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Form **990**

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 Treasury ue Service	► The organization may have to use a copy of this return to satisfy state rep	orting require	ements	Inspection
			lendar year, or tax year beginning 10/1/2012 , and en	ding	9/30/201	3
В	Check if a	applicable	C Name of organization Military Service Club, Inc	D E	mployer identi	fication number
\Box	Address c	change	Doing Business As	45-0	394142	
ı	Name cha	ange	Number and street (or PO box if mail is not delivered to street address) Room/suite	E To	elephone numb	er
	nıtıal retu	ım	4417 Highway 20	(701)	662-0221	
□ ·	Terminate	ed	City, town or post office, state, and ZIP code		- 	
	Amended	return	Devils Lake ND 58301	G G	ross receipts \$	204,827
	Applicatio	n pending	F Name and address of principal officer	H(a) Is this a g	roup return for a	affiliates? Yes X No
			Jamess Benningtom 4417 Highway 20, Devils Lake, ND 58301	H(b) Are all aff	iliates included	? Yes No
1 T	ax-exem	pt status	501(c)(3) X 501(c) (19) ◀ (insert no) 4947(a)(1) or 527	If "No," at	tach a list, (see	instructions)
JV	Vebsite	: ► N/A		H(c) Group exe	emption numbe	r >
		rganization		of formation		State of legal domicile ND
	art I	<u> </u>		Or TOTTING GOT	1990	AD IAD
	1 1		mmary lescribe the organization's mission or most significant activities. To su	nnort the mi	oral and esp	nint de
	'	•	the ND Army National Guard	Phone in	oral and est	mit de
9		coips of	the ND Anny National Oddie			
Activities & Governance	1					
Ver	1	Chack t	his box if the organization discontinued its operations or disposed	of more than	25% of its	net assets
ဖိ	2 3		of voting members of the governing body (Part VI, line 1a).	or more trial	3	7
න් ගු	4		of independent voting members of the governing body (Part VI, line 1a).		. 4	6
jŧ.	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	10
Ćţ	6		mber of volunteers (estimate if necessary)		6	10
•	7a		related business revenue from Part VIII, column (C), line 12		. 7a	2,871
	b 'a		elated business taxable income from Form 990-T, line 34.		7b	-419
	+ -	Net unit		Prior	Year	Current Year
	8	Contribu	utions and grants (Part VIII, line 1h)		0	
aŭ.	9		n service revenue (Part VIII, line 2g)		0	0
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d).		66	80
ď	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,541	95,704
	12	Total rev	renue—add lines 8 through 11 (must equal Part VIII (column (A), line-12)		98,607	
	13		and similar amounts paid (Part IX, column (A), lines-1-3)		0	0
	14		paid to or for members (Part IX, column (A), line (4),		56,300	0
ın.	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	76,005
18e:	16a		ional fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25)			
ũ	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,615	27,066
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25) .		81,915	
	19	Revenu	e less expenses Subtract line 18 from line 12		16,692	-7,287
Net Assets or Fund Balances				Beginning of	Current Year	End of Year
1980 Talar	20		sets (Part X, line 16)		139,349	
et A	21		bilities (Part X, line 26)		4,404	
			ets or fund balances. Subtract line 21 from line 20		134,945	127,658
	art II		nature Block y, I declare that I have examined this return, including accompanying schedules and statements,	and to the best	of my knowled	
and	belief, it i	ies or perjui	y, ruectaile that make examined this return, including accompanying screedles and statements, ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has a	ny knowledge	Ac
			(ha (Alanle)			14
Sig			Signature of officer		Date	
He	re	 	Jason Ostward Director			
		7	Type or print name and title			
_		Prin	nt/Type preparer's name Preparer's signature	Date		PTIN
Pa	id	The	omas A Culmer / Morni & Galle	8/21/20		X if P00493781
Pr	eparei	r —	omas A Culmer / 1990			
Js	e Only	y —	n's name ► Thomas A Culmer, CPA		s EIN ► 45-0	
_			n's address ► 312 Smith Dr, Devils Lake, ND 58301	Phon	e no 701-	-662-8678
	y the IF	RS discus	ss this return with the preparer shown above? (see instructions).			X Yes No

Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

	90 (2012)	Military Service Club, Inc	45-0394142	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1		escribe the organization's mission		
	To supp	ort the moral and espirit de corps of the ND Army National Guard		
	D. d 4b a	and the control of th		
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Tyes	X No
		describe these new services on Schedule O	, тез	
3		organization cease conducting, or make significant changes in how it conducts, any program		
•		?	Tyes	X No
		describe these changes on Schedule O.		۰۰۰ بت
4	-	the organization's program service accomplishments for each of its three largest program services	s. as measured by	
•		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
		expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ле \$)
	Soldier	of the year - funds were used to underwrite part of the costs of operating the competition		
	that sele	cts the outstanding members of the North Dakota Army National Guard		
				
		••••••		
		······································		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	 ue \$	<u> </u>
		al tournaments such as darts, pool pinnochle as well as a christmas party were held for		'
	the adva	ncement of the moral of the members of the North Dakota National Guard		
				- -
				·
4c	(Code.) (Expenses \$ including grants of \$) (Revenue	 ue \$)
	(5555)	/(// /// /// /// //		′
				
				
				-
A 44	Other	ogram convices (Decembe in Schodule O.)		
4d	-	ogram services. (Describe in Schedule O.)	0)	
4e	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$ ogram service expenses > 103,071	<u> </u>	
_ +c	. vai pr	Ogram dervice expenses - 100,071		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I. 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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 Х "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Χ negotiation services? If "Yes." complete Schedule D. Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E... 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 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). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		x
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22	 	┼^-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	125		 ^
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	240		×
.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	-	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	₩
D	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>	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31	<u> </u>	X
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
2-	organization? If "Yes," complete Schedule R, Part V, line 2	36	├	\vdash
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		
20		131	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. No 1a ol Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 10 Х If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b 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, secunties account, or other financial 4a Χ account)?. **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ h If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 8 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 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? . . . Did the organization make a distribution to a donor, donor advisor, or related person? . 9b b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter 11a а Gross income from members or shareholders . . . Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b C X Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Form 990 (2012)	Military Service Club, Inc	
Part VI	Sovernance, Management, and Disclosure For each "Yes" response to lines 2 through	ug
	esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	าสุย

ugh 7b below, and for a "No" nges in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI....

Sect	ion A. Governing Body and Management				
_		ح م		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 7	ļ		
	If there are material differences in voting rights among members of the governing body, or				
	of the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	45 6]		1
b	Enter the number of voting members included in line 1a, above, who are independent	1 b 6	1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				- -
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under		_		
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		⊢ `		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5 6		\
6	Did the organization have members or stockholders?	onnoist	P		 ^-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	7.		
	one or more members of the governing body?		7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members		75		
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n duning			
	the year by the following: The governing body?		8a	X	
a	The governing body?		8b	X	\vdash
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	100	^	\vdash
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		×
Soci	ion B. Policies (This Section B requests information about policies not required by the)	
<u> </u>	ion b. I oncies (This dection b requests information about policies not required by the	micinal revende (2000.	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 pu		10b		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·			
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 conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro-				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>
b	Other officers or key employees of the organization		15b	<u> </u>	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	=			ļ
	with a taxable entity during the year?		16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	=		 	
	the organization's exempt status with respect to such arrangements?	· · · ·	16b	L	
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed	O T (01 504/ \\			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	iu- i (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.	uniain in Oakaskii O			
4.5		xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	Confinct of Interest			
20	policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books	and records of the			
20		(704) GG2 0'	21		
	organization: Rose Schwind 4417 Highway 20, Devils Lake, ND 58301	1011002-02			

