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Form .990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2013
Open to Public Inspection

<u> </u>	For the	e 2013 calendar year, or tax year beginning	14 <u>.</u>		
В	Check if a	pplicable C Name of organization		D Employ	rer identification number
	Address c	hange DEVILS LAKE CHAMBER OF COMMERCE			
$\overline{\sqcap}$	Name cha	Doing Business As		45-	-0116761
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
Ш	Initial retu	PO BOX 879		701	-662-4903
	Terminate	City or town, state or province, country, and ZIP or foreign postal code			<u> </u>
	Amended	return DEVILS LAKE ND 58301-0879		G Gross rece	epts \$ 817,266
=		F Name and address of principal officer	T	0.000,1000	
لــا	Application	JACKIE DVORAK	H(a) Is this a gro	up return for su	bordinates? Yes X No
		PO BOX 879	H(b) Are all sub	ordinates includ	ded? Yes No
		DEVILS LAKE ND 58301	If "No,"	attach a list (see instructions)
_	Tax-exen		7		
÷	Website:		H(c) Group exer	mation number	
<u></u>				925	M State of legal domicile ND
_	art i_	V 	rear or formation	<u> </u>	M State of legal domicile 110
		Summary			
	1 8	Briefly describe the organization's mission or most significant activities	DEUTTO T	ממג ששו	7
Se	ł	TO PROMOTE THE QUALITY OF LIFE FOR THE RESIDENTS OF THE			A
Activities & Governance		THROUGH PROGRAMS AND ACTIVITES FOCUSING ON COMMERCIAL,	INDUSTRIAL	٠,	
/eri	l	AGRICULTURAL, EDUCATIONAL, AND CIVIC DEVELOPMENT	_		
6	1	Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1	•
ಹ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9
ies	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
₹.	5 7	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	13
dct.	6 7	Total number of volunteers (estimate if necessary)		6	50
•	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	<u>156,233</u>
	b N	Net unrelated business taxable income from Form 990-T, line 34		7b	<u>5</u> 3,868
			Prior Yea		Current Year
ø	8 0	Contributions and grants (Part VIII, line 1h)		4,081	535,741
Ę	9 F	Program service revenue (Part VIII, line 2g)	62	6,174	260,495
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		51	99
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1'	7,097	19,093
	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73	7,403	815,428
	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0
S	ì	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199	9,716	223,680
xpenses		Professional fundraising fees (Part IX, column (A), line 11e)			0
ber		otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
Ж		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55'	7,597	689,954
	1	Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,313	913,634
	1	Revenue less expenses Subtract line 18 from line 12		9,910	-98,206
7.8	13	Revenue icas expenses auditact into 10 from line 12	Beginning of Cur		End of Year
ets (20 1	otal assets (Part X, line 16)		6,823	453,238
Ass	21 7	Total liabilities (Part X, line 26)		2,213	136,834
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20		4,610	316,404
	art II	Signature Block			00/101
		lalties of perjury, I declare that I have examined this return, including accompanying schedules and statements	and to the best of	my knowlod	go and holiof it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has		IIIy KIIOWIEO	ge and bener, it is
		Intal was		1.1	3-15
e:		Signature of officer		Date	,,,,
Sig	_	- IAMAT. VISTAD Executive DiRector		50.0	
He	re				
		Type or print name and title	Date	<u> </u>	DTIN
D^!	A	Print/Type preparer's name		Check	If PTIN
Pai		Kathleen Knodel, CPA	12/09	/14 self-emp	
	parer	Firm's name	F	ım's EIN 🕨	20-1746221
Use	Only	415 6th Ave NE			
		Firm's address Devils Lake, ND 58301	P	hone no	701-662-8724
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2013)
DAA					, ===

