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⊸Form

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 2013 Open to Public Inspection

	= 11 1 2 2 4 2			
<u>A</u>	For the 2013 (alendar year, or tax year beginning , and ending		
В	Check if applicable	C Name of organization THE SOUTH BOWERS VOLUNTEER	D	Employer identification number
	Address change	FIRE COMPANY INC		
一	-	Doing Business As		51-6019514
	Name change	Number and street (or P O box if mail is not delivered to street address) Roo	om/suite E	Telephone number
	Initial return	PO BOX 314	ļ	302-335-4666
	Terminated	City or town, state or province, country, and ZIP or foreign postal code		
	A dd t	MILFORD DE 19963	2.0	oss receipts \$ 431,482
ᆜ	Amended return	F Name and address of principal officer	G G	oss receipts \$ 431,482
	Application pending		+(a) Is this a group retu	m for subordinates? Yes X No
		l .		es included? Yes No
			I(b) Are all subordinat	55 II/6/2005
			if "No," attach	a list (see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		
J	Website > V	WW.SOUTHBOWERSFIRE.COM	(c) Group exemption	number
<u>к</u>	Form of organization	X Corporation Trust Association Other ► L Year o	f formation 1927	M State of legal domicile DE
******		ımmary		
				-
	-	scribe the organization's mission or most significant activities		
9	AOTO	NTEER FIRE COMPANY		
an				
E				
3	2 Check th	is box > if the organization discontinued its operations or disposed of more than 25% of it	s net assets	
تو	3 Number	of voting members of the governing body (Part VI, line 1a)	1	3 7
ധയ്ക്		of independent voting members of the governing body (Part VI, line 1b)		4 7
⊘ 2 : ∄	1			
, ₹	1	nber of individuals employed in calendar year 2013 (Part V, line 2a)	-	
JUL 232014 . Activities & Governance	1	nber of volunteers (estimate if necessary)	<u> </u>	6 32
	7a Total unr	elated business revenue from Part VIII, column (C), line 12	<u> </u> _	7a 0
\square	b Net unrel	ated business taxable income from Form 990-T, line 34		7b 0
ī.		<u> </u>	Prior Year	Current Year
SCANNED Revenue	8 Contribut	ions and grants (Part VIII, line 1h)	416,4	92 416,672
$\mathbb{Z}_{\mathbb{Z}}$	9 Program	service revenue (Part VIII, line 2g)		0
ev 🕰	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	7	43 727
\bigcirc $\stackrel{\sim}{\sim}$	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,6	96 14,083
لالق	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	422,9	
	13 Grants ar	and similar amounts paid (Part IX column (A) lines 1.49)		0
	14 Benefits	nd similar amounts paid (Part IX, column (A) lines 1 DECEIVED		0
	1	value to of for members (Fart IX, Column (A), milet 4)	15,8	
Expenses	15 Salaries,	other compensation, employee benefits (PattiX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e) JUL 1 4 2014 traising expenses (Part IX, column (D), line 25)	13,6	10,919
en en	16a Professio	nal fundraising fees (Part IX, column (A), line 11e) JUL 1 4 2014		<u> </u>
ă. X	b Total fund	raising expenses (rait ix, column (D), imaj zo, P		
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d 11f-2@GDEN. IIT	309,1	
	18 Total exp	enses Add lines 13–17 (must equal Part IX , column (A), line 25)	324,9	66 314,712
	19 Revenue	less expenses Subtract line 18 from line 12	97,9	65 116,770
Net Assets or Fund Balances			inning of Current Yea	
ets	20 Total ass	ets (Part X, line 16)	2,276,0	87 2,392,854
Ass	21 Total liab	lities (Part X, line 26)		0 0
E.S	22 Net asset	s or fund balances Subtract line 21 from line 20	2,276,0	87 2,392,854
		gnature Block		-
			to the best of my ke	avilades and haliof it is
		erjury, I declare that I have examined this return, including accompanying schedules and statements, and implete Declaration of preparer (other than officer) is based on all information of which preparer has any kr	•	owledge and belief, it is
	L, concet, and co	,		
	V	Du Du		7-7-14
Sig	l l	gnature of officer	_	Date
Hei	re 👠 _	DENNIS DEAN TREASURE	er 🗸	
		ype or print name and title		
	Print/Type	preparer's name Preparer's signature	Date C	heck of PTIN
Paid	i TERREN	CE JOHNSON, CPA Jenene Johnson (PA)	07/07/14 s	elf-employed P00158720
Prei	narer	TANK TOUNGON C. BUTT ODAG		E4 0000040
•	Only	268 MILFORD HARRINGTON HWY	Firm's Elf	V
	·	MILEORD DE 10063		202 422 2202
	Firm's add		Phone no	
		this return with the preparer shown above? (see instructions)		X Yes No
For F	aperwork Reduc	ction Act Notice, see the separate instructions.		Form 990 (2013)