•			-									_
Form 990 (2012)	Military Service Club, Inc									45-03941	42 Pag	e 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, k	Кеу	Emp	oloy	ees	, F	lighest Comp	ensated		
	Employees, and Independent C	Contractors									_	,
	Check if Schedule O contains a r		<u> </u>								<u></u>	
Section A.	Officers, Directors, Trustees, Key E											
	this table for all persons required to be	listed. Report co	mper	nsati	ion fo	r the	cal	enc	lar year ending v	with or within the		
organization's	•											
	of the organization's current officers, d ion. Enter -0- in columns (D), (E), and (ais o	r o	rganizations), re	gardless of amo	ınt	
	of the organization's current key emplo						efinit	ıon	of "key employe	ee "		
	organization's five current highest cor										yee)	
	reportable compensation (Box 5 of For	m W-2 and/or Be	ox 7 (of Fo	orm 1	099-	-MIS	C)	of more than \$1	00,000 from the		
-	and any related organizations											
	of the organization's former officers, ke eportable compensation from the organ	• •	_			-		d e	mployees who r	eceived more th	an	
	of the organization's former directors	•			_			h, e	e a former direc	tor or trustee of	the	
	more than \$10,000 of reportable compe						•	•			,i iC	
	n the following order, individual trustees		_				•		-			
compensated	employees; and former such persons.									-		
X Check th	is box if neither the organization nor an	y related organiz	ation	con	npen	sate	d an	y C	urrent officer, dir	ector, or trustee.	_	
					(C)							
	(4)	(B)	(40	not ob	Positi neck m				(D)	(E)	(F)	
	(A) Name and Title	Average	box,	unles	ss pers	on is	both a	an	Reportable	Reportable	Estimated	
		hours per week (list any			d a dire	ector/f	buste I		compensation from	compensation from related	amount of other	
		hours for related	함	state	Officer	Key e	ighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	n
		organizations	Individual trustee or director	Institutional truste		employee	Highest compens	۲	(W-2/1099-MISC)	(++-2/1099-WIISC)	organization	
		below dotted	Trus	盲		уее	ğ				and related organizations	
		!	I 8 €	St	1 1		ξĺ				-	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both an officer and a director/trustee) Ist any rs for a director/trustee) Officer and a director/trustee) Officer and a director/trustee) Former employee or director or director or director			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(A) Ed Johann	4.00	 	┡		H	<u> </u>		<u> </u>		
(1) Ed Johnson	1.00 0.00	i .	l	İ						
Member (2) Parameter			┢	├	├─	_	\vdash			
(2) Jim Bennington	0 00				ļ					
Member (2) About		_	⊢		⊢	 	├	-		
(3) Mike Aberle		L								
President	0 00	├	┢	Х	⊢	 -		 		
(4) Dave Rickford		1			l		l			
Vice President	0 00	ļ	<u> </u>	Х	Ļ	ļ	<u> </u>			
(5) Orville Wang	3.00				ļ					
Secretary	0 00		L	Х	╙		_			
(6) Rose Schwind	3.00									
Treasurer	0.00	_		Х	<u> </u>					
(7) Rainy Pierce	30 00									
Member	0 00		L	_	X			34,979		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)					-					
(14)			Т							

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	anc	Hi	ghes	t Co	ompensated Em	ployees (contil	nued)		
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than of the control					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	utional trustee	er	employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom the janization d related anization	i
(15)													
(16)													
(17)												<u> </u>	
(18)						_						_	_
(19)				-									
(20)													
(21)				\vdash	 								
(22)								_			ļ		
(23)		·										-	
(24)													
(25)													
1b c	Sub-total	ection A						>	34,979 0 34,979	0			0
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	sted a	bov	e) v	vho	recei	ved			'1		
												Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				oye	e, o			t compensated		3		Χ
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater									ከ			
5	individual		n froi	 m.a.	וו ער	nrel	 lated	ora	 anization or indiv	 vidual	4		<u> </u>
	for services rendered to the organization? If "Ye										5		Х
1	tion B. Independent Contractors Complete this table for your five highest compe compensation from the organization Report co year										tax		
	(A) Name and business addi	ress							(B) Description of ser	vices	(C Comper		
											_	_	0
		<u> </u>											0
													0
2	Total number of independent contractors (included more than \$100,000 of compensation from the			tho	se I	ıste	d abo		who received				0