Form 990 (2013)	DEVILS LAKE CH	AMBER OF COMMERCE	45-0116761	Page 2
	•	ervice Accomplishments		
		ains a response or note to any line in	this Part III	
TO PROM		THE QUALTIY OF LIFE FO	OR THE RESIDENTS OF	THE DEVILS
LAKE AR	EA THROUGH PROG	RAMS		
	nization undertake any significa 990 or 990-EZ?	ant program services during the year which were	e not listed on the	☐ Yes 🕱 No
If "Yes," des	cribe these new services on So			tes A No
services?	inization cease conducting, or r cribe these changes on Sched	make significant changes in how it conducts, any	program	Yes X No
4 Describe the expenses S	e organization's program servic section 501(c)(3) and 501(c)(4)	e accomplishments for each of its three largest p organizations are required to report the amount each program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
THE CHAI	MBER OF COMMERC	E PROMOTES THE GENERAL THIN THE ECONOMIC, COMM	WELFARE OF THE DEV	
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progra (Expenses S	m services (Describe in Sched \$	dule O) including grants of \$) (Revenue \$)
	n service expenses >			

Part 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
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_ 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,			
	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			77
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 1		
_	VII, VIII, IX, or X as applicable.	ł		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
_	complete Schedule D, Part VI	-IIa	-	
D	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
_	5 th	110		
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		-110		
u	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, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l	ł	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ļ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	į	l	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			₹.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	ĺ	v
20-	If "Yes," complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
u	n i rea to mie koa, aio tre organikation attach a copy of ita aggiteg infallola statettenta to tris fettint."			

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	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, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		x
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	1	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, Parts 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		X
	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	35b		
36	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		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	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 13 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 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 reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 13 Statements, filed for the calendar year ending with or within the year covered by this return X 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, securities account, or other financial X account)? 4a 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. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b 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? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е 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 q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? a 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2013) DEVILS LAKE CHAMBER OF COMMERCE 45-0116761 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

	tion A. Governing Body and management					
1a	Enter the number of voting members of the governing body at the end of the tax year	1 1a	9		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or	ld				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	ĺ		i j		
b	Enter the number of voting members included in line 1a, above, who are independent	1 _b	9			
2	- · · · · · · · · · · · · · · · · · · ·					
4	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		X
3	any other officer, director, trustee, or key employee?			-		
3	Did the organization delegate control over management duties customarily performed by or under the direct					X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X	
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		v
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	ollowing.		٠,,	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u>x</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				:	37
C	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	and D		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	iai Re	evenue	Code.)		
				40	Yes	No
_	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	, , , , ,			12a	_ <u>x</u> _	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	<u>x</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure			<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ ND					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly)			
	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 > HWY 2

DEVILS LAKE CHAMBER OF COMMERCE

ND 58301

701-662-4903

DEVILS LAKE

Form 990 (2013) DEVILS LAKE CHAMBER OF COMMERCE 45-0

45-0116761

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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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both ai	n	(D) Reportable compensation from the	Reportable Reportable compensation compensation from related the organizations			table Reportable Estimated sation compensation from amount of related other compensations compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations			
(1) TERRY ESTVOLD													
	2.00									_			
DIRECTOR	0.00	X		X		-		0	0	0			
(2) PETER JEROME													
D3.0M_0W3.TD	2.00			x		1 1		_	_				
PAST CHAIR (3) MIKE DUNN	0.00	X				 -	_	0	0	0			
(3)MIKE DONN	2.00												
VICE CHAIR	0.00	$ \mathbf{x} $		x			- 1	o	0	0			
(4) JACKIE DVORAK	0.00	1			_	\vdash	_						
(,,	2.00	ĺ				1 1							
CHAIR	0.00	X		X				0	0	0			
(5) KALE STROMME													
	1.00						Ì						
DIRECTOR	0.00	X						0	0	0			
(6) AIMEE LARSON													
	1.00												
DIRECTOR	0.00	Х					_	0	0	0			
(7) ERIN WOOD	1 00												
D T D T C T C T C T C T C T C T C T C T	1.00	7.				1 1							
DIRECTOR (8) ANNA WALTER	0.00	X			<u> </u>			0	0	0			
(6)ANNA WALLER	1.00						ŀ						
DIRECTOR	0.00	$ \mathbf{x} $					-	o	0	0			
(9) SKIP LONGIE	1 0.00	-				\vdash	\dashv						
(0) 21122 2201022	1.00												
DIRECTOR	0.00	x						0	0	0			
(10)													
(11)							4						
· · · /													
DA4	·						1	 	 	000			