	THE SOUTH BOW		51-6019514	Page 2
		Service Accomplishments	Abo Dest III	П
	the the organization's mission	ntains a response or note to any line in	this Part III	
	ER FIRE COMPAN			
2 Did the organ	nızatıon undertake any sıgni	ficant program services during the year which we	ere not listed on the	
	90 or 990-EZ?			Yes X No
	cribe these new services on			
3 Did the organ services?	nization cease conducting, c	r make significant changes in how it conducts, a	ny program	Yes X No
	cribe these changes on Sch	edule O.		
		rice accomplishments for each of its three larges		
		4) organizations are required to report the amoui	nt of grants and allocations to others,	
the total expe	enses, and revenue, it any, t	or each program service reported		
4a (Code) (Expenses \$	314,712 including grants of \$) (Revenue \$)
		FIRE RESCUE AND OTHER E	MERGENCY	
SERVICES	3			
			•	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
(3333	, (po	olacing grains or \$, (,
	n services (Describe in Sch			
(Expenses \$		including grants of \$) (Revenue \$)
4e i otal program	service expenses >	314,712		

Forn	n 990 (2013) THE SOUTH BOWERS VOLUNTEER 51-6019514		F	age 3
Pi	art IV Checklist of Required Schedules			,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	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		X
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,			
	Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ŀ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			}
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, fine 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f	- }	X

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 Schedule D, Parts XI and XII

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

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 other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013)

X

X

X

X

X

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

- Form 990 (2013) THE SOUTH BOWERS VOLUNTEER
Part IV Checklist of Required Schedules (continued)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more ban \$5,000 of grains or 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 Old the organization resover "Yes" to Part IVI, Section A, line 3, 4, or 3 about compensation of the organization carrier and former officers, director, sustees, key employees, and highest compensated engineeration carrier and former officers, director, sustees, key employees, and highest compensated engineeration have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," anawer kines 24b by the organization invest any proceeds of tax-exempt bonds beyond a temporary genod exception? 24b V by the organization invest any proceeds of tax-exempt bonds beyond a temporary genod exception? 24c Old the organization invest any organizations. Did the organization and soft (c)(4) organizations. Did the organization and soft (c)(4) organizations. Did the organization and soft (c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person almost the year? 24d Old the organization and soft (c)(4) organizations. Did the organizations prince forms 950 or 990-E2? If "Yes," complete Schedule I, Part II 25a X is the organization and soft (c) (4) organizations or 97 the organizations prince forms 950 or 990-E2? If "Yes," complete Schedule I, Part II 25d V 26d V 27d V 28d V 28d V 28d V 28d V 29d				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, Column (A), line 21 "thes," complete Schedule , Part I and III 22	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
on Part IX. Column (A), Inte 2? If "Yes," complete Schedule, I. Parts I and III 22 X 23 Dd the organization's current and former officers, directions, flusted, say, employees, and highest compensation employees? If "Fes," complete Schedule J 23 X 24a Dd the organization was extracted the first was essued after December 31, 2002? If "Yes," answer lines 24b 350,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b but the organization minest any proceeds of fax-exempt bonds beyond a temporary pendo exception? 24b Dd the organization minest any proceeds of fax-exempt bonds beyond a temporary pendo exception? 24c Dd fit the organization minest any proceeds of fax-exempt bonds beyond a temporary pendo during the year but defease any tiss-exempt bonds? 24c Dd fit the organization and an excess account other than a refunding escrow at any time during the year? 24d Dd fit the organization and any any time during the year? 24d Dd fit the organization and the fit engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25c Section \$51(c)(3) and \$51(c)(4) organizations. Did the organization engage 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 organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 26b Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiars, directors, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part II 27c Dd the organization provide a grant or order assistance to an officiar, director, frustee, key employee, substantial contribution or employee thereof, a year selection committee member, or to a 35% controlled entity or family member of any entit or these persons? If "Yes," complete Schedule L, Part IV 27d Dd the organization receive word these persons? If "Yes,		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
23 Dit the organization answer "Yes" to Part VII, Section A, Line 3. 4, or 5 about compensation of the organization Surrent and foremer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule K II "No," go to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
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employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24d Did the organization mist are proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the second provide on any of the organization engage 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 prior forms 590 or 900-E27 iff "'es," complete Schedule L, Part I iff or Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? Iff yes," complete Schedule I., Part II iff or the properties of the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? Iff yes," complete Schedule I., Part II iff or family member of any of these persons? If "Yes," complete Schedule I., Part III iff or family member of any of these persons? Iff yes," complete Schedule I., Part IV 25d A neutry of which a current or former officer, director, trustee, or key employee? If "yes," complete Schedule I., Part IV 26d A neutry o	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the]	
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through 24d and complete Schedule K If "No," go to line 25a Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year did pole organization maintain an an escrow account other than a refunding escrow at any time during the year? did Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year? 24d	24a	51 1		1	
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d		The state of the s			<u> </u>
to defease any tax-exempt bonds? 24d 25a 25b 25c	þ		24b		
Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 258 Section 501(c)(3) and 501(c)(4) organizations.Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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-E27 if "Yes," complete Schedule L, Part I 25b WX 25b WX 25c Water organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, brighest compensated employees, or disqualified persons? If so, complete Schedule L, Part III 26 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A remember of 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 28 A nemtry of which a current or former officer, director, instee, 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 20 Did the organization own 100% of an	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person duming the year? If "Yes," complete Schedule L, Part I 258 X b is the organization what 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-E2? If "Yes," complete Schedule L, Part II 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fusitees, key employees, nightest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X X Did the organization provide a grant or other assistance to an officer, director, fusitee, key employee, substantial contributor or remiployee 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X A family member of acurrent or former officer, director, fusitee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A family member of acurrent or former officer, director, fusitee, or key employee? If "Yes," complete Schedule L, Part IV 28b X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X X Did the organization neclear dor an ini		· '			
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complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36	22		31	-+	
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Bisa Did the organization have a controlled entity within the meaning of section 512(b)(13)? Bisa Did the organization have a controlled entity within the meaning of section 512(b)(13)? Bisa Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Bisa Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Bisa 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, Part VI Bisa Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	,,,		33		x
or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told 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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	84	range di managan di ma	-33	-	
Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To 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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	, ,		34		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 7 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, Part VI 8 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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, Part VI B Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			-		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			35b		
related organization? If "Yes," complete Schedule R, Part V, line 2 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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36				
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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Build the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	The state of the s			
Part VI Build the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				}	
8 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
	8	F		\neg	
			38		X

