

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

For the 2013 calendar year, or tax year beginning Nov 1

Department of the Treasury Internal Revenue Service

Preparer

Use Only

Fum's name

Firm's address

CASBURN AND COMPANY PC

211 NW Executive Way,

LEES SUMMIT

BAA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

**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, and ending

2013

Open to Public Inspection

2014

D Employer Identification Number C Name of organization INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE Check if applicable 23-7181129 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change (816) 398-0783 Initial return 18300 M 78 HIGHWAY City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ 222. Amended return INDEPENDENCE 64057 MO H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) Adam Dustman 720 NW Devonshire Pl Blue Springs MO 64015 Tax-exempt status 501(c)(3) X 501(c) ( g (insert no.) 4947(a)(1) or Website: ► H(c) Group exemption number M State of legal domicile Form of organization X Corporation Association L Year of formation 1970 MO Part I Summary Briefly describe the organization's mission or most significant activities: GENERAL MEMBERSHIP WELFARE OFFICER MEMORIALS & AID TO NEEDY FAMILIES Activities & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 14 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . 5 0 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 . . 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 38,334 20,304. Program service revenue (Part VIII, line 2g) . . . . . . . 179,393 192,081. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 41e) 703 9,886. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12) 12 218,431 222,271. 13 Grants and similar amounts paid (Part IX, column (A), lines [1-3] 4,404. Benefits paid to or for members (Part IX, column (A), line (4) Benefits paid to or for members (Part IX, column (A), line (4)) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 93,701 123,845. 11,000 15,165. 16a Professional fundraising fees (Part IX, column (A), line 1.1e) 10,127 12,900. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 60,624 62,197. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 175,452 218,511. Revenue less expenses. Subtract line 18 from line 12 . . . . . 42,979. 3,760. **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) . . . . 315,611. 232,955. Total liabilities (Part X, line 26) . . . . . . . . . . . . . . . . 21 86,560 144. Net assets or fund balances. Subtract line 21 from line 20 . . . . . . . . . . 229,051 232,811 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. Sign Here Adam Dustman Type or print name and title. Print/Type preparer's name Preparer's signature
NANCY E CASBURN Check 66as NANCY E CASBURN 1/21/14 self-employed P00293315 Paid

Suite C

64063

Firm's EIN > 26-3132187

(816)

554-1900

Form 990 (2013)

Yes

Phone no.

TEEA0101 11/08/13

|     | 990 (2013)                    |  |  | ER OF POLICE LODGE   | C #1   | 23-7181129   | Page 2             |
|-----|-------------------------------|--|--|--|--|--|--------------------|
| Par |                               | tement of Progra   |  | -  |  |  |                    |
|     |                               |  |  | te to any line in this Part  | <u> </u>   |  | · · · · · <u> </u> |
| 1   | ,                             | ibe the organization's   |  |  |  |  |                    |
|     |                               | MEMBERSHIP W   |  |  |  |  |                    |
|     | OFFICER                       | MEMOKIATO -  | AID IO NEEDI   | FAMILIES   |  |  |                    |
|     |                               |  |  |  |  |  |                    |
| 2   | Did the orga                  | nızation undertake ar  | y significant program  | n services during the year   | which were not listed on                                   | the pnor   |                    |
|     | Form 990 or                   | 990-EZ?  |  |  |  | Yes  | X No               |
|     | If 'Yes,' desc                | cribe these new service  | es on Schedule O.  |  |  | _  | _                  |
| 3   |                               |  |  | cant changes in how it co  | nducts, any program serv                                   | rices? U Yes   | X No               |
|     |                               | cribe these changes o  |  |  |  |  |                    |
| 4   | Section 501<br>others, the to | e organization's progra<br>(c)(3) and 501(c)(4) o<br>otal expenses, and re | am service accomplis<br>rganizations and sec<br>venue, if any, for eac | shments for each of its thr<br>tion 4947(a)(1) trusts are<br>th program service report | ee largest program service required to report the amonder. | es, as measured by expens<br>ount of grants and allocation | ses.<br>is to      |
| 4 8 |                               | ) (Expenses  | \$   | including grants of  | \$   | ) (Revenue \$  | )                  |
|     | GENERAL                       | MEMBERSHIP W   | <u> VELFARE - OFF</u>  | ICER MEMORIALS   | - AID TO NEEDY   | <u>FAMILIES</u>  |                    |
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|     | .= .                          |  |  |  |  |  |                    |
| 41  | (Code:                        | ) (Expenses  | \$   | including grants of  | \$   | ) (Revenue \$  | )                  |
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| 4 0 | : (Code:                      | ) (Expenses  | \$   | including grants of  | \$   | ) (Revenue \$  | <u> </u>           |
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| 40  |                               | am services. (Describ  | •  |  |  |  |                    |
|     | (Expenses                     | \$   | ıncluding g  | rants of \$  | ) (Revenue   | \$   | )                  |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes,' complete Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Х 3 4 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 . . . . Х 5 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, 6 Х Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, Х 8 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 Х services? If 'Yes,' complete Schedule D, Part IV ... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b Х 11 c X e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X. . . . 11 e 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 . . Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is optional . . . . . . . . . Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . . Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?...... Х 14a 14b Х Х 15 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 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. Х 19 Х 20 20 b

Form 990 (2013) INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1

Part W Checklist of Required Schedules (continued)

|    | •   |     | Yes      | No     |
|----|---|-----|----------|--------|
| 21 | Old the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21  |          | х      |
| 22 | Old 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  |          | Х      |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J  | 23  |          | Х      |
| 24 | a 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 |          | х      |
| 1  | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |          |        |
| (  | 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?  | 24c |          |        |
| (  | d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?  | 24d |          |        |
| 25 | a 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 |          |        |
| 1  | 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 pnor 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  |          | Х      |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27  |          | Х      |
| 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)  |     |          | 7. No. |
|    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a |          | Х      |
| 1  | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b |          | х      |
| •  | 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  |          | Х      |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30  |          | Х      |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31  | <u> </u> | Х      |
| 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  |          | х      |
| 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, IV, and V, line 1   | 34  |          | Х      |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |          | Х      |
| ١  | 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   | 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  |          | х      |
| 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  | х        |        |

BAA

### Part 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 . . . . . . . . . . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 6 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2 a 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 . . . . . b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . Х 3 a 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . 4 a 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. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . 5 b Х 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a 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? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. . . f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . . . . . . b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . . 9 b 10 Section 501(c)(7) organizations. Enter: **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. . . . . b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. ${f a}$ is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . . . . . . . . . . . . 13 c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . X