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y E	mplo	yees	s, an	d Highest Compensated	Employees (continued)				
	. (A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other ompensation the	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 1000 IMOO)	6	organizat and relat rganizati	tion ted	
(12)	e e e e e e e e e e e e e e e e e e e													
(13)												******		
(14)														
(15)														
(16)						-								
(17)														<u>. </u>
(18)														
(19)														
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)		_				l	> > >						
2	Total number of individuals (increportable compensation from	cluding but not lin the organization	nited ▶	to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in		$\overline{}$	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated	ı		3		x
4	For any individual listed on line organization and related organi individual	zations greater t	han \$	\$150	,000	? If "	Yes,'	' con	nplete Schedule J for such			4		x
5	Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								dividual		5		X
Sect 1	tion B. Independent Contracto Complete this table for your five	e highest compei	nsate	ed in	depe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of				
	compensation from the organiz	(A) business address	nper	isati	on fo	r the	cale	ndar	r year ending with or within bescrip	the organization's tax year (B) tion of services		Сог	(C)	on
													<u> </u>	
									· · · · · · · · · · · · · · · · · · ·					
			-											
					_									
				4	-1.		40.00		hakad ahayo Voda					
2	Total number of independent c received more than \$100,000 c	ontractors (included to the compensation of th	ııng t from	the	ot lin orga	nited nizat	to the ion ▶	ose	iisted above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt business excluded from tax function under sections revenue revenue 512-514 , Gifts, Grants nilar Amounts 1a Federated campaigns 1a 82,850 b Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 452,891 q Noncash contributions included in lines 1a-1f. 535,741 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 900099 156,233 156,233 2a MOTOR VEHICLE INCOME 85,722 85,722 b PROGRAM REVENUE 13,104 13,104 TOURISM REVENUE 5,436 5,436 MISCELLANEOUS REVENUE f All other program service revenue g Total. Add lines 2a-2f 260,495 Investment income (including dividends, interest, 99 99 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 18,000 6a Gross rents b Less rental exps 18,000 c Rental inc or (loss) 18,000 18,000 d Net rental income or (loss) (i) Securities (ii) Other sales of assets other than inventor b Less cost or other hasis & sales exos c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses > c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 2,931 returns and allowances 1,838 b Less. cost of goods sold b 1,093 1,093 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b ¢ d All other revenue e Total. Add lines 11a-11d 156,233 815,428 123,454 Total revenue. See instructions

	art IX Statement of Functional Ex	penses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must co			ete column (A)	
	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 3b, 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 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,		j	j	
	organizations, and individuals outside the		1		
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u> </u>			
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	198,152	134,048	64,104	
8	Pension plan accruals and contributions (include		0 0 0 0 0		
	section 401(k) and 403(b) employer contributions)	4,386	2,967 5,689	1,419 171	
9	Other employee benefits	5,860	5,689		····
10	Payroll taxes	15,282	10,338	4,944	
11	Fees for services (non-employees):			ļ	
a	Management				
b	Legal Accounting	3,109	933	2,176	
c d	Lobbying	3,103	333	2/2/0	
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees			-	
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	265,245	256,782	8,463	
13	Office expenses	45,594	24,055	21,539	
14	Information technology	9,406	8,198	1,208	
15	Royalties				
16	Occupancy	41,220	34,972	6,248	
17	Travel	464	464		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,252		2,252	
20	Interest	56		56	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,073	177	5,896	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			İ	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
_	SPECIAL PROJECT EXPENSE	148,120	148,120		
a b	REPAYMENT OF LODGING TAX	112,000	112,000		
C	BOAT RAMP REPAIR & MAINT	27,098	27,098		
d	INCOME TAX & PENALTY	10,039	10,039		
	All other expenses	19,278	12,644	6,634	
	Total functional expenses. Add lines 1 through 24e	913,634	788,524	125,110	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 39,745 70,139 Cash-non-interest bearing 234,650 228,746 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 12,409 9,415 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 1,146 2,338 Inventories for sale or use 8 6,040 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or 240,478 other basis Complete Part VI of Schedule D 10a 103,731 132,833 136,747 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 13 Investments-program-related. See Part IV, line 11 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 426,823 453,238 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,856 24,834 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 3,357 112,000 24 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 12,213 26 136,834 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 414,610 Unrestricted net assets 316,404 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 316,404 414,610 33 Total net assets or fund balances 426,823 453,238 Total liabilities and net assets/fund balances

Forn	1 990 (2013) DEVILS LAKE CHAMBER OF COMMERCE 45-0116761			Pa	ge 12
	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	15,	428
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	13,	634
3	Revenue less expenses Subtract line 2 from line 1	3	_	98,	206
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	14,	610
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u> </u>		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10	3	16,	404
Pa	urt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	l
	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 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				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis]]		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2013)

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

Name of the organization

Employer identification number

	ŭ			
מ	EVILS LAKE CHAMBER OF COMMERCE		45-0	116761
	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to	unds or Other Similar Funds or Ac		
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	it the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	iusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	conservation Easements. Complete if the organization answered "Yes" to	Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization (check	· · · · · · · · · · · · · · · · · · ·		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	tant land	l area
	Protection of natural habitat	Preservation of a certified historic st		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conservation	n	
	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 easements		2b	
С	Number of conservation easements on a certified historic structure incl	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organization d	uring the	•
	tax year ▶			
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the year		
_				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or \$	conservation easements during the year		
0	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h\/4\/P\		
0	(i) and section $170(h)(4)(B)(ii)$?	the requirements of section 17 o(f)(4)(b)		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statement, and	d	1c3 1t0
3	balance sheet, and include, if applicable, the text of the footnote to the	·		
	organization's accounting for conservation easements			
Pa	ort III Organizations Maintaining Collections of Art		nilar A	Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	•		
	works of art, historical treasures, or other similar assets held for public		e or	
	public service, provide, in Part XIII, the text of the footnote to its financi		la 4	
ם	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in jurtherance	e UI	
	public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, provide	the	*
_	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenues included in Form 990, Part VIII, line 1	, seeing to those follow	>	\$
b	Assets included in Form 990, Part X		•	\$

Part VI	Land, E	Buildings,	and Eq	uipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land 177,325 43,957 133,368 **b** Buildings

c Leasehold improvements 59,774 63,153 3.379 d Equipment e Other 136,747 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2013

DAA

Part VII Investments—Other Securities

rait VII	Complete if the organization answered '	'Yes" to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial			<u></u>
	eld equity interests		
(3) Other			· · · · · · · · · · · · · · · · · · ·
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		<u> </u>	
	nn (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments—Program Related. Complete if the organization answered "	'Vos" to Form 990 Port IV line	11c See Form 990 Part Y June 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book Value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 13)	·	
Part IX	Other Assets.		
	Complete if the organization answered "	Yes" to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	on (h) must acual Form 000, Doct V, and (D) line 45		>
Part X	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.		
raitA	Complete if the organization answered "	'Ves" to Form 990 Part IV line	11e or 11f See Form 990 Part X
	line 25.	700 10 7 01111 000, 1 411 7 7, 11110	110 01 111. 000 1 0111 000, 1 411 11,
1.	(a) Description of liability	(b) Book value	
	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	ın (b) must equal Form 990, Part X, col. (B) line 25)▶	<u> </u>	
2 Liability for	uncertain tax positions. In Part XIII, provide the text of	of the footpote to the organization's financial	rial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

- 2
- d Other (Describe in Part XIII)
- e Add lines 2a through 2d
- Subtract line 2e from line 1
- 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
- **b** Other (Describe in Part XIII)
- c Add lines 4a and 4b
- Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

2d 2e 3 4a 4b 4c 5

Supplemental Information

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

45-0116761

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2013

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. Insp

Open to Public Inspection

Name of the organization

DEVILS LAKE CHAMBER OF COMMERCE

45-0116761

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION HAS MEMBERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE 990 IS PRESENTED AT THE BOARD OF DIRECTORS MEETING.