DAA

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	-		
b b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	-		1
C		1c	1	Ť
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported an Form W.3. Transmittal of Wage and Tax	10		
Za	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 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	:	Ť
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	05		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	İ	x
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			į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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 chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	j	l .
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	Ė
	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?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		ŧ	F
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\dashv	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		Ŧ	i.
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		Ŧ	
a	Did the organization make any taxable distributions under section 4966?	9a	\longrightarrow	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations.Enter Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ŧ	
11	Section 501(c)(12) organizations.Enter		ŧ	
a	Gross income from members or shareholders		I	•
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
_	against amounts due or received from them)		ł	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ī	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	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			
	Enter the amount of reserves the organization is required to maintain by the states in which		Í	
	the organization is licensed to issue qualified health plans		ļ	
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
AA		Form	990	(2013)

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Form 990 (2013) THE SOUTH BOWERS VOLUNTEER 51-6019514 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a а The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
 - 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)
- 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 DENNIS DEAN

997 REYNOLDS RD DE 19963

302-424-4177

MILFORD

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, 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			x, uni	Pos check ess po and a c	erson directo	than one is both an or/trustee)	(D) Reportable compensation from the organization	(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	Former Highest compensated employee	(W-2/1099-MISC)	(W-2 1033-WI3C)	organization and related organizations
(1) MICHAEL HIGNUTT									
	0.00								
PRESIDENT	0.00	X		X	L		0	0	0
(2) WILLIAM WEBB									
	0.00	l				}			_
V PRESIDENT	0.00	X		X	_	lacksquare	0	0	0
(3) A MICHELE MELVIN						li			
	0.00					1			•
SECRETARY	0.00	X	-	X			0	0	0
(4) DENNIS DEAN	0.00								
	0.00	\ . _		3,5			. 0	o	0
TREASURER (5) KATHY TRUMBAUER	0.00	X	_	X		 	<u> </u>	<u> </u>	
(5) KATHI TRUMBAUER	0.00			1	l	1 1			
DIRECTOR	0.00	x					o	o	0
(6) BILLY PASSWATERS	0.00				-		0		···
(0) DIGHT TROOMFILING	0.00					li			
DIRECTOR	0.00	\mathbf{x}		x			o	o	0
(7) MATTHEW FIENDT	0.00	 -					<u> </u>		
(1)====================================	0.00								
DIRECTOR	0.00	x					o	0	0
(8)									
(9)									
(10)									
(11)				_					