Form 990 (2012) Military Service Club, Inc Statement of Revenue

	. VIIII	Check if Schedule O contains	a response to a	ny question in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25 25	1a	Federated campaigns		0				
Contributions, Grifts, Grants and Other Similar Amounts	b	Membership dues		0				
s, G Amo	С	Fundraising events		0				
Grff	d	Related organizations		0				
ns, Sim	е	Government grants (contributions		0				
utio	f	All other contributions, gifts, grant						
ğ ğ		similar amounts not included above		0				
Con	g	Noncash contributions included in lin	es 1a-1f: \$	0				
	h	Total. Add lines 1a–1f			0			
חנה	_			Business Code				· · · · · · · · · · · · · · · · · · ·
949	2a				0			
e e	b				0			_
Ž	0	••••			0			
s,	d				0		· · · · · ·	_
Iran	e	All other program convented forces			0			
Program Service Revenue		All other program service revenue Total. Add lines 2a–2f.		•	0			
	<u>g</u> 3	Investment income (including divid						
		other similar amounts)			80	80		
	4	Income from investment of tax-exc			0		-	
	5	Royalties		▶	0			
		, , , , , , , , , , , , , , , , , , ,	(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory.	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0	.0		:		
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		▶	0			
Other Revenue	8a	Gross income from fundraising events (not including \$	0					
ě		of contributions reported on line 1		:				
2		See Part IV, line 18	•	o				
the	b	Less direct expenses		0				
Ò	С	Net income or (loss) from fundrais		•	0			
	9a	Gross income from gaming activit	ies.					
		See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	С	Net income or (loss) from gaming	activities		0			
	10a	Gross sales of inventory, less						
		returns and allowances	a	204,747				
	b	Less. cost of goods sold	b	109,043	- 	- .		
	С	Net income or (loss) from sales of	inventory.	<u> ▶</u>	95,704	92,833	2,871	
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	C	A.H			0			
	ď	All other revenue		L	0			
	e	Total. Add lines 11a–11d			95,784	92,913	2,871	0
	12	Total revenue. See instructions .		🏲 !	95.7841	92.9131	ı 2.8/1	. 0

45-0394142

Form 990 (2012)

Part'IX	Statement	of Functiona	I Expenses
raitin	ı olalemeni	OI I UIICUOIIG	II LAUGIISCS

Section	on 501(c)(3) and 501(c)(4) organizations must complete all of	columns. All other or	ganızations must co	omplete column (A)	
Occan	Check if Schedule O contains a response to any o				·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors, trustees, and key employees.	34,979	34,979		
6	Compensation not included above, to disqualified	34,818	34,818		
u	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o		l	
7	Other salaries and wages	19,705	19,705		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	21,321	21,321		
11	Fees for services (non-employees).				-
а	Management	0			
b	Legal	0			
C	Accounting	2,075	2,075		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				4
	(A) amount, list line 11g expenses on Schedule O)	0	500	· · · · · ·	
12	Advertising and promotion	500	500 207		
13	Office expenses	207			
14	Information technology	0		· · · · · ·	
15 16	Occupancy	2,085	2,085		
17	Travel	2,000	2,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,493	13,493	0	0
23	Insurance	3,766	3,766		
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	Repairs	1,733	1,733		
b	Supplies	1,927	1,927		
C	License dues and subscriptions	-51	86 -51		
d	Collection expense	1,245	1,245		
25	All other expenses Total functional expenses. Add lines 1 through 24e	103,071	103,071	0	0
25 26	Joint costs. Complete this line only if the	103,07 1	100,071	<u>`</u>	
20	organization reported in column (B) joint costs		j		
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
_		<u> </u>			Form 990 (2012)

