		
	e 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also comple				
		,	•		

Part XI, Line 4b - Revenue Amounts Included on Return - Other

CIRCULATION INCOME REPORTED ON 990-T

17,436

Part XII, Line 4b - Expense Amounts Included on Return - Other READERSHIP COSTS REPORTED ON 990-T 28,145 Schedule D (Form 990) 2012 CONTACT LENS MANUFACTURERS

Part XIII Supplemental Information (continued)

### 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.

Attach to Form 990 or 990-EZ.

2012
Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

CONTACT LENS MANUFACTURERS

**ASSOCIATION** 

Employer identification number 23-7073347

Form 990, Part VI, Line 7a - Election of Members and Their Rights Members elect the directors

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The return is reviewed by some, but not all, of the officers/directors before it is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Association's Internal Affairs Chair, and Executive

Committee (which consists of the Past President, President, Vice
President, and Secretary-Treasurer), Administrative Director, and legal

counsel monitor proposed or ongoing transactions for conflicts of interest

and disclose them to the President, in order to deal with the potential or

actual conflicts.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation process involves annual review by Board of Directors

Form 990, Part VI, Line 15b - Compensation Process for Officers N/A - no other officers or key employees compensated

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Name of the organization CONTACT LENS MANUFACTURERS	Employer Identification number 23-7073347
CIRCULATION INCOME REPORTED ON 990-T	\$ -17,436
READERSHIP COSTS REPORTED ON 990-T	\$ 28,145

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

2012

Department of the Treasury
Internal Revenue Service

(99) See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Name(s) shown on return

- CONTACT LENS MANUFACTURERS
- ASSOCIATION

- CONTACT LENS MANUFACTURERS
- ASSOCIATION

- CONTACT LENS MANUFACTURERS
- 23-7073347

	less or activity to which this form relates	ion							
	anी   Election To Expe		erty Under Sect	tion 179				_	
	Note: If you have	-	_		elamo	te Part I			
1	Maximum amount (see instructions)								500,000
2	Total cost of section 179 property	Il cost of section 179 property placed in service (see instructions)							
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								2,000,000
4	Reduction in limitation Subtract lii		4						
5	Dollar limitation for tax year. Subtract li	ine 4 from line 1. If zero o							
6	(a) Description of property			(b) Cost (business use o	(c)	Elected cost			
7	Listed property Enter the amount	from line 29			7		•		
8	Total elected cost of section 179 p	3 and 7							
9									
10	Carryover of disallowed deduction		10						
11	Business income limitation Enter	the smaller of busines	s income (not less th	ian zero) or line 5 (s	see ins	tructions)		11	
12	Section 179 expense deduction. A		12						
13_	Carryover of disallowed deduction	to 2013. Add lines 9 a	and 10, less line 12	<b>&gt;</b>	13				
Note	e: Do not use Part II or Part III below	for listed property Ins	stead, use Part V.						
_P:	बर्ता 🏻 📕 Special Depreciat	ion Allowance a	nd Other Depre	ciation (Do not	incl	ude liste	d proper	ty ) (	See instructions)
14	Special depreciation allowance for	r qualified property (otl	her than listed proper	rty) placed in servic	e				
	during the tax year (see instruction	ns)						14	
15	5 Property subject to section 168(f)(1) election								
16	Other depreciation (including ACR	RS)						16	460
Pe	कारी III MACRS Depreciat	tion (Do not inclu	ide listed propert	y ) (See instruc	tions	)			
			Section	on A					
17	MACRS deductions for assets pla	ced in service in tax ye	ears beginning before	e 2012				17	213
<u> 18</u>	If you are electing to group any assets place						<b>•</b>		
	Section B-	-Assets Placed in Se	1	<del></del>	he Ger	neral Dep	reciation	Syster	n
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment under configuration)	ise (a) (coording	(e) (	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								<u> </u>
b	5-year property	(A & 9 %			<u> </u>				
c	7-year property	. *			ļ				
d	10-year property				<u> </u>				·
е_	15-year property				<u> </u>				
f_	20-year property	_			ļ				
9	25-year property			25 yrs	<u> </u>		S/L		
h	Residential rental			27 5 yrs	<u> </u>	MM	S/L		
	property		·	27 5 yrs.	<u> </u>	MM	S/L		
i	Nonresidential real			39 yrs	L	MM	S/L		
	property					MM	S/L		· · · · · · · · · · · · · · · · · · ·
	Section C—A	ssets Placed in Ser	vice During 2012 T	ax Year Using the	Alter	native De	preciation	Syste	em
<u> 20a</u>	Class life			<u> </u>			S/L		
<u>b</u>	12-year	8		12 yrs			S/L		
	40-year	<u></u>	<u></u>	40 yrs	<u> </u>	MM	S/L		
Pe	が Summary (See ins	tructions)						,	
21	Listed property Enter amount from	n 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								<b>4</b> = -
	and on the appropriate lines of your return Partnerships and S corporations—see instructions							22	673
23	For assets shown above and place	<del>-</del>	e current year, enter	the	23				
portion of the basis attributable to section 263A costs									