	(A) Name and title	(B) Average hours per week (list any hours for	(c bc	do not ox, un fficer a	Po: check less pand a	(C) sition c more erson	than is both	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amount othe compen from	ated nt of er isation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiza	lated	
(12)														
(13)														
(14)														
(15)														
(16)					,							_		
(17)														
(18)														
(19)														
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	\	l	<u> </u>	* * *						
2	Total number of individuals (in reportable compensation from			to th	ose	listed	abo	ve) v	who received more than \$10	00,000 in			Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, direc	ctor,	or tru for si	ustee uch i	e, key ndıvı	, emp dual	oloye	ee, or highest compensated			3	,,,,,	х
4	For any individual listed on line organization and related organ	1a, is the sum of	repo	ortab	le co	mpe	nsatı			n the				v
5	individual Did any person listed on line 1a for services rendered to the org									ıvıdual	_	5		x
Secti 1	ion B. Independent Contractor Complete this table for your five	ors		_						\$100,000 of				
	compensation from the organiz	(A) business address	npen	satio	n for	the	caler	ndar	year ending with or within the	ne organization's tax year (B) on of services			(C)	
	Name and	business address							Descripti	on of services		Con	<u>ipensati</u>	юп
							\dashv		· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent or received more than \$100,000 c	ontractors (includ	ing b	ut no	t lim	ited (to the	se li	sted above) who	0			•	
DAA				<u> </u>			····			_ 		Form	990	(2013)

₽ŧ	ırt V		nt of Rever		ins a response or	note to any line in	this Part VIII		П
		- CHOK II C	oure du c	Conta	The division of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र द	1a	Federated campai	igns	1a					
ביים	ь	Membership dues	- 1	1b		1			
ΩĔ,	С	Fundraising events		1c					
当に	d	Related organizati	i	1d		1			
S E	e	Government grants (contr	nbutions)	1e	413,224	1			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif				1			
훈		and similar amounts not ii		1f	3,448	1			1
E 0	g	Noncash contributions inc	uded in lines 1a-1	f. \$		1			
<u>8</u>	h	Total. Add lines 1	a-1f		•	416,672			
					Busn. Code	· · · · · ·			
Program Service Revenue	2a								
8	b								<u> </u>
Ş	С								
Ser	d								
E	е								
ğ	f	All other program :	service reven	ue					
<u>a</u>	g	Total. Add lines 2a	a2f		•				
	3	Investment income	e (ıncludıng dı	vidends,	interest,				
		and other similar a	imounts)		▶ [727			727
	4	Income from inves	tment of tax-e	exempt b	ond proceeds				
	5	Royalties			•				
			(ı) Real		(II) Personal	1			1
	6a	Gross rents							
	b	Less rental exps							
	С	Rental inc or (loss)				-			-
	_d	Net rental income	or (loss)		•			···	
	/a	Gross amount from sales of assets	(i) Securities		(ii) Other				1
		other than inventory				1			
	b	Less cost or other							
		basis & sales exps				1			1
	С	Gain or (loss)	·			1			1
	d	Net gain or (loss)		_	•				
a	8a	Gross income from fu	ındraising event	s		-			•
Other Revenue		(not including \$		Ī					1
eve		of contributions repor	ted on line 1c)			1	ì		1
ž.		See Part IV, line 18		a		1			
Ë		Less direct expen-		b					‡
٦	C	Net income or (los	s) from fundra	iising <u>ev</u>	ents >				
	9a	Gross income from ga	aming activities						
		See Part IV, line 19		a		1			
		Less direct expens		ь		1			‡
	С	Net income or (loss	s) from gamin	g activiti	es 🕨				***************************************
	10a	Gross sales of inve	entory, less			1			
		returns and allowa	nces	a		i i			
		Less cost of goods		b		1			‡
ļ	С	Net income or (los:	s) from sales	of invent					
		Miscellar	neous Revenue		Busn. Code	<u>.</u>			‡
	11a	LADIES AUXIL	IARY RECEI	PTS		14,083	14,083		
- 1	b								
	C								
ļ	d	All other revenue			L				
I		Total. Add lines 11			P	14,083		.	
	12	Total revenue. Se	e instructions		▶ i	431,482	14,083	0	727