Form 990 (2012) Military Service Club, Inc
Part X Balance Sheet

		Check if Schedule O contains a response to	any question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			44,595	1	48,913
	2	Savings and temporary cash investments			5,960	2	5,960
	3	Pledges and grants receivable, net			0	3	0
	4				0	4	0
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L		[5	
	6	Loans and other receivables from other disqualified pers		nder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	•				
		sponsoring organizations of section 501(c)(9) voluntary e	_				
Ş		organizations (see instructions). Complete Part II of Scho		· -		6	
Assets	7	Notes and loans receivable, net			0	7	0
Ą	8	Inventories for sale or use			21,306	8	21,306
	9	Prepaid expenses and deferred charges				9	•
	10a		1 1				
		other basis. Complete Part VI of Schedule D	10a	216,788	•		•
	Ь	Less accumulated depreciation	10b	162,793	67,488	10c	53,995
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line		· · · · · · · · · ·	0	12	0
	13	Investments—program-related. See Part IV, line			0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ			139,349		130,174
	17	Accounts payable and accrued expenses				17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	_		21		
S	22	Loans and other payables to current and forme					
Liabilities		trustees, key employees, highest compensated					
ig		disqualified persons. Complete Part II of Sched				22	
<u>:</u> "	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate	ed third parties	[0	24	0
	25	Other liabilities (including federal income tax, p	ayables to rela	ited third			
		parties, and other liabilities not included on line					
		Part X of Schedule D		[4,404	25	2,516
	26	Total liabilities. Add lines 17 through 25.			4,404	26	2,516
		Organizations that follow SFAS 117 (ASC 95	8), check here	e ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 a					
JE C	27	Unrestricted net assets		-		27	
3ali	28	Temporarily restricted net assets				28	
B	29	Permanently restricted net assets		_		29	
Net Assets or Fund Balances		·		► X and			
ř		Organizations that do not follow SFAS 117 (ASC958)	, cneck nere	► △ and			
ध		complete lines 30 through 34.		-			
Se	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e			424.045	31 32	107.650
Vet	32	Retained earnings, endowment, accumulated in		<u></u>	134,945 134,945		127,658 127,658
_	33 34				134,945		130,174
	134	Total liabilities and net assets/fund balances.			135,345	. ~~	_130,174

om 9	990 (2012) Military Service Club, Inc	45-	<u>-0394142</u>	Pag	e 12
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_	95	,784
2	Total expenses (must equal Part IX, column (A), line 25)	2		103	,071
3	Revenue less expenses. Subtract line 2 from line 1	3		-7	,287
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		134	.945
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		127	,658
art	•				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		. [
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				. [
	Schedule O.				لـــــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				.
	reviewed on a separate basis, consolidated basis, or both:				.
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				\Box
	separate basis, consolidated basis, or both:			l	
	Separate basis Consolidated basis Both consolidated and separate basis			ŀ	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in		120	^	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
Ja	the Single Audit Act and OMB Circular A-133?		3a	ĺ	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		"	\dashv	~~
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required about or addite, explain with in conteduc or and describe any steps taken to dideigo such addits				

Form **990** (2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection

OMB No 1545-0047

Militar	y Service Club, Inc			45-0394142			
Part			imilar Fund	s or Accounts. Complete if			
	the organization answered "Yes" t						
	- 1.1 1 1 . €	(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year			-			
2 3	Aggregate contributions to (during year) Aggregate grants from (during year)						
4	Aggregate grants from (during year)						
5	Did the organization inform all donors and do	nor advisors in writing that the ass	ets held in dor	nor advised			
•	funds are the organization's property, subject			F-3			
6	Did the organization inform all grantees, done						
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other						
	purpose conferring impermissible private ben	efit?		Yes No			
Part	II Conservation Easements. Comp	plete if the organization answe	red "Yes" to	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held to	by the organization (check <u>all</u> that a	apply)				
	Preservation of land for public use (e.g., recr	eation or education)	eservation of a	n historically important land area			
	Protection of natural habitat	Pre	eservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation o	contribution in t	the form of a conservation			
	easement on the last day of the tax year.						
				Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation ease		4-3	2b			
C	Number of conservation easements on a cert			2c			
d	Number of conservation easements included historic structure listed in the National Register	* * *	not on a	2d			
3	Number of conservation easements modified		ed. or terminat				
•	during the tax year	,					
4	Number of states where property subject to c	onservation easement is located	>				
5	Does the organization have a written policy re		nspection, han				
	violations, and enforcement of the conservati			Yes [_] No			
6	Staff and volunteer hours devoted to monitor	ng, inspecting, and enforcing cons	servation ease	ments during the year			
_	Annual of avances incomed as manifesing in	nanacting and anforcing concerns	tion cocomoni	to during the year			
7	Amount of expenses incurred in monitoring, i \$ \$	nspecting, and emorcing conserva	ation easemen	is during the year			
8	Does each conservation easement reported	on line 2(d) above satisfy the requi	irements of se	ction			
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.			Yes No			
9	In Part XIII, describe how the organization re	ports conservation easements in it	ts revenue and	expense statement, and			
	balance sheet, and include, if applicable, the	text of the footnote to the organiza	ation's financia	ll statements that describes			
	the organization's accounting for conservatio		<u> </u>				
Part				ar Assets.			
	Complete if the organization answered						
1a	If the organization elected, as permitted under	• • • •					
	works of art, historical treasures, or other sim	•					
.	of public service, provide, in Part XIII, the tex If the organization elected, as permitted under						
b	works of art, historical treasures, or other sim						
	e transfer and the following and						
	(i) Revenues included in Form 990, Part VIII	line 1		• \$			
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X			• \$			
2	If the organization received or held works of	art, historical treasures, or other si	mılar assets fo	or financial gain, provide the			
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating	to these items:	:			
а	following amounts required to be reported un Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	e 1		· · · • • • · · · · · · · · · · · · · ·			
b	Assets included in Form 990, Part X			> \$			

