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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning , and ending

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization
Farm Bureau Federation Mississippi Marshall County

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 636

City, town, or country | State | ZIP + 4
Holly Springs | MS | 38635-0636

**D** Employer identification number
64-0355951

**E** Telephone number
(662) 252-1491

**F** Group Exemption Number ▶ 1473

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

**G** Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one)— ☒ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 148,109

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | |
|---|---|---|---|---|---|
| | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 0 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 85,020 |
| | 4 | Investment income | | 4 | 217 |
| | 5a | Gross amount from sale of assets other than inventory | 5a 0 | | |
| | b | Less: cost or other basis and sales expenses | 5b 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ 0 of contributions reported on line 1) | 6a 0 | | |
| | b | Less: direct expenses other than fundraising expenses | 6b 0 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 0 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a 903 | | |
| | b | Less: cost of goods sold | 7b 1,096 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | -193 |
| | 8 | Other revenue (describe ▶ Schedule 1) | | 8 | 61,969 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 147,013 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 38,597 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe ▶ See Attached Statement) | | 16 | 97,387 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 135,984 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 11,029 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 122,115 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | 21 | 133,144 |

## Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 54,835 | 22 | 68,110 |
| 23 Land and buildings | 66,290 | 23 | 64,384 |
| 24 Other assets (describe ▶ See Attached Statement) | 990 | 24 | 650 |
| 25 **Total assets** | 122,115 | 25 | 133,144 |
| 26 **Total liabilities** (describe ▶ ) | 0 | 26 | 0 |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 122,115 | 27 | 133,144 |





17

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III )

What is the organization's primary exempt purpose? To further the interests of farmers in Mississippi

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

| | | | |
|---|---|---|---|
| 28 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 0 |
| 29 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 29a | 0 |
| 30 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 30a | 0 |
| 31 | Other program services (attach schedule) (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 31a | 0 |
| 32 | **Total program service expenses.** (add lines 28a through 31a) ▶ | 32 | 0 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| Ronald Jones<br>168 E College St Holly Springs MS 38635 | Title President<br>Hr/WK 4 00 | 0 | 0 | 0 |
| Robert Farley<br>168 E College St Holly Springs MS 38635 | Title Treasurer<br>Hr/WK 3 00 | 0 | 0 | 0 |
| Harry Farley<br>168 E College St Holly Springs MS 38635 | Title Vice-President<br>Hr/WK 3 00 | 0 | 0 | 0 |
| Michael Hamblin<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| Phillip Malone<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| Edgar Wilkinson<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| William Gadd<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| Howard Carpenter<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| Lonnie Bolden<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| Estelle Gadd<br>168 E College St Holly Springs MS 38635 | Title Director<br>Hr/WK 2 00 | 0 | 0 | 0 |
| | Title Women's Chairman<br>Hr/WK 4 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | X | |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | X | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a 0 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b 0 | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ N/A | | | |
| 42 a | The organization's books are in care of ▶ Linda McMillon Telephone no ▶ (662) 252-1491 | | | |
| | Located at ▶ 168 E College Ave City Holly Springs ST MS ZIP + 4 ▶ 38635-0636 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country ▶ _____ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. | 47 | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| Name None Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| Name None Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |

d Total number of other independent contractors each receiving over $100,000 ▶

**Sign Here**

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 preparer (other than officer) is based on all information of which preparer has any knowledge

Ronald L Jones — 3-08-10

Signature of officer — Date

President Marshall County Farm Bureau Federation

[redacted] Ronald L. Jones

Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (See instructions) |
|---|---|---|---|
| Joe B. Tuttle | 2/23/2010 | | P00635496 |

| Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN | Phone no |
|---|---|---|
| Mississippi Farm Bureau Federation<br>6311 Ridgewood Road, Jackson, MS 39211 | ▶ 64-0303134 | ▶ (601) 957-3200 X-4206 |

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

## Part II, Line 24 (990-EZ) - Other Assets

| | Description | 990 Beginning | 650 End |
|---|---|---|---|
| 1 | Prepaid Tax-Federal | 780 | 410 |
| 2 | Prepaid Tax-State | 210 | 240 |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Marshall County Farm Bureau
SCHEDULE I
December 31, 2009

SERVICE FEES RECEIVED

INSURANCE

| | | |
|---|---|---|
| Blue Cross Blue Shield | 3311 | |
| Southern Farm Bureau Life Insurance Company | 8011 | |
| Southern Farm Bureau Casualty Insurance Company | 32621 | |
| Mississippi Farm Bureau Mutual Insurance Company | 18026 | |
| Total Insurance Fees | | 61969 |

Marshall County Farm Bureau
SCHEDULE II
December 31, 2009

| | TOTAL | DUES | UBI | RENTAL | MISC |
|---|---|---|---|---|---|
| INCOME | | | | | |
| Farm Bureau Dues-Net | 46424 | 46424 | | | |
| Insurance Company Svc Fees | 61969 | | 61969 | | |
| Interest | 217 | | | | 217 |
| Net Sales | -194 | | | | -194 |
| TOTAL INCOME | 108416 | 46424 | 61969 | 0 | 23 |
| Relationship of Dues to Service Fees | | 42.8% | 57.2% | | |
| Floor Space Ratio | | 50.0% | 50.0% | | |
| Allocation of General Overhead Based on the Relationship of Dues to Service Fees | | | | | |
| Promotions | 1537 | | | | |
| Insurance | 344 | | | | |
| Telephone | 5647 | | | | |
| Postage | 1696 | | | | |
| Office Expense | 3053 | | | | |
| Depreciation | 573 | | | | |
| TOTAL | 12850 | 5504 | 7346 | | |
| Allocation of Occupancy Expense Base on Area Occupied | | | | | |
| Utilities | 5846 | | | | |
| Taxes | 7355 | | | | |
| Insurance | 1949 | | | | |
| Building Maintenance | 1523 | | | | |
| Depreciation | 1872 | | | | |
| TOTAL | 18545 | 9272 | 9273 | | |