Form 990 (2013) THE SOUTH BOWERS VOLUNTEER

Part IX	Statement of	Functional	Expenses

Do o	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
•	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			I	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include	16,979	16,979		
•	section 401(k) and 403(b) employer contributions)	10,3/3	10,319		
9	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees)				
'' a	Management				
b					
C	Accounting	8,655	8,655		
d					
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,667	1,667		
20	Interest	_			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	140,900	140,900		
23	Insurance	24,617	24,617		
24	Other expenses Itemize expenses not covered	1		#	
	above (List miscellaneous expenses in line 24e. If	1	.		
	line 24e amount exceeds 10% of line 25, column			-	
	(A) amount, list line 24e expenses on Schedule O.)	20 171	20 171		··· ·
а	REPAIRS/MAINTENANCE EQUIP	30,171	30,171 28,110		
b	UTILITIES BUILDING MAINTENANCE	28,110 18,111	18,111		
c d	DUES MAINTENANCE	9,538	9,538		
e	All other expenses	35,964	35,964		
25	Total functional expenses. Add lines 1 through 24e	314,712	314,712	0	0
26	Joint costs. Complete this line only if the				·····································
	organization reported in column (B) joint costs		ļ		
	from a combined educational campaign and fundraising solicitation. Check here ▶ if		ĺ		
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 11,655 15,063 Cash-non-interest bearing 463,121 483,232 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 4,549,495 other basis Complete Part VI of Schedule D 10a 2,654,936 1,797,311 1,894,559 10b 10c b Less accumulated depreciation 11 11 Investments-publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 4,000 15 Other assets See Part IV, line 11 15 2,276,087 2,392,854 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 0 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,276,087 2,392,854 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,392,854 2,392,854 2,276,087 33 Total net assets or fund balances 2,276,087 34 Total liabilities and net assets/fund balances

Form **990** (2013)

orm 990 (2013) THE SOUTH	H BOWERS VOLUNTEER	51-6019514			Pa	age 12
Part XI Reconciliation	of Net Assets					
Check if Schedule	e O contains a response or note to a	iny line in this Part XI				لِلِ
1 Total revenue (must equal Part	VIII, column (A), line 12)		1		31,	
2 Total expenses (must equal Pa	rt IX, column (A), line 25)		2		14,	
3 Revenue less expenses Subtr	act line 2 from line 1		3		<u>16,</u>	
4 Net assets or fund balances at	beginning of year (must equal Part X, line	33, column (A))	4	2,2	76,	087
5 Net unrealized gains (losses) of	n investments		5			
6 Donated services and use of fa	icilities		6			
7 Investment expenses			7			
8 Pnor period adjustments			8			
9 Other changes in net assets or	fund balances (explain in Schedule O)		9			-3
Net assets or fund balances at	end of year Combine lines 3 through 9 (n	nust equal Part X, line				
33, column (B))			10	2,3	<u>92,</u>	854
Part XII Financial State	ments and Reporting					
Check if Schedule	e O contains a response or note to a	ny line in this Part XII				Щ.
					Yes	No
 Accounting method used to pre 	pare the Form 990 X Cash	Accrual Other		<u> </u>		I
If the organization changed its	method of accounting from a prior year or	checked "Other," explain in				ŧ
Schedule O						ŧ
2a Were the organization's financi	al statements compiled or reviewed by an	independent accountant?		2a	X	ļ
If "Yes," check a box below to a	ndicate whether the financial statements for	or the year were compiled or				Ī
reviewed on a separate basis,	consolidated basis, or both					I
X Separate basis C	onsolidated basis Both consolida	ated and separate basis				1
b Were the organization's financi	al statements audited by an independent a	accountant?		2b		X
If "Yes," check a box below to i	ndicate whether the financial statements for	or the year were audited on a				l
separate basis, consolidated ba	asis, or both					
Separate basis C	onsolidated basis Both consolida	ited and separate basis				Ī
c If "Yes" to line 2a or 2b, does the	ne organization have a committee that assi	umes responsibility for oversight				
of the audit, review, or compila	tion of its financial statements and selection	on of an independent accountant?		2c		
If the organization changed eith	ner its oversight process or selection proce	ess during the tax year, explain in				
Schedule O						
3a As a result of a federal award, v	was the organization required to undergo a	an audit or audits as set forth in				
the Single Audit Act and OMB (Dircular A-133?			3a		X
b If "Yes," did the organization un	idergo the required audit or audits? If the c	organization did not undergo the				
required audit or audits, explain	why in Schedule O and describe any ster	os taken to undergo such audits		3b		l

Form **990** (2013)

· SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection ▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE SOUTH BOWERS VOLUNTEER FIRE COMPANY INC