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

Page 6 Form 990 (2013) INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 23-7181129 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . . 18 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. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 b Х is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10 a b if Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . . . . 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 13 Х Х 14 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? 15 a Х Х 15 b 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 Х 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 taken steps to safeguard the 16b

| Sec | tion C. Disclosure   |
|-----|--|
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶   |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |
|     | Own website X Another's website X Upon request Other (explain in Schedule O)   |

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

720 DEVONSHIRE PL BLUE SPRINGS MO 64015 (816) 398-0783

| Form 990 (2013) INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 23-7181129 Page | Partivil Com           | pensation of Of<br>cendent Contra | ficers, Dire | ctors, T | rustees, | Key Em  | ployees, | Highest | Compensated | Employe | es, and |
|---|------------------------|-----------------------------------|--------------|----------|----------|---------|----------|---------|-------------|---------|---------|
|   | Form <b>990</b> (2013) | INDEPENDENCE                      | FRATERNAL    | ORDER (  | OF POLIC | E LODGE | #1       |         | 23-718      | 1129    | Page 7  |

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

- 1 a 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 rela  | ated o                            | rgan                  | ızatı   | on c         | ompen                                | sate   | ed any current officer, o           | director, or trustee                     |  |
|--|---|-----------------------------------|-----------------------|---------|--------------|--------------------------------------|--------|-------------------------------------|--|--|
|  |   |                                   |                       | (0      | ;)           |                                      |        |                                     |  |  |
| (A)<br>Name and Title                      | (B)<br>Average<br>hours per   | one bo                            | x, uni<br>cer an      | ess p   | ersor        | more than<br>is both a<br>r/trustee) | ın İ   | (D)  Reportable compensation from   | (E)<br>Reportable<br>compensation from   | (F) Estimated amount of other  |
|  | week (lists<br>any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee         | Former | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) PHILLIP HINIGER                        | 3.00  |                                   |                       |         |              |                                      |        |                                     |  |  |
| VICE PRESIDENT                             |   |                                   |                       | Х       |              |                                      |        | 2,663.                              | 0.                                       | 0.   |
| (2) JEFF LAWHON                            | 3.00  |                                   |                       |         |              |                                      |        |                                     |  |  |
| SECRETARY                                  | <u> </u>  |                                   |                       | Х       |              |                                      |        | 2,663.                              | 0.                                       | 0.   |
| (3) ADAM DUSTMAN                           | 10.00   |                                   |                       |         |              |                                      |        |                                     |  |  |
| TREASURER                                  |   |                                   |                       | Х       |              |                                      |        | 4,799.                              | 0.                                       | 0.   |
| _(4)_BRAD_SLAYBAUGH                        | 3.00  |                                   |                       |         |              |                                      |        |                                     |  |  |
| PRESIDENT                                  |   |                                   |                       | Х       |              |                                      |        | 3,683.                              | 0.                                       | 0.   |
| (5) JUSTIN LEACH                           | 1.00  |                                   |                       |         |              | ĺ                                    |        |                                     |  |  |
| 2ND VICE PRESIDENT                         | <u> </u>  |                                   |                       | Х       |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| _(6)_BRICE_MINTER                          | 1_1.00  | ]                                 | ]                     |         |              |                                      |        |                                     | ľ  |  |
| SERGEANT-AT-ARMS                           |   | X                                 |                       |         | L            |                                      |        | 0.                                  | 0.                                       | 0.   |
| _(7)_ DENNIS_GREEN                         | 1.00  |                                   |                       |         |              |                                      |        |                                     |  |  |
| CHAPLAIN                                   |   | Х                                 |                       |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| _(8)_COREY_RANDALL                         | 1.00  |                                   |                       |         |              | 1                                    |        |                                     |  |  |
| TRUSTEE                                    |   | Х                                 | <u> </u>              |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| (9) CHRIS BURRIS                           | 1.00  | ļ                                 |                       |         |              |                                      |        |                                     |  |  |
| TRUSTEE                                    | <u> </u>  | X                                 |                       |         | _            |                                      |        | 0.                                  | 0.                                       | 0.   |
| (10) KELLEY RUPERT                         | 1.00  | ł                                 |                       |         |              |                                      |        |                                     | İ  |  |
| TRUSTEE                                    | ļ   | X                                 |                       |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| (11) MIKE ONKA                             | 1.00  |                                   |                       |         |              |                                      |        | _                                   |  |  |
| TRUSTEE                                    | <del> </del>  | X                                 |                       |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| (12) JOHN SYME                             | 1.00  |                                   |                       |         |              |                                      |        |                                     | ,  |  |
| TRUSTEE                                    | <del>                                     </del>  | X                                 | _                     |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |
| (13) MIKE PYLE                             | 1.00  | ł                                 |                       |         | 1            |                                      |        | _                                   | _  |  |
| TRUSTEE                                    | +   | X                                 | -                     |         | H            |                                      | _      | 0.                                  | 0.                                       |  |
| 14) JASON PETERSEN TRUSTEE                 | 1.00  | x                                 |                       |         |              |                                      |        | 0.                                  | 0.                                       | 0.   |