Part	III Organizations Maintaining Coll	ections of Art, Histo	orical Tr	easures, or	Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accessi	on, and other records, o	heck any	of the following	ng that a	re a significant	
	use of its collection items (check all that app	ly):					
а	Public exhibition	d 📘	Loan	or exchange p	rograms	5	
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's or	ollections and explain he	ow they fu	irther the orga	nızation	's exempt purpo	ose in
	Part XIII.						
5	During the year, did the organization solicit of						
	assets to be sold to raise funds rather than to						Yes No
Part	IV Escrow and Custodial Arrange	ments. Complete if the	he orgar	nization ansv	vered "	Yes" to Form	990, Part
	IV, line 9, or reported an amount	<u>on Form 990, Part X,</u>	line 21.				
1a	Is the organization an agent, trustee, custod	an or other intermedian	y for conti	ributions or ot	her asse	ts not	— —
	included on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table	:		1	\
	Daniel and the bodies as				1c	- 	Amount
C	Beginning balance				1d		
d e	Distributions during the year				1e		
f	<u> </u>				1f	1	
2a	Did the organization include an amount on F						Yes X No
_	If "Yes," explain the arrangement in Part XIII						_ =
b							
Part		Current year (b) Pro		(c) Two years		d) Three years back	
1a	Beginning of year balance .	0	0	· · · · · · · · · · · · · · · · · · ·	0	<u> </u>	(0) (01) (01)
b	Contributions						<u> </u>
c	Net investment earnings, gains,						
_	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities		,	1			
	and programs						
f	Administrative expenses						0
g	End of year balance	0	0	luma (a)) hali	0		0
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end balance (i	ine ig, co	ounni (a)) nei	u as.		
a h	Permanent endowment	%					
c	Temporarily restricted endowment	%					
·	The percentages in lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse		n that are	e held and adr	ninistere	ed for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(,						3a(ii)
b	If "Yes" to 3a(ii), are the related organization						3b
4	Describe in Part XIII the intended uses of the						
Part				L L	(a) A		(d) Dank unive
	Description of property	(a) Cost or other basis (investment)		ost or other is (other)		ccumulated preciation	(d) Book value
1a	Land	0		0			
b	Buildings	0		0		0	
c	Leasehold improvements	0		97,583	•	58,648	38,93
d	Equipment	0		119,205		104,145	15,06
e	Other	0		0		0	
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X,	column (B), line 10(c).) .	🕨	53,99
-							

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. Attach to your tax return.

Sequence No 179 Identifying number Business or activity to which this form relates Name(s) shown on return 45-0394142 990 Military Service Club, Inc. **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions). 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 0 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 8 0 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 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 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions). . . 15 16 Other depreciation (including ACRS). MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 13,493 17 MACRS deductions for assets placed in service in tax years beginning before 2012 . 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 Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property year placed (e) Convention (f) Method (g) Depreciation deduction penod in service only-see instructions) 19 a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property h Residential rental 27.5 yrs. MM S/L 27.5 yrs MM S/L property i Nonresidential real 39 yrs MM ММ S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year 12 yrs. S/L 40 yrs. MM c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

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

13,493