Employer identification number 51-6019514

													_
<u> </u>	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt.) Se	<u>e instr</u>	uctions	<u>S.</u>		
The	orgai	nization is not	a private foundation because	it is. (For lines 1 through 11, ch	eck only o	ne box)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	_	city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
-	ш	section 170(b)(1)(A)(iv). (Complete Part II)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
•		•	section 170(b)(1)(A)(vi).(Co										
8				70(b)(1)(A)(vi).(Complete Part !	1.)								
9	Н	-		more than 33 1/3% of its suppo		ntabution	s memb	ership fe	es and	i aross			
3	ш			ot functions—subject to certain e									
				d unrelated business taxable inci									
							i i taxy ii	OIII DUS				_	
40			•	, 1975 See section 509(a)(2).			(0)(4)						
10	H			xclusively to test for public safety xclusively for the benefit of, to pe				000010	ıt tho				
11	\Box			d organizations described in sec						ction			
										2011			
				e type of supporting organization				$\overline{}$			ianally unto area	lad.	
		a Type		c Type III–Functions			d				ionally integra	leu	
е				nization is not controlled directly									
				than one or more publicly support	orted orga	nizations	describe	a in sec	แบบ อบร	(a)(1)			
_		or section 50	` ' ' '	# 6 # IDO# - 1	T 1 T	0	F 111 -						
f		•		mination from the IRS that it is a	Type I, Ty	ype II, or	ype iii s	supportir	ıg				
			check this box										ليا
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from a	ny of the							
		following per											
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	ith person	s describe	ed in (ii) i	and				Yes	No
		(III) belov	v, the governing body of the s	supported organization?							11g(ı)	-	├
			member of a person describe								11g(iı)	-	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							[11g(iri)	l	L
h		Provide the f	ollowing information about the	e supported organization(s)			1 -				···		
(e of supported	(tǐ) EIN	(iii) Type of organization	1 ' '	organization		ou notify	1 ' '	is the	(vii) Amount		etary
	org	anization		(described on lines 1–9 above or IRC section	in col (i) listed in your			nization in of your	organiza (i) organ	zed in the	supp	оп	
				(see instructions)	governing document? coi (i) or your support?		•-		S ?				
					Yes	No	Yes	No	Yes	No			
(A)													
								L	l				
(B)									ł				
						L			<u> </u>]]			
(C)													
,						}							
(D)						<u> </u>							
,													
(E)					 				<u> </u>	-			
·-/					1				İ				
					 								

Schedule A (Form 990 or 990-EZ) 2013 THE SOUTH BOWERS VOLUNTEER Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	382,679	358,584	387,460	416,492	416,672	1,961,887
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						····
4	Total. Add lines 1 through 3	382,679	358,584	387,460	416,492	416,672	1,961,887
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						_
6_	Public support. Subtract line 5 from line 4	<u> </u>					1,961,887
	tion B. Total Support	1					
	ndar year (or fiscal year beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	382,679	358,584	387,460	416,492	416,672	1,961,887
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,651	1,755	1,712	743	727	10,588
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	}					
11	Total support. Add lines 7 through 10						1,972,475
12	Gross receipts from related activities, etc. (see instructions)				12	14,083
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here						•
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2013 (line 6,))		14	99.46%
15	Public support percentage from 2012 Scheo					<u> </u>	99.37%
16a	33 1/3% support test—2013. If the organiz				3% or more, cneck	tnis	▶ [X]
	box and stop here. The organization qualifi		=		22 1/29/ as mass		
D	33 1/3% support test—2012.If the organize check this box and stop here. The organize			•	33 1/3% of more,		▶ □
17a	10%-facts-and-circumstances test—201	•	• • •	-	or 16h and line 14 i	e.	
174	10% or more, and if the organization meets	~					
	Part IV how the organization meets the "fac						
	organization	is-and-on cumstance	s test the organiz	cation quamics as a	publicly supported	•	▶ □
b	10%-facts-and-circumstances test201	12 If the organization	did not check a bo	ox on line 13 16a 1	6b or 17a and line	9	با ٠
-	15 is 10% or more, and if the organization in						
	Explain in Part IV how the organization mee				•		
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		
	instructions		•	•			▶ □

' Schedule A (Form 990 or 990-EZ) 2013 THE SOUTH BOWERS VOLUNTEER Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<u>.</u>					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-		
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u></u>					
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year a	s a section 501(c)(3) 	D
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2013 (line 8,			(f))		15	
16	Public support percentage from 2012 Scheo					16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lin			olumn (f))		17	<u>%</u>
18	Investment income percentage from 2012 S			14 4 b - 4 -	45 00 41001		%_
19a	33 1/3% support tests—2013. If the organ						⊾ □
	17 is not more than 33 1/3%, check this box						▶ ⊔
b	33 1/3% support tests—2012. If the organ						▶ □
20	line 18 is not more than 33 1/3%, check this Private foundation . If the organization did					i iizaliui i	

Schedule A (Form 990 or 990-EZ) 2013 THE SOUTH BOWERS VOLUNTEER

51-6019514

Page 4

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

'SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

	of the organization	"	mployer	dentification i	number	
	HE SOUTH BOWERS VOLUNTEER	= 1 _ 6	-6019514			
	IRE COMPANY INC art F Organizations Maintaining Donor Advised Fund				<u> </u>	
P	Organizations Maintaining Donor Advised Fund Complete if the organization answered "Yes" to Fo	irm 990 Part IV line 6	unts.	1		
	Complete if the organization anomorous feet to re-	(a) Donor advised funds	- ((b) Funds and ot	her account	:s
1	Total number at end of year	V-1		` .		
2	Aggregate contributions to (during year)					
3	Aggregate continuations to (during year) 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 exclusi				Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in wr					_
	only for charitable purposes and not for the benefit of the donor or donor a				_	
	conferring impermissible private benefit?				Yes	No.
P	art II Conservation Easements.					
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7.				<u> </u>
1	Purpose(s) of conservation easements held by the organization (check all	tha <u>t apply)</u>				
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically import	ant land	d area		
	Protection of natural habitat	Preservation of a certified historic str	ucture			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	السسمار	1		
	easement on the last day of the tax year		ļ	Held at the l	and of the	Tax Year
а			2a			
b	,		2b	ļ		
С			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	l		
3	Number of conservation easements modified, transferred, released, exting	guisned, or terminated by the organization du	ring the	•		
	tax year ►	atad N				
4	Number of states where property subject to conservation easement is local					
5	Does the organization have a written policy regarding the periodic monitor violations, and enforcement of the conservation easements it holds?	ing, inspection, nanding of			Yes	□ No
_	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		l		
6	Stair and volunteer flours devoted to filoritoring, inspecting, and emoraling	conservation casements during the year				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year				
•	S	correction of the correction o				
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)?				Yes	No
9	In Part XIII, describe how the organization reports conservation easement	s in its revenue and expense statement, and			_	
	balance sheet, and include, if applicable, the text of the footnote to the org		s the			
	organization's accounting for conservation easements					
Pa	urt III Organizations Maintaining Collections of Art, H		lar As	ssets.		
	Complete if the organization answered "Yes" to Fo			· . · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t					
	works of art, historical treasures, or other similar assets held for public exh		of			
	public service, provide, in Part XIII, the text of the footnote to its financial s					
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to re	•				
	works of art, historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	от			
	public service, provide the following amounts relating to these items			œ.		
	(i) Revenues included in Form 990, Part VIII, line 1			\$		
_	(ii) Assets included in Form 990, Part X	and almular appets for financial and a second to the	•	\$		
2	If the organization received or held works of art, historical treasures, or oth		ıe			
_	following amounts required to be reported under SFAS 116 (ASC 958) rela	ating to these items		\$		
	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			φ \$		
n	case is incomed in Fouri and Edition			Ψ		

Schedule D (F	Form 990) 2013 THE SOUTH BOWERS VOI	LUNTEER	51-6019514	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line		
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial	denvatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			_	
(F)		 .		
(G)			-	
(H)	# 1			
	n (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" to	Serm 000 Port IV line	11c See Form 990 Part Y	line 13
		(b) Book value	(c) Method of val	
	(a) Description of investment	(b) Book Value	Cost or end-of-year m	
(4)			-	
(1)				
(2)			 	
(3)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)▶			
Part IX	Other Assets.			
- 4 4 4	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	11d. See Form 990, Part X	, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.	E 000 D-+ IV I	44446 0 5 000	D-4 V
	Complete if the organization answered "Yes" to	o Form 990, Paπ IV, line	The or 111 See Form 990,	Рап Х,
	line 25	418-4-4-		······································
1.	(a) Description of liability	(b) Book value	-	
	income taxes			
(2)			-[
(3)			-{	
(4)			-	
(5)			-{	
(6)			-{	
(7)	 		-{	
(8)			-[
(9)	n (b) must equal Form 990, Part X, col (B) line 25) ▶		1	
TOTAL (COLUM)	n (b) must equal Form 990, Falt A, COI (D) line 40) 🚩		I .	