| Part VII Section A. Officers, Directors, Trus   | tees, l  | <u> </u>                          | Em                    | plo             | oye                     | es,                          | and        | Highest Con  | pensated Emp  | oyee   | S (cont                             | inued)   |
|---|--|-----------------------------------|-----------------------|-----------------|-------------------------|------------------------------|------------|--|---|--|-------------------------------------|----------|
| (A) Name and utle   | Average<br>hours<br>per<br>week<br>(list any                               | box                               | , unle<br>cer ar      | ss pe<br>nd a c | rtion<br>more<br>rson i | than o                       | an<br>ee)  | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | (F)  Estimated amount of other compensation from the |                                     |          |
|   | hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | nstitutional trustee  | Officer         | Key employee            | Highest compensated employee | mer        |  | (**   | org<br>an  | anization<br>d related<br>anization |          |
| (15) BOBBY BRADY TRUSTEE  | 1.00   | х                                 |                       |                 |                         |                              |            | 0.   | 0.  |  |                                     | 0.       |
| (16) BILL TROTTER TRUSTEE   | 1.00   | х                                 |                       |                 |                         |                              |            | 0.   | 0.  |  |                                     | 0.       |
| (17) CARL PERRY TRUSTEE   | 1.00   | Х                                 |                       |                 |                         |                              |            | 0.   | 0.  |  |                                     | 0.       |
| (18) JOHN HOWE  IMMEDIATE PAST PRESIDENT  | 1.00   | х                                 |                       |                 |                         |                              |            | 0.   | 0.  |  |                                     | 0.       |
| (19)  |  |                                   | ·                     |                 |                         |                              |            |  |   |  |                                     |          |
| (20)  |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| (21)  |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| (22)  |  | <u></u>                           |                       |                 |                         |                              |            |  |   |  |                                     |          |
| (23)  |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| (24)  |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| (25)  |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| 1 b Sub-total   |  |                                   | • •                   | ٠.              | • •                     |                              | <b>.</b>   | 13,808.  | 0.  |  |                                     | 0.       |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)                               |  |                                   |                       |                 |                         |                              | ive        | 13,808.<br>I more than \$100,0                                     | 0.<br>000 of reportable con   | npensa   | tion                                | 0.       |
| 3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi | or trustee   | , key                             | em,                   | ploy            | ee,                     | or hig                       | hes        | st compensated em  | nployee   | 3  | Yes                                 | No<br>X  |
| For any individual listed on line 1a, is the sum of reporthe organization and related organizations greater that  | rtable co  | mpe<br>200?                       | nsat<br><i>If "</i> Y | ion :<br>'es' ( | and<br>com              | other                        | cor<br>Sch | mpensation from  |   |  |                                     |          |
| such individual   | npensati   | on fr                             | om a                  | any (           | unre                    | lated                        | org        | anization or individ   |   | . 4  |                                     | Х        |
| for services rendered to the organization? If 'Yes,' con Section B. Independent Contractors                       | nplete S   | ched                              | lule .                | J for           | suc                     | h per                        | son        | · · · · · · · · · · · · · · · · · · ·                              |   | .  5   | <u> </u>                            | <u> </u> |
| Complete this table for your five highest compensation compensation. Report compensation.                         | indeper<br>sation for  | nden<br>the                       | t cor<br>cale         | ntrac<br>nda    | tors<br>r yea           | that<br>ar end               | rec        | eived more than \$1<br>with or within the                          | 100,000 of<br>organization's tax ye                                     | ar.  |                                     |          |
| (A) Name and business address  (B) Description of services  |  |                                   |                       |                 |                         |                              |            | Comp   | C)<br>ensatio   | n  |                                     |          |
|   | -  |                                   |                       |                 |                         |                              |            |  |   | <del></del>  |                                     | <u> </u> |
|   |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     |          |
| Total number of independent contractors (including be \$100,000 of compensation from the organization             | ut not lim   | nited                             | to th                 | ose             | liste                   | d ab                         | ove        | ) who received mo  | re than   | <u> </u>   |                                     |          |
| BAA   |  |                                   |                       |                 |                         |                              |            |  |   |  |                                     | 2040     |

| Par   | VII                          | Check if Schedule O c  |                | enone    | se or note to any lin | e in this Part VIII |  |   |  |
|---|------------------------------|--|----------------|----------|-----------------------|---------------------|--|---|--|
|   | •                            | Check in Schedule C C  | ontains a re-  | эропа    | e or note to any m    | (A) Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | 1a<br>b<br>c<br>d<br>e<br>f  | Federated campaigns Membership dues Fundraising events Related organizations . Government grants (contribution . All other contributions, gifts, gramilar amounts not included a . Noncash contributions includes . Total. Add lines 1a-1f | ants, and bove | · —      | 20, 304 Business Code | 20,304.             |  |   |  |
| OGRAM SERVICE REVE                                | 2 a<br>b<br>c<br>d<br>e<br>f | All other program service  | F TOURNAMI     | ENT 8    |                       | 183,267.<br>8,814.  | 183,267.<br>8,814.                     | 0.                                      | 0 0  |
| PR  | 3<br>4<br>5                  | I Total. Add lines 2a-2f .  Investment income (incluother similar amounts) .  Income from investment Royalties   | ding divider   | nds, ir  | nterest and           | 192,081.            |  |   | · · · · · · · · · · · · · · · · · · ·                |
|   | b<br>d                       | Gross rents  | 5,1            | <u> </u> | (II) Other            | 5,100.              | 0.                                     | 0.                                      | 5,100  |
|   | c                            | assels other than Inventory.  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  |                |          |                       |                     | **                                     |   | ***************************************              |
| OTHER REVENUE                                     |                              | of contributions reported See Part IV, line 18 b Less: direct expenses   | on line 1c).   | <br>. a  |                       |                     |  |   |  |
| 0   | 9 a                          | Net income or (loss) from<br>Gross income from gami<br>See Part IV, line 19<br>Less: direct expenses .<br>Net income or (loss) from  | ng activities  | . a      |                       | 4,096.              |  | 0.                                      | 4,096  |
|   | 10 a                         | Gross sales of inventory and allowances  | , less return  | s<br>. a |                       |                     |  |   |  |
|   | t                            | INSTALLATION D   | INNER _        |          | 813410                | 690.                | 690.                                   | 0.                                      | 0  |
|   |                              | Total. Add lines 11a-11d Total revenue. See insti  |                |          |                       | 020.                | 192.771                                | 0                                       | 9.196  |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |  |
|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX  |  |

| Do n     | oot include amounts reported on lines<br>b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1        | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  |                       |                              |                                     |                                |
| 2        | Grants and other assistance to individuals in the United States. See Part IV, line 22  | 4,404.                |                              |                                     |                                |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                       |                              |                                     |                                |
| 4        | Benefits paid to or for members  | 123,845.              |                              |                                     |                                |
| 5        | Compensation of current officers, directors, trustees, and key employees   | 13 000                |                              |                                     | ,                              |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 13,808.               |                              |                                     |                                |
| 7        | Other salaries and wages   |                       |                              |                                     |                                |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                              |                                     |                                |
| 9        | Other employee benefits  |                       |                              |                                     |                                |
| 10       | Payroll taxes  | 1,357.                |                              |                                     |                                |
| 11       | Fees for services (non-employees):   |                       |                              |                                     |                                |
| а        | Management   |                       |                              |                                     |                                |
| b        | Legal  |                       |                              |                                     |                                |
| C        | Accounting   | 2,050.                |                              |                                     |                                |
| d        | Lobbying   |                       |                              |                                     |                                |
| е        | Professional fundraising services See Part IV, line 17 .   | 12,900.               |                              |                                     |                                |
| -        | Investment management fees   |                       |                              |                                     |                                |
| Ĭ        | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                       |                              |                                     |                                |
|          | Advertising and promotion  |                       |                              |                                     | <del>-</del>                   |
| 13       | Office expenses  | 2,783.                |                              |                                     |                                |
| 14       | Information technology   |                       | <del></del>                  |                                     |                                |
| 15       | Royalties  |                       |                              |                                     |                                |
| 16       | Occupancy  | 20,097.               |                              |                                     | <del></del>                    |
| 17       | j  |                       |                              |                                     |                                |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |                                     |                                |
| 19       | Conferences, conventions, and meetings   | 2,373.                |                              |                                     |                                |
| 20       | Interest   | 4,165.                |                              |                                     |                                |
| 21       | Payments to affiliates   | 12,070.               |                              |                                     | <del></del>                    |
| 22       | Depreciation, depletion, and amortization  | 17,589.               | <del></del>                  |                                     | <u></u> _                      |
| 23<br>24 | Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)        |                       |                              |                                     |                                |
| а        | DUES AND REGISTRATIONS   | 1.070.                |                              |                                     |                                |
| b        | ·  |                       |                              |                                     |                                |
| d        |  |                       |                              |                                     |                                |
| _        | All other expenses   |                       | <u> </u>                     |                                     |                                |
| 25       | Total functional expenses. Add lines 1 through 24e.  | 218,511.              |                              |                                     |                                |
|          | · · · · · · · · · · · · · · · · · · ·  | 210,311.              | <del></del>                  |                                     |                                |
| 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) INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 23-7181129 Part X **Balance Sheet** (A) (B) Beginning of year End of year 90,269 1 16,606. 2 2 3 3 4 Loans and other receivables from current and former officers, directors, 5 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 8 9 10 a 436,866 10 b 220,517 10 c 224,671 11 11 Investments - other securities. See Part IV, line 11 . . . . . . . . 12 12

216,349. 13 13 14 14 671 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 315,611 232,955 17 17 144 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees. 22 22 23 23 86,560 24 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 . . . 26 86,560 144 Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X

BAA

FUND

30

31

32

33

34

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . .

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

232,955. Form 990 (2013)

232,811

232,811

30

31

32

33

34

229,051

229,05

315,611

| Form | rm 990 (2013) INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 23-   | 7181 | 129   |     | Pa   | ge <b>12</b>    |
|------|---|------|-------|-----|------|-----------------|
| Par  | art XI Reconciliation of Net Assets   |      |       |     |      |                 |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |      |       |     |      | $\cdot \square$ |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1    |       | 22  | 22,2 | 71.             |
| 2    | ? `Total expenses (must equal Part IX, column (A), line 25)   | 2    |       | 21  | 18,5 | 11.             |
| 3    | •   | 3    | •     |     | 3,7  | 60.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4    |       | 22  | 29,0 | 51.             |
| 5    | Net unrealized gains (losses) on investments  | 5    |       |     |      |                 |
| 6    | 6 Donated services and use of facilities  | 6    |       |     |      |                 |
| 7    | •   | 7    |       |     |      |                 |
| 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   |       | 23  | 32,8 | 11.             |
| Par  | art XII Financial Statements and Reporting  |      |       |     |      |                 |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |      |       |     |      | $\cdot \square$ |
|      |   |      | _     |     | 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.   |      |       |     |      | ,               |
| 2 a  | 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?   |      | [     | 2a  |      | X               |
|      | 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    | <b>b</b> Were the organization's financial statements audited by an independent accountant?   |      |       | 2 b |      | Х               |
|      | 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  |      | 1     |     |      |                 |
| c    | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc  | ıt.  | [-    |     |      |                 |
|      | review, or compilation of its financial statements and selection of an independent accountant?  |      | · · L | 2 c |      | Х               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |      |       |     |      |                 |
| 3 a  | 3 a 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?      |      | [     | 3 a |      | Х               |
| Ł    | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a   | udıt |       |     |      |                 |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |      |       | 3 Ь |      |                 |

Form 990 (2013)

BAA

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

| IND | EPENDENCE FRATERNAL ORDER OF POLICE 1  | LODGE #1                                      |                                      | 23-7181129   |
|-----|--|---|--------------------------------------|--|
| Par | Organizations Maintaining Donor Advised  | Funds or Othe                                 | r Similar Fu                         | nds or Accounts.   |
| -   | Complete if the organization answered 'Yes'  | to Form 990, Pa                               | rt IV, line 6.                       |  |
|     |  | (a) Donor advised fu                          | nds                                  | (b) Funds and other accounts   |
| 1   | Total number at end of year  |   |                                      |  |
| 2   | Aggregate contributions to (during year)   |   |                                      |  |
| 3   | Aggregate grants from (during year)  |   |                                      |  |
| 4   | Aggregate value at end of year   |   |                                      |  |
| 5   | Did the organization inform all donors and donor advisors in vare the organization's property, subject to the organization's   | vriting that the assets                       | s held in donor a                    | dvised funds   |
| 6   | Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor or impermissible private benefit?                                       | donor advisor, or for                         | any other purpo                      | ose conferring   |
| Par | II Conservation Easements.   |   |                                      |  |
|     | Complete if the organization answered 'Yes'  | to Form 990, Pa                               | rt IV, line 7.                       |  |
| 1   | Purpose(s) of conservation easements held by the organizati  | on (check all that ap                         | oly).                                |  |
|     | Preservation of land for public use (e.g., recreation or ed  | ucation)                                      | Preservation o                       | f an historically important land area  |
|     | Protection of natural habitat  | Γ   | Preservation of                      | f a certified historic structure   |
|     | Preservation of open space   | _   | _                                    |  |
| 2   | Complete lines 2a through 2d if the organization held a qualif last day of the tax year  | ied conservation con                          | tnbution in the fo                   | orm of a conservation easement on the  |
|     |  |   |                                      | Held at the End of the Tax Year  |
| a   | Total number of conservation easements   |   | . <i>.</i>                           | . 2a   |
| t   | Total acreage restricted by conservation easements   | · · · · · · · · · · · ·                       | <b></b>                              | . 2b   |
| c   | Number of conservation easements on a certified historic stru  | cture included in (a)                         |                                      | . 2c   |
| c   | Number of conservation easements included in (c) acquired a structure listed in the National Register  | after 8/17/06, and no                         | t on a historic                      | . 2d   |
| 3   | Number of conservation easements modified, transferred, rel tax year ►   |   |                                      | <u> </u>   |
| 4   | Number of states where property subject to conservation eas  | ement is located ▶                            |                                      |  |
| 5   | Does the organization have a written policy regarding the per  |   | pection bandling                     | –<br>Lof violations  |
| J   | and enforcement of the conservation easements it holds?  |   |                                      |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, a   |   |                                      |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and e ► \$  | nforcing conservatio                          | n easements du                       | ring the year  |
| 8   | Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  |   |                                      |  |
| 9   | In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.                                      | on easements in its ron's financial statement | evenue and expends that describ      | ense statement, and balance sheet, and es the organization's accounting for    |
| Par | Organizations Maintaining Collections of Complete if the organization answered 'Yes'   | Art, Historical 1 to Form 990, Pa             | reasures, or                         | r Other Similar Assets.  |
| 1 a | If the organization elected, as permitted under SFAS 116 (AS art, historical treasures, or other similar assets held for public in Part XIII, the text of the footnote to its financial statements | exhibition, education                         | n, or research in                    | tatement and balance sheet works of furtherance of public service, provide,    |
| t   | If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public extended following amounts relating to these items:                     | C 958), to report in i                        | ts revenue state<br>research in furt | ment and balance sheet works of art,<br>nerance of public service, provide the |
|     | (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 trea<br>amounts required to be reported under SFAS 116 (ASC 958)   | asures, or other simil                        | ar assets for fina                   | ·  |
| ε   | Revenues included in Form 990, Part VIII, line 1   |   |                                      |  |
| t   | Assets included in Form 990, Part X  |   | <b>.</b>                             | · · · · · · · · · · · • • •  |

| Schedule D (Form 990) 2013 INDEE  Part III Organizations Mainta             |                                      |   | POLICE LODGE #1 orical Treasures, or | 23-7181<br>Other Similar Ass            |                       |
|---|--------------------------------------|---|--------------------------------------|---|-----------------------|
| 3 Using the organization's acquisition items (check all that apply):        | n, accession, a                      | and other records, check                | any of the following that a          | re a significant use of its             | collection            |
| a Public exhibition   |                                      | d ∏Loan                                 | or exchange programs                 |   |                       |
| b Scholarly research  |                                      | e Other                                 |                                      |   |                       |
| Preservation for future genera  | itions                               | о <u>П</u> оста                         |                                      | ·                                       | <del></del>           |
| Provide a description of the organ Part XIII.                               |                                      | tions and explain how th                | ey further the organization          | 's exempt purpose in                    |                       |
| 5 During the year, did the organizati to be sold to raise funds rather that | on solicit or red<br>in to be mainta | ceive donations of art, hi              | storical treasures, or other         | simılar assets                          | <b>Yes</b> □No        |
| Part IV Escrow and Custodia   | al Arrangen                          | nents. Complete if t                    | the organization answ                | vered 'Yes' to Form                     | 990, Part IV,         |
| 1 a Is the organization an agent, trust<br>on Form 990, Part X?             |                                      |   |                                      |   | Yes No                |
| <b>b</b> If 'Yes,' explain the arrangement in                               | n Part XIII and                      | complete the following ta               | able <sup>.</sup>                    |   |                       |
|   |                                      |   |                                      |   | Amount                |
| c Beginning balance   |                                      |   |                                      |   | ··· <u>·</u>          |
| d Additions during the year   |                                      |   |                                      |   |                       |
| e Distributions during the year   | <b>.</b>                             |   |                                      |   |                       |
| f Ending balance  |                                      |   |                                      | . 1f                                    |                       |
| 2 a Did the organization include an ar                                      | nount on Form                        | 990, Part X, line 21? .                 |                                      |   | Yes No                |
| <b>b</b> If 'Yes,' explain the arrangement ii                               |                                      |   |                                      |   |                       |
| Part V Endowment Funds.   | Complete if t                        | he organization ans                     | swered 'Yes' to Form                 | 990, Part IV, line 10                   | ).                    |
|   | (a) Current                          | year (b) Prior yea                      | r (c) Two years back                 | (d) Three years back                    | (e) Four years back   |
| 1 a Beginning of year balance   |                                      |   |                                      |   |                       |
| <b>b</b> Contributions  |                                      |   |                                      |   |                       |
| c Net investment earnings, gains, and losses                                |                                      |   |                                      |   |                       |
| d Grants or scholarships  |                                      |   |                                      |   |                       |
| e Other expenditures for facilities and programs                            |                                      |   |                                      |   |                       |
| f Administrative expenses   |                                      |   |                                      |   |                       |
| g End of year balance   |                                      |   |                                      |   |                       |
| 2 Provide the estimated percentage  | of the current                       | year end balance (line 1                | g, column (a)) held as:              |   |                       |
| a Board designated or quasi-endow   | ment ►                               | ક                                       |                                      |   |                       |
| <b>b</b> Permanent endowment ►  | <u> </u>                             |   |                                      |   |                       |
| c Temporarily restricted endowmen   | <u> </u>                             | 8                                       |                                      |   |                       |
| The percentages in lines 2a, 2b, a  | nd 2c should e                       | equal 100%.                             |                                      |   |                       |
| 3 a Are there endowment funds not in  | the possessio                        | n of the organization tha               | it are held and administere          | d for the                               | <del></del>           |
| organization by:  |                                      |   |                                      |   | Yes No                |
| (i) unrelated organizations   |                                      |   |                                      |   | 3a(i)                 |
| (ii) related organizations  |                                      |   |                                      |   | 3a(ii)                |
| b If 'Yes' to 3a(II), are the related or                                    | -                                    | •                                       |                                      | • | 3b                    |
| 4 Describe in Part XIII the intended  |                                      |   | funds.                               |   |                       |
| Part VI Land, Buildings, and Complete if the organi                         |                                      |   | 000 Day IV line 44a                  | C F 000 D-                              | -1 V 11: 10           |
|   | Zalion answ                          | ered res to roini                       | <del></del>                          | . See Form 990, Fa                      | TCX, line 10.         |
| Description of property   | _                                    | (a) Cost or other basis<br>(investment) | (b) Cost or other basis (other)      | (c) Accumulated depreciation            | (d) Book value        |
| 1 a Land  |                                      |   | 46,379.                              |   | 46,379.               |
| <b>b</b> Buildings  |                                      | <u> </u>                                | 301,233.                             | 145,257.                                | 155,976.              |
| c Leasehold improvements  |                                      |   |                                      |   |                       |
| d Equipment   |                                      |   | 89,254.                              | 75,260.                                 | 13,994.               |
| e Other   | <del></del>                          | <u> </u>                                |                                      |   |                       |
| Total. Add lines 1a through 1e. (Column                                     | n (d) must equa                      | al Form 990, Part X, colu               | ımn (B), line 10(c).)                |   | 216,349.              |
| BAA   |                                      |   | <del>-</del>                         | Schedu                                  | ule D (Form 990) 2013 |

| Part VII          | Investments — Other Securities. Complete if the organization answered "   | Vas' to Form 990 E              | Part IV line 11h See Form 990 F          | Part Y line 12                         |
|-------------------|---|---------------------------------|--|--|
| (a) Desi          | cription of security or category (including name of security)             | (b) Book value                  | (c) Method of valuation: Cost or end-c   |  |
|                   | ial derivatives   |                                 | (0)                                      |  |
|                   | y-held equity interests   |                                 |  | ·                                      |
| (3) Other         |   |                                 |  |  |
| (A)               |   |                                 |  |  |
| (B)               |   |                                 |  |  |
| (C)               |   |                                 |  |  |
| (D)               |   |                                 |  |  |
| (E)               |   | <del></del>                     | <del></del>                              | ·                                      |
| $\frac{(F)}{(G)}$ |   | <u>-</u>                        |  | <del></del>                            |
| (G)<br>(H)        |   |                                 |  | <del></del>                            |
| (1)               |   |                                 |  |  |
|                   | mn (b) must equal Form 990, Part X, column (B) line 12)                   | <del></del>                     |  |  |
| Part VIII         | Investments - Program Related.  |                                 |  |  |
|                   | Complete if the organization answered                                     |                                 |  |  |
|                   | (a) Description of investment type  | (b) Book value                  | (c) Method of valuation Cost or end-     | of-year market value                   |
| (1)               |   | <u> </u>                        | <del></del>                              |  |
| (2)               |   |                                 |  |  |
| (4)               | <del></del>   |                                 |  | ······································ |
| (5)               |   |                                 |  | <del></del> ,,                         |
| (6)               |   |                                 |  |  |
| (7)               |   |                                 |  |  |
| (8)               |   |                                 |  |  |
| (9)               |   |                                 |  |  |
| (10)              |   |                                 |  |  |
|                   | mn (b) must equal Form 990, Part X, column (B) line 13) . > Other Assets. |                                 | (4.5%)                                   |  |
| Part IX           | Complete if the organization answered '                                   | Yes' to Form 990, F             | Part IV, line 11d. See Form 990, F       | Part X, line 15.                       |
|                   |   | scription                       |  | (b) Book value                         |
| (1)               | · · · · · · · · · · · · · · · · · · ·                                     |                                 |  |  |
| (2)               |   | -                               |  |  |
| <u>(3)</u><br>(4) |   |                                 | <del></del>                              | <del></del>                            |
| (5)               |   |                                 |  |  |
| (6)               |   |                                 |  |  |
| (7)               |   | <del></del>                     |  | <u></u>                                |
| (8)               |   |                                 | <del></del>                              |  |
| (9)<br>(10)       |   |                                 | <del></del>                              | <del> </del>                           |
|                   | olumn (b) must equal Form 990, Part X, column (B),                        | line 15.)                       |  |  |
| Part X            | Other Liabilities.  |                                 |  |  |
|                   | Complete if the organization answered 'Yes' to F                          |                                 | 1e or 11f. See Form 990, Part X, line 25 |  |
| /4\ Fad           | (a) Description of liability  | (b) Book value                  |  |  |
| (2)               | eral income taxes   | <del></del>                     |  |  |
| (3)               | <del></del>   |                                 | <del> </del>                             |  |
| (4)               |   |                                 |  |  |
| (5)               |   |                                 |  |  |
| (6)               | <del></del>   |                                 |  |  |
|                   |   |                                 | <del>_</del>                             |  |
| (8)<br>(9)        |   | <del></del>                     | <del> </del>                             |  |
| (10)              |   |                                 |  |  |
| (11)              |   |                                 |  |  |
| Total. (Colu      | mn (b) must equal Form 990, Part X, column (B) line 25)                   |                                 |  |  |
| 2. Liability fo   | or uncertain tax positions. In Part XIII, provide the text of the fool    | note to the organization's fina |  | bility for uncertain                   |
| tax positions     | under FIN 48 (ASC 740). Check here if the text of the footnote            | has been provided in Part XII   | 1  |  |
| BAA               | dide 7114 40 (ASC 740). Check here if the text of the loothole            | nas acon provided arr arr xii   |  | edule <b>D</b> (Form 990) 2013         |

|  | 181129 Page 4                   |
|--|---------------------------------|
| 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoverlises of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 4b Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4b C Add lines 5a and 4b C Add lines 6a and 6a C Andouts lines 6a and 6a C Andouts li | r <b>n.</b>                     |
| 2 a Net unrealized gains on investments  |                                 |
| a Net unrealized gains on investments.  b Donated services and use of facilities.  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  2 d  subtract line 2e from line 1  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, 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  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  5 Part XII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answerted 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  1 Total expenses and losses per audited financial statements.  1 Total expenses and losses per audited financial statements.  1 Total expenses and losses per audited financial statements.  1 Total expenses and losses per audited financial statements.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 a b Phor year adjustments.  2 b c Other losses.  2 c d d Other (Describe in Part XIII.)  2 d d 2 c e d d Other (Describe in Part XIII.)  c Add lines 2 a through 2d  2 c e d d Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses have lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990 | 1                               |
| b Donated services and use of facilities c Recoveries of prior year grants   |                                 |
| e Recoveries of prior year grants d Other (Describe in Part XIII.) e Add Ines 2a through 2d 3 Subtract line 2e from line 1 3 A mounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1. b Other (Describe in Part XIII.) c Add Ilnes 4a and 4b 5 Total revenue. Add Ilnes 3 and 4c. (This must equal Form 990, Part I, line 12). 5   Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a Donated services and use of facilities. 2 b Prior year adjustments c Other (Describe in Part XIII.) 2 c d d Ulner (Describe in Part XIII.) 2 a Add Ilnes 2a through 2d 3 Subtract line 2e from line 1 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. 4 b Other (Describe in Part XIII.) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1b and 2b; Part V, lines 4, Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information line 4, Part X, line 2, Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information line 4, Part X, line 2, Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information   |                                 |
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| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, 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 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Phor year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 a 3 Subtract line 2e from line 1 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. 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. 4 C 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Part XIII 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 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   |                                 |
| a Investment expenses not included on Form 990, Part VIII, line 7b. 4b   b Other (Describe in Part XIII.)  | 3                               |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  S Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 1 Total expenses and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments 2 c Other losses 3 C Other losses 4 C C C C C C C C C C C C C C C C C C C   |                                 |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  S Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 1 Total expenses and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments 2 c Other losses 3 C Other losses 4 C C C C C C C C C C C C C C C C C C C   | 4                               |
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| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Pnor year adjustments c Other fosses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII 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 XIII, lines 2d and 4b. Also complete this part to provide any additional information in the factor of the part XIII in the Amount of the part XIII in the Amount of the part XIII in the Amount of the part XIII in the Amount of the Amou | 5                               |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Pnor year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2 subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII 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 XIII, lines 2d and 4b. Also complete this part to provide any additional information   | turn.                           |
| 1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Pnor year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 19.)  Part XIII   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   |                                 |
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| 3 Subtract line 2e from line 1   |                                 |
| 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII 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   |                                 |
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| c Add lines 4a and 4b  |                                 |
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|  | nformation                      |
| BAA Schedule D (F  | nedule <b>D</b> (Form 990) 2013 |

| Schedule D (Form 990) 2013 | INDEPENDENCE FRATERNAL  | ORDER OF POLICE LODGE | 23-7181129 | Page 5 |
|----------------------------|-------------------------|-----------------------|------------|--------|
| Part XIII Supplemental     | Information (continued) |                       |            |        |
| •                          |                         |                       |            |        |
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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is OMB No 1545-0047 2013

**Open to Public** Inspection

Employer identification number Name of the organization 23-7181129 INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 Pt VI, Line 6 THE ORGANIZATION HAS MEMBERS Pt VI, Line 7a ACTIVE MEMBERS HAVE VOTING RIGHTS Pt VI, Line 7b ONLY THE MEMBERS CAN ELECT THE BOARD Pt VI, Line 8a BOARD MINUTES ARE MAINTAINED Pt VI, Line 8b MINUTES ARE MAINTAINED Pt VI, Line 11b THE TAX RETURN WILL BE AVAILABLE AT THE NEXT BOARD MEETING Pt VI, Line 19 AVAILABLE UPON WRITTEN REQUEST

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► See separate Instructions.

► Attach to your tax return.

Identifylna number

INDEPENDENCE FRATERNAL ORDER OF POLICE LODGE #1 23-7181129 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions). . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. . 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 . . . . . . . ▶ 13 1 100 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II . Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the Property subject to section 168(f)(1) election . . . . . . . . . . 15 430. MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013. . . . . . . . . . 16,488. 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (e) Convention (f) Method (g) Depreciation Classification of property year placed in service (business/investment use only — see instructions) Recovery period deduction **19 a** 3-year property . . . . . **b** 5-year property . . . . c 7-year property . . . . . d 10-year property . . . . . e 15-year property . . . . . f 20-year property . . . . . g 25-year property . . . . . 25 yrs S/L h Residential rental 27.5 yrs MM S/L property . . . . 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property . . MM S/L Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life . . . . . . . . . S/L b 12-year . . . . . . . . . . . . . 12 yrs S/L c 40-year . . . . . . . . . . . . . 40 yrs MM S/L Part IV | Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions . . . . . 16,918. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . . . . 23