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

THE ISSUE IS FIRST BROUGHT TO THE ATTENTION OF THE OFFICE MANAGER, THEN THE

DIRECTOR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation A COPY IS PROVIDED UPON REQUEST

|--|

Form 4562

Name(s) shown on return

Department of the Treasury (99) Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Attachment Sequence No

► See separate instructions. ► Attach to your tax return. 179

	DEVILS	LAKE CHAME	ER OF COMMER	CE		45	-011	6761
	ess or activity to which this form relates							
	ndirect Depreciati art I Election To Expen		anti Undar Castian	470				
P		•	erty Under Section v, complete Part V be		amplete	Dort I		
1	Maximum amount (see instructions		r, complete Fait v be	iore you co	Jimpiete	raiti.	1	500,000
2	•	•	instructions)				2	300,000
3		otal cost of section 179 property placed in service (see instructions) hreshold cost of section 179 property before reduction in limitation (see instructions)						2,000,000
4		perty before reduction in limitation (see instructions) ne 3 from line 2 If zero or less, enter -0-					4	2,000,000
5	Dollar limitation for tax year Subtract line		•	constaly co	o inetruction	c	5	
6				st (business use		(c) Elected cost		
0	(a) Description	(a) Description of property (b) Cost (business use only) (c) Elected or				(C) Elected cost		
		-						1
7	Listed property Enter the amount fr	om line 20			7			1
8	Total elected cost of section 179 pro		in column (c) lines 6 and	7	<u> </u>		8	
9	Tentative deduction Enter the sma	•	in column (c), inles o and	1			9	
9 10	Carryover of disallowed deduction f		112 Form 4562				10	
11	Business income limitation Enter th	•		o) or line 5 (c	ee instruct	tions)	11	
12	Section 179 expense deduction. Ad		•	,	ee manuci	uons)	12	
13	Carryover of disallowed deduction t			• · · · • · · · • · · · · • · · · · · ·	13		1 12	
	: Do not use Part II or Part III below t			<u>_</u>				<u> </u>
			nd Other Depreciati	on (Do no	t include	listed prope	rtv) (See instructions)
14	Special depreciation allowance for o					notou prope		
•	during the tax year (see instructions		or and noted property, pre				14	
15	Property subject to section 168(f)(1)	•					15	
16	Other depreciation (including ACRS						16	
			de listed property.) (See instruc	tions)			<u> </u>
			Section A					
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning before 2013				17	5,727
18	If you are electing to group any assets placed in	•	• •		2	▶ □		
			rvice During 2013 Tax Ye			Depreciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conve	ention (f) Meti	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property		1,687	5.0	HY	200	DB	337
С	7-year property							
d	10-year property							1
е	15-year property							
f	20-year property							
g	25-year property			25 yrs		S/I		
h	Residential rental			27 5 yrs	MM	S/I		
	property			27 5 yrs	MM	S/I	-	ļ
i	Nonresidential real	09/10/14	8,300	39 yrs	MM	S/I		9
	property			<u> </u>	MM			
	Section C—As	sets Placed in Serv	ice During 2013 Tax Yea	r Using the A	Alternative	Depreciation	Syster	<u>n</u>
20a	Class life		<u> </u>	ļ		S/I		
b	12-year			12 yrs.		S/I		
_	40-year			40 yrs	MM	S/I		
Pa	irt IV Summary (See inst	ructions)						,
21	Listed property Enter amount from	line 28					21	
22	Total. Add amounts from line 12, lir	=			Enter here	е	1	
	and on the appropriate lines of your	·	•	nstructions			22	6,073
23	For assets shown above and placed		e current year, enter the					
	portion of the basis attributable to se	ection 263A costs			23			L