4b

<u>4c</u> 5

Part XIII Supplemental Information

b Other (Describe in Part XIII)

Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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

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

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

THE SOUTH BOWERS VOLUNTEER Part XIII Supplemental Information (continued)

51-6019514

Page 5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

THE SOUTH BOWERS VOLUNTEER

Employer identification number

FIRE COMPANY INC

51-6019514

FORM 990, PART I, LINE 6

FIREMEN AND WOMEN

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

3 MOTTATIO

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION AMOUNT											
LADIES AUXI	ADIES AUXILIARY DISBURSE										
	\$	8,717	\$	0	\$	0					
ENTERTAINME	ENTERTAINMENT										
	\$	7,505	\$	0	\$	0					
TELEPHONE/C	ABLE										
	\$	5,924	\$	0	\$	0					
OFFICE EXPE	NSE										
	\$	4,139	\$	0	\$	0					
FUEL											
	\$	4,033	\$	0	\$	0					
SUPPLIES											
	\$	2,412	\$	0	\$	0					
MISCELLANEO	us										
	\$	2,174	\$	0	\$	0					

Page 2 , Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization 51-6019514 THE SOUTH BOWERS VOLUNTEER TRAINING 0 . 1,060 \$ \$ \$ 0 FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION \$ 3 ROUNDING

* Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service

y (99)

► See separate instructions

Attach to your tax return

Attachment

ce No 17

merr	al Revenue Service (55)		ate mistructions.		n to yo	ur tax retu	[]].		Sequence No 113
Name	, .	UTH BOWERS	VOLUNTEER				1	/ing nur	
		OMPANY INC					51-	601	9514
	ess or activity to which this form relates NDIRECT DEPRECIAT	ION							
P	Election To Exper	ise Certain Prop	erty Under Sec	tion 179					
	Note: If you have a	any listed propert	y, complete Part	V before you c	omple	ete Part I			
1	Maximum amount (see instructions	s)						1_	500,000
2	Total cost of section 179 property	placed in service (see	instructions)					2	
3	Threshold cost of section 179 prop	erty before reduction	ın limitation (see ins	structions)				3	2,000,000
4	Reduction in limitation Subtract lin	ie 3 from line 2 If zero	o or less, enter -0-					4	
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o	r less, enter -0 If marr	red filing separately, s	ee instru	ictions		5	,, , , , , , , , , , , , , , , , , , ,
_6	(a) Description	on of property		(b) Cost (business us	e only)	(c) E	lected cost		
						ļ			
7	Listed property Enter the amount i	from line 29			7				
8	Total elected cost of section 179 p	roperty Add amounts	in column (c), lines	6 and 7				8	
9	Tentative deduction Enter the small							9	
10	Carryover of disallowed deduction	•						10	
11	Business income limitation. Enter t		•	•	see ins	tructions)		11	
12	Section 179 expense deduction A	•		han line 11	سب	 		12	
13	Carryover of disallowed deduction				13	L		i	
*******	: Do not use Part II or Part III below			-:-4: (D	4				<u> </u>
	Special Depreciati					ude listed	propert	у) (see instructions.)
14	Special depreciation allowance for		her than listed prope	rty) placed in servi	ce				
4=	during the tax year (see instruction	•					}	14	
15	Property subject to section 168(f)(1						ŀ	15	140,900
16 D	Other depreciation (including ACR: irt III MACRS Depreciat		ida listad proper	ty \ (Coo instru	otiono	\	1	16	140,900
	MACKS Depreciat	ion (Do not men	Section		CHOIIS)			
17	MACRS deductions for assets place	and in convice in tax w		· · · · · · · · · · · · · · · · · · ·		,		47	0
18	If you are electing to group any assets place	•	• •				\sim \Box	17	
		Assets Placed in Se				neral Depre	ciation S	vsten	 1
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprece (business/investment only—see instruction	ation (d) Recovery	1	Convention	(f) Metho	Ť	(g) Depreciation deduction
19a	3-year property	3017103	Only 300 mondone	110)	 				
b	5-year property	1							
С	7-year property	1							
d	10-year property	1				····			
	15-year property	1							
f	20-year property	1					-		
g	25-year property			25 yrs	1		S/L		
	Residential rental			27 5 yrs	1	мм	S/L		
	property		-	27 5 yrs		ММ	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property					мм	S/L		
	Section C—As	ssets Placed in Serv	vice During 2013 T	ax Year Using the	Altern	ative Depr	eciation	Syste	m
20a	Class life	,					S/L		
b	12-year			12 yrs			S/L		
	40-year	<u> </u>		40 yrs		мм	S/L		
Pa	rt IV Summary (See inst	ructions.)_							
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lin	nes 14 through 17, line	es 19 and 20 in colui	mn (g), and line 21	Enter I	here	1		

portion of the basis attributable to section 263A costs

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

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

140,900

22

23