23-7181129

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

|  | •  | n, or amusemen<br>er any vehicle for  | •                                     | e usina the                                   | e standar             | rd milear              | ne rate d         | or de           | duct          | ına leas             | e eynens   | e comi                | olete oni    | v 24a 2                    | 4h              |              |  |
|--|--|---------------------------------------|---------------------------------------|---|-----------------------|------------------------|-------------------|-----------------|---------------|----------------------|--|-----------------------|--------------|----------------------------|-----------------|--------------|--|
|  | , columns  | (a) through (c) c                     | f Section A, a                        | I of Section                                  | on B, and             | Section                | C if ap           | plica           | ble.          |                      | , <u></u>  | •                     |              |                            | ,               |              |  |
|  |  | n A – Depreciat                       |                                       |   | <u> </u>              |                        | _                 | nstru           |               |                      | <u>_</u>   | <u>_</u>              |              |                            | <del></del>     |              |  |
| 24 a   | Do you have eviden   | ce to support the bu                  | ısiness/investme                      |   |                       | <u>  </u>              | Yes               |                 | No            |                      |  |                       | e written?   | <del></del>                | Yes             | No           |  |
|  | (a)<br>Type of property  | (b)                                   | (c) (d) Business/ Cost or             |   |                       | Basis fo               | (e)<br>or depreca | ation           | ۱,            | (f)<br>Recovery      |  | ( <b>g)</b><br>thod/  |              | (h)<br>eciation            | EI              | (i)<br>ected |  |
|  | (list vehicles first)  | Date placed<br>in service             | investment other basis use percentage |   | (busine               | ess/investruse only)   |                   |                 | penod         |                      | Convention                                       |                       | uction       |                            | uon 179<br>cost |              |  |
| 25   | Special deprecia<br>used more than   | ation allowance t<br>50% in a qualifi |                                       |   |                       |                        |                   |                 |               |                      |  | 25                    |              |                            |                 |              |  |
| 26   | Property used n  |                                       |                                       |   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 |              |  |
|  |  |                                       |                                       |   |                       |                        |                   |                 | ļ             |                      |  |                       |              |                            |                 |              |  |
|  |  |                                       |                                       |   |                       | <u> </u>               |                   |                 | _             |                      | <b>_</b>   |                       |              |                            |                 |              |  |
|  |  | 00/                                   |                                       |   |                       | ļ                      |                   |                 | J             |                      |  | -                     |              |                            |                 |              |  |
| _27  | Property used 5  | 0% or less in a c                     | Tuaimed busin                         | ess use:                                      |                       | T                      |                   |                 | T             |                      | -т   |                       | <u> </u>     |                            | т—              |              |  |
|  |  | <del></del>                           |                                       |   |                       | <u> </u>               |                   |                 | +             |                      | <del></del>                                      |                       | <del> </del> |                            | $\dashv$        |              |  |
|  |  |                                       |                                       |   |                       | ╁┄                     |                   |                 | 1             |                      |  |                       | -            |                            | 1               |              |  |
| 28   | Add amounts in   | column (h), line:                     | s 25 through 2                        | 7. Enter h                                    | ere and               | on line 2              | 1. page           | 1 .             | • •           |                      |  | 28                    |              |                            |                 |              |  |
| 29   | Add amounts in   |                                       | _                                     |   |                       |                        |                   |                 |               |                      |  |                       |              | . 29                       |                 |              |  |
|  |  |                                       |                                       | Section                                       | B – Info              | rmation                | on Us             | e of            | Vehi          | cles                 |  |                       |              |                            |                 |              |  |
| Com<br>to yo                                       | plete this section<br>our employees, fir   | for vehicles use<br>st answer the qu  | d by a sole pricestions in Sec        | opnetor, potion C to                          | artner, o             | r other 'r<br>u meet a | more tha          | an 59<br>otion  | % ow<br>to co | ner,' or<br>ompletin | related p<br>g this se                           | erson. I<br>ction for | f you pro    | vided ve<br>chicles.       | ehicles         |              |  |
| _  |  |                                       |                                       | (:  | a)                    | (b                     | <u> </u>          | T               | (c) (d)       |                      | <u> </u>   |                       | <u> </u>     | (f)                        |                 |              |  |
| 30   | 30 Total business/investment miles d<br>during the year (do not include  |                                       | driven                                | (a)<br>Vehicle 1                              |                       | Vehicle 2              |                   | ١. '            |               | ehicle 3 Vehic       |  |                       |              | Vehicle 5                  |                 | Vehicle 6    |  |
|  |  | s)                                    |                                       |   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 |              |  |
| 31   | Total commuting m  | ~                                     | •                                     | ·   |                       |                        |                   | Ļ.,             |               |                      |  |                       |              |                            |                 |              |  |
| 32   | Total other pers   | onal (noncommi                        | Q,                                    |   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 |              |  |
| 33   | Total miles drive  |                                       |                                       | ' <u>                                    </u> |                       |                        |                   | ╁               |               |                      | <del>                                     </del> |                       | -            |                            |                 |              |  |
| 55   |  | 32                                    |                                       | .   | ,                     |                        |                   | _               |               | _                    | <u> </u>   |                       |              |                            |                 | _            |  |
|  |  |                                       |                                       | Yes   | No                    | Yes                    | No                | Y               | es            | No                   | Yes  | No                    | Yes          | No                         | Yes             | No           |  |
| 34   |  | available for pe                      |                                       | ,   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 |              |  |
| 35   | Was the vehicle than 5% owner  | used primarily lor related person     | oy a more<br>n?                       |   |                       |                        | _                 |                 |               |                      |  |                       |              |                            |                 |              |  |
| 36   | Is another vehic<br>personal use?  | le available for                      |                                       |   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 |              |  |
|  |  | Section (                             | C – Question                          | s for Emp                                     | oloyers \             | Nho Pro                | vide V            | ehic            | les f         | or Use               | y Their  | Employ                | yees         |                            |                 | <del></del>  |  |
|  | wer these question<br>wners or related   |                                       |                                       | exception                                     | n to com              | oleting S              | ection 6          | 3 for           | vehi          | cles use             | d by em  | oloyees               | who are      | not mo                     | re than         |              |  |
| 37   | Do you maintair  | a written policy                      | statement tha                         | t prohibits                                   | all perso             | onal use               | of vehic          | des,            | inclu         | iding co             | mmuting  |                       |              |                            | Yes             | No           |  |
| 38   | <ul> <li>Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?</li> <li>Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your</li> </ul> |                                       |                                       |   |                       |                        |                   |                 |               |                      | ļ  |                       |              |                            |                 |              |  |
| 50   | employees? Se  | e the instructions                    | s for vehicles                        | ised by co                                    | orporate (            | officers,              | director          | s, or           | 1%            | or more              | owners.  |                       |              |                            |                 |              |  |
| 39   |  | use of vehicles t                     |                                       | •   |                       |                        |                   |                 |               |                      |  |                       |              |                            |                 | <u> </u>     |  |
| 40   | Do you provide<br>vehicles, and re   | more than five v<br>tain the informat | enicles to you<br>ion received?       | employe                                       | es, obtaii            | n inform               | ation fro         | m yo            | our e<br>· ·  | mploye               | es about   | the use               | of the       |                            |                 |              |  |
| 41   | Do you meet the Note: If your an   | e requirements of swer to 37, 38, 3   | oncerning qua                         | llified auto                                  | mobile d              | emonstr<br>olete Se    | ration us         | se? (<br>for th | See           | instructi<br>vered v | ons.)<br>ehicles.                                |                       |              |                            |                 |              |  |
| Pa   | rt VI Amort  | ization                               |                                       | _   | -                     | -                      |                   |                 |               |                      |  |                       |              |                            | 1               |              |  |
| (a)<br>Description of costs                        |  | (b)                                   |                                       | (c)   |                       | (d)                    |                   |                 | (e)           |                      | <b>(f)</b>                                       |                       |              |                            |                 |              |  |
|  |  |                                       | Date amortization<br>begins           |   | Amortizable<br>amount |                        |                   | Code<br>section |               |                      | Amortization<br>period or                        |                       |              | Amortization for this year |                 |              |  |
| 42 Amortization of costs that begins during your 2 |  |                                       | 2012 4                                | /   | <u> </u>              |                        |                   | _               |               | per                  | centage  | <u> </u>              |              |                            |                 |              |  |
| 42   | Amortization of  | costs that begin                      | s aunng your :                        | zuis tax y                                    | ear (see              | instructi              | ions):            |                 |               |                      |  | _                     | 1            | <u> </u>                   |                 |              |  |
|  |  |                                       |                                       | <del> </del>                                  |                       | _                      |                   |                 | +             |                      |  | +                     |              |                            |                 |              |  |
| 43   | Amortization of  | costs that bega                       | n before vour                         | 2013 tax v                                    | /ear                  |                        |                   |                 | <del></del>   |                      |  | <u> </u>              | 43           |                            |                 | 671.         |  |
| 44   |  | ounts in column                       | =                                     | •   |                       |                        |                   |                 |               |                      |  |                       | 44           |                            | _               | 671.         |  |