Marshall County Farm Bureau
SCHEDULE II
December 31, 2009



| | TOTAL | DUES | UBI | RENTAL | MISC |
|---|---|---|---|---|---|
| Allocation of Secretary's Salary and Related Expenses | | 46.0% | 54.0% | | |
| Salary - Secretary | 49444 | | | | |
| Payroll Taxes | 4913 | | | | |
| Retirement | 3900 | | | | |
| TOTAL | 58257 | 26798 | 31459 | | |
| Expense Directly Attributed to Production of Farm Bureau Dues | | | | | |
| Income Tax - 990T | 1636 | | | | |
| Ag in the Classroom | 51 | | | | |
| Board Expense | 849 | | | | |
| Commodity Meetings | 467 | | | | |
| Contributions | 300 | | | | |
| MFBF Convention | 3437 | | | | |
| Secretary Meeting | 504 | | | | |
| TOTAL | 7244 | 7244 | | | |
| Expense Directly Related to Production of Service Fees | | | | | |
| State Income Tax | 491 | | | | |
| TOTAL | 491 | | 491 | | |
| TOTAL EXPENSES | 97387 | 48818 | 48569 | 0 | 0 |

Marshall County Farm Bureau
Depreciation Schedule
December 31, 2009
Building/Improvements

| Description | Acquired | Beg Balance | Additions (Deduct) | End Balance | Rate (Yrs) | Type | Accumulated Depreciation Beg Balance | Additions (Deduct) | End Balance | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| Building | Aug-76 | 19196 80 | | 19196 80 | 30 0 | SL | 19196 80 | 0 00 | 19196 80 | 0 00 |
| Building | Jan-92 | 350 00 | | 350 00 | 31 5 | SL | 188 87 | 11.11 | 199 98 | 150 02 |
| Building | Dec-00 | 2874 17 | | 2874 17 | 39 0 | SL | 663 30 | 73 70 | 737.00 | 2137 17 |
| Building | Feb-01 | 7000.00 | | 7000 00 | 39 0 | SL | 1435 92 | 179.49 | 1615.41 | 5384 59 |
| Building | Dec-03 | 471 87 | | 471 87 | 39 0 | SL | 60 50 | 12 10 | 72.60 | 399 27 |
| Building (Byhalia) | Jan-04 | 46706 00 | | 46706 00 | 39 0 | SL | 4790 36 | 1197 59 | 5987 95 | 40718 05 |
| Building (Byhalia) | Apr-05 | 12898 57 | | 12898 57 | 39 0 | SL | 1322 92 | 330 73 | 1653 65 | 11244 92 |
| Building | Jan-06 | 2628 81 | | 2628 81 | 39 0 | SL | 202 23 | 67.41 | 269 64 | 2359 17 |
| | | 92126 22 | 0 00 | 92126 22 | | | 27860 90 | 1872 13 | 29733 03 | 62393 19 |

Prepared by: Bert Tingle

Marshall County Farm Bureau
Depreciation Schedule
December 31, 2009
Furniture & Equipment

| Description | Acquired | Beg Balance | Additions (Deduct) | End Balance | Rate (Yrs) | Type | Accumulated Depreciation Beg Balance | Additions (Deduct) | End Balance | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| Fully Depreciated Items | | 6747 62 | | 6747 62 | 7 0 | SL | 6747 62 | 0 00 | 6747 62 | 0 00 |
| Fax | Dec-03 | 228 42 | | 228 42 | 7.0 | SL | 195 78 | 32 64 | 228 42 | 0 00 |
| Furniture & Equipment | Apr-05 | 2912 19 | | 2912 19 | 7 0 | SL | 1664 12 | 416.03 | 2080 15 | 832 04 |
| V Cleaner | Nov-08 | 199 06 | | 199.06 | 7 0 | SL | 28 44 | 28.44 | 56 88 | 142 18 |
| Filing Cabinet | Nov-08 | 246 00 | | 246 00 | 7.0 | SL | 35 14 | 35 14 | 70 28 | 175 72 |
| Copier | Dec-08 | 422.69 | | 422 69 | 7.0 | SL | 60 38 | 60 38 | 120 76 | 301 93 |
| Equipment | Dec-09 | | 240 23 | 240 23 | 7 0 | SL | | 0 00 | 0 00 | 240 23 |
| Shredder | Dec-09 | | 299 59 | 299 59 | 7 0 | SL | | 0 00 | 0 00 | 299 59 |
| | | 10755 98 | 539 82 | 11295 80 | | | 8731 48 | 572 63 | 9304 11 | 1991 69 |

Prepared by: Bert Tingle

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2009**

Attachment Sequence No. **67**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| Farm Bureau Federation Miss Marshall County | 990T | 64-0583012 |

**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 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 250,000 |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | | |
|---|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | | 0 |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562. | 10 | | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | | 0 |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ | 13 | 0 | |

**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.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 2,445 |

**Part III MACRS Depreciation (Do not** include listed property.) (See instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19 | a 3-year property | | | | | | |
| | b 5-year property | | | | | | |
| | c 7-year property | | 540 | 7 yrs | HY | SL | |
| | d 10-year property | | | | | | |
| | e 15-year property | | | | | | |
| | f 20-year property | | | | | | |
| | g 25-year property | | | 25 yrs. | | S/L | |
| | h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | | 27.5 yrs. | MM | S/L | |
| | i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | | MM | S/L | |

**Section C - Assets Placed in Service During 2009 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 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 2,445 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |