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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

**Short Form** 

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

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

OMB No 1545-1150

2010

Open to Public inspection

A	For	ine zu iu ca	alendar year, or tax year beginning NOV 1 , 2010, ar	id ending OCL 31	_		, 2011
B	_ Check	if applicable	C Name of organization		P	Employer i	dentification number
_	Addre	ss change	WALKER COUNTY FARM BUREAU			74-60	66625
⊨	Name	change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E	Telephone	number
-	=	return	P O BOX 1706		l	(936)	291-2136
-	Termi		City or town, state or country, and ZIP + 4	<del></del>	_		
-		ded return	HUNTSVILLE TX	77342		Group Ex Number	remption
Ť			<del></del>				· · · · · · · · · · · · · · · · · · ·
G		-	thod: X Cash	H Check			e organization is <b>not</b>
1		site: <u>N</u>		<del> </del>   and a	ea 1 390-	EZ, or 99	Schedule B (Form
<u> </u>			s (ck only one) — $501(c)(3)$ X $501(c)(5)$ (insert no.) 4947(a)(1)	01 32/			
K			the organization is not a section 509(a)(3) supporting organizationand				
	\$50,	000 A For	m 990-EZ or Form 990 return is not required though Form 990-N (e-po- nooses to file a return, be sure to file a complete return	stcard) may be requ	ired	(see inst	tructions). But if the
_				<del></del>		<del></del>	<del></del>
L	Add	lines 5b, 6	cc, and 7b, to line 9 to determine gross receipts. If gross receipts are \$ line 25, column (B) below) are \$500,000 or more, file Form 990 instea	200,000 or more, or	if to	otal ▶ ¢	70 144
ΓĒ			tue, Expenses, and Changes in Net Assets or Fund Balar				78,144.
Ĺ	arti	<u> </u>	• • •	•	Sut	CUOIS	·
_	<del></del>		f the organization used Schedule O to respond to any question in this F	art I			x
	1		tions, gifts, grants, and similar amounts received	• •	•		
	2	Program	service revenue including government fees and contracts .			2	
	3	Members	ship dues and assessments .			3	<u>37,9</u> 20.
	4	Investme	ent income	• •		4	3,944.
	_ 5a	Gross an	nount from sale of assets other than inventory .	5a			
				5 b			
	- 1		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .			5 c	
	6	•	and fundraising events	••			
1	_	_	1	6a		100	
ļ			come from fundraising events (not including\$	of contributions		- 2.3	
	<u>.</u>		1.74				
	<u>i</u>	of such of	draising events reported on line 1) (attach Schedule G if the sum gross income and contributions exceeds \$15,000)	6Ы		43	
2012	٠	-	,	6c			
~				00,			
4	(	d Net incor	me or (loss) from gaming and fundraising events (add lines 6a and			ئننى ــ	
	_		ubtract line 6c)	 <del>.</del> . 1	•	6d	
APR				7a			
A	- 1			7b		<del></del>	
	4		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a).			7c	
	8		· · · · · · · · · · · · · · · · · · ·	orm 990-EZ, Part I, Line 8 Other	Reve	nue 8	36,280.
	9	Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an SFC. FIVEU .	·		<u>▶</u> 9	78,144.
3	10		nd similar amounts paid (list in Schedule 0)	•		10	3,848.
<b>**</b>	11	Benefits	paid to or for members 8 MAR 1 9 2012			11	
	E 12		other compensation, and employee benefits 1.3 2012			. 12	21,351.
	13		onal fees and other payments to independent contractors			13	570.
	N 14		cy, rent, utilities, and maintenance OGDEN, UT			. 14	8,719.
	2		publications, postage, and shipping	• ••		15	581.
	15	•			_	1	
	16		F	rm990 EZ, Part I, Line 16 Other I	xpen	ses 10 ▶ 17	34,618.
_	17		penses. Add lines 10 through 16	•			69,687.
	18	Excess o	or (deficit) for the year (Subtract line 17 from line 9)	•	•	18	8,457.
N	A 19	Net asse	ts or fund balances at beginning of year (from line 27, column (A)) (mu	ust agree with end-of	f-ye	ar 3	
Ë	S IS	figure reported on prior year's return)				19	95,926.
,	T 20	20 Other changes in net assets or lund balances (explain in Schedule O) .				. 20	
_	21		ts or fund balances at end of year. Combine lines 18 through 20			▶ 21	104,383.
В	AA Fo	or Paperwo	ork Reduction Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2010)

Par	Balance Sheets. (see the I Check if the organization used S		uestion in this Part II	, .		X
	•		(/	A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			84,062	. 22	92,430.
23	Land and buildings			11,996	. 23	10,970.
24	Other assets (describe in Schedule O	See L-24 Stmt	)	25		1,209.
25	Total assets			96,083	. 25	104,609.
	Total liabilities (describe in Schedule		)	157		226.
	Net assets or fund balances (line 27 c			95,926	. 27	104,383.
Par	付開機 Statement of Program S					Expenses
	Check if the organization used			X	(Req	uired for section c)(3) and 501(c)(4)
What i	s the organization's primary exempt purpose? I	PROMOTING AGRICULTU	RE		orgai	nizations and section
desc	ribe what was achieved in carrying out ribe the services provided, the number	of persons benefited, and other	er relevant information f	or each	4947	(a)(1) trusts; optional
prog	am title	- <u>-</u>			ior o	thers)
28	SEE SCHEDULE O					
	(Cranta 6	this amount includes forcing			20.5	
20	ADD GOVERNMEN A	this amount includes foreign g			28 a	
29	PEF 2CUEDOTE O			· <b>-</b>		
				·		
	(Grants \$ ) If	this amount includes foreign g	rants check here	·	29 a	
30	SEE SCHEDULE O	this amount includes loreign g	italits, check here		230	
<b>J</b> u	DEE DOUGDOUG O					
						1
	(Grants \$ ) If	this amount includes foreign g	rants, check here	: <b></b>	30 a	
31	Other program services (describe in S		indicate of the state of the st	<del>```</del>		<del></del>
•		this amount includes foreign g	rants, check here.	. ▶□	31 a	
32	Total program service expenses (add				32	
	tilV List of Officers, Director		plovees. List each one ev	en if not compensated.	(see t	he instructions for Part IV )
	Check if the organization used				•	
	(a) None and address	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensat		and other allowances
RIC	HARD BYRD	to position	<del>                                     </del>	<u> </u>		<del></del> <del></del> -
	BOX 1706	PRESIDENT				
	TSVILLE TX 77342	3.00	0.		0.	0.
	GIE LEPLEY					
PO	BOX 1706	VICE PRESIDENT				
HUN	TSVILLE TX 77342	1.00	0.		0.	0.
REE	D PREHODA					
PO_	BOX 1706	_ SEC TREAS				
	TSVILLE TX 77342	1.00	0.		0.	0.
	IN GREEN	. 🚅				
	BOX_1706	DIRECTOR				_
	TSVILLE TX 77342	1.00	0.		0.	0.
	RY GRAHAM					
	BOX 1706	DIRECTOR				0
	TSVILLE TX 77342 T CHRISTIAN	2.00	0.	<del> </del>	0.	0.
	BOX 1706	DIRECTOR				
		1.00	0.		0.	0.
HUN	TSVILLE TX 77342	1.00	<del> </del>		٠.	
		-				
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		7				
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BAA		TEEA0812 (	02/18/11			Form <b>990-EZ</b> (2010)

74-6066625

Page 2

Form 990-EZ (2010) WALKER COUNTY FARM BUREAU

га	Check if the organization used Schedule O to respond to any question in this Part V.)			П
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	No
	each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, explain in Schedule 0 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a	х	
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b	Х	
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
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.			
	b Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		*****	
	Section 501(c)(7) organizations. Enter:		-4 4	
	a Initiation fees and capital contributions included on line 9		(**)	[: ]
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  section 4911 ►; section 4955 ►;		i (i) i (i)	
İ	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	<b>3</b> 2 3	
•	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			
1	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
41	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	40 e	<u> </u>	X
42	a The organization's books are in care of ► TEXAS FARM BUREAU  Located at ► P O BOX 2689, WACO TX ZIP + 4 ► 76702			37 
	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)?  If 'Yes,' enter the name of the foreign country.	42b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country	42 c		X
	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.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
RΔ		rm <b>99</b> 0	-F7 (	2010)

Form <b>990</b>	EZ (2010) WALKER COUNTY FARM	BUREAU		74-60666	25	F	age 4
	`					Yes	No
	ny related organization a controlled entity	•	•	, , , ,	45		X
	the organization receive any payment fror ection 512(b)(13)? If 'Yes,' Form 990 and	_			. 45a		X
46 Did cand	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf o	of or in opposition to	46		X
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt of	haritable trusts only.	All se	ction	
	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) noi	nexempt charitable	trusts must answer qu	iestio	าร	
	•						_
	Check if the organization used Schedu	le O to respond to any	question in this Part VI		<u> </u>	- i	الل
47 0.4	the annual state of the same and the same an	2 If IV 1	Cabadala O Dad II		47	Yes	No
	the organization engage in lobbying activi ne organization a school as described in se	•		 Julio E	47		
	the organization make any transfers to an			uule L	49a		
	'es,' was the related organization a section	•	related organizations,		49b		
	plete this table for the organization's five	<del>-</del>	employees (other than o	officers, directors, trustees a			
emp	ployees) who each received more than \$10	0,000 of compensation	from the organization.	If there is none, enter 'Non	e.'		
(	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 and deferred compensation	accou	opense ont and lowances	<b>.</b>
				[			
···········							
		]			_		
f Tota	al number of other employees paid over \$	100,000	·		-		
<b>51</b> Con	nplete this table for the organization's five	highest compensated i	ndependent contractors	who each received more th	nan \$10	000,00	of
com	npensation from the organization of there in (a) Name and address of each independent continuous		·	(b) Type of service	(c) Com	nensatio	
1	(a) Name and address of each independent cont	ractor paid thore than \$100,000	<del>'</del>	(b) Type of service	(c) com	perisatio	
			100,000				
	al number of other independent contractor	•		47(a)(1) a a a a a a a a a a a			
52 Dig chai	the organization complete Schedule A? N ritable trusts must attach a completed Sch	ote: All section 501(c)( nedule A	3) organizations and 49	4/(a)(1) nonexempt	☐ Yes	<b>,</b> [	No
	Ities of perjury, I declare that I have examined this return t, and complete Declaration of preparer (other than office		dules and statements, and to the	ne best of my knowledge and belief, i	is		
true, correct	r, and complete Declaration of preparer come wan onto	er) is based on all information	of which preparer has any know	3/12/17_			
Sign	Signature of officer			Date			
Here	Richard & Royal			PRESIDENT			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check of PTIN	- 0 0		
Paid	Patrick Ehlers	1 FAR WILL	03/03/1	L2 self-employed Pol	27850	13	
Preparer	Firm's name ► Texas Farm Bure	au					
Use Only	Firm's address ► P.O. Box 2689			Firm's EIN ►			
	Waco		TX 76702	Phone no (254)	751-		
	RS discuss this return with the preparer si	hown above? See instri	uctions	<u></u>			No (2010)
BAA				r	orm <b>99</b>	U-EZ (	∠U1U)

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
WALKER COUNTY FARM BUREAU	74-6066625
Pt III, Line 31 Members of the County Farm Bureau are also men	mbers of
Texas_Farm_Bureau, a statewide_agricultural_or	ganization
(exempt under 501(c) (5)) that works for the k	petterment
of agriculture and coordinates programs on a s	statewide
basis. Members of the County Farm Bureau are	also members
of the American Farm Bureau, a national agricu	
organization that also works for the bettermen	nt of agriculture.
County Farm Bureau volunteers participate in r	matters
dealing with legislation that affects agricult	ure.
County Farm Bureau volunteers help organize th	neir_members
into separate agricultural commodity interests	<u></u>
Youth Leadership Conference	
Sponsored student(s) to attend the Farm Bureau You	th Leadership Conference.
The purpose of the conference is to give selected hi	gh school students in Texas
a better understanding of the various forms of go	overnment and educate them
their responsibilities as citizens. The conference	
includes lectures, discussions, and films by ou	tstanding_authorities_in_
government, history, and economics.	

Name of the organization	990-E2) 2010	Employer identification number
WALKER COUNTY FA	RM BUREAU	74-6066625
Pt_III, Line 28	Annual meeting	
	Held an annual meeting in which all members are	invited. Purpose was to
	discuss relative local, statewide, and nation	al agricultural issues,
	the importance of agriculture education, the bus	iness of the organization,
	and current legislative issues as they relate	to agriculture. Members
	of the county farm bureau, county farm bureau	staff, county farm bureau
	voluntary leaders, Texas Farm Bureau staff and in	vited guests participated.
Pt III, Line 29	American Farm Bureau Federation (AFBF) Annual	Meeting
	Volunteer director(s) attended (or will attend)	the annual AFBF meeting
	with local Farm Bureau members from across the	nation to participate in
	discussions and hear presentations on various agr	icultural issues affecting
	farmers and ranchers nationwide. Also, voting de	legates at the meeting make
	decisions on various AFBF policies.	
Pt_III, Line 30	Youth Livestock Show/Fair	
	Contributed to local youth livestock show/fair. I	Purposes of the show are
	to promote responsibility, leadership skills, and i	interest in raising farm
	animals for area youth. The County Farm Bureau v	colunteers as well, and the
	local 4-H Clubs and FFA Chapters participate i	n this important event.
	·	
		~
	·	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ						
Form 990-EZ, Part I, Line 8 Other Revenue						
<del></del>						

Other revenue (describe in Schedule O)	
INS SERVICE FEES	36,016.
TFB AWARD	250.
SIGN INCOME	14.
Total	36,280.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
STATE MEMBERSHIP DUES	19,434.
COMMITTEE/CONTRACT SERVICES	456.
TRAVEL/CONFERENCES/MEETINGS	4,272.
ADVERTISING/PUBLIC RELATIONS	2,191.
OTHER EXPENSE	629.
OFFICE OPERATIONS EXPENSES	6,401.
EQUIPMENT EXPENSES	1,235.
Total	34,618.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year	
Utility Deposit	25.	25.	
Prepaid Income Tax	0.	1,184.	
Total	<u>25.</u>	1,209.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	157.	226.
Total	157.	226.

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

OMB No 1545-0172

2010

Department of the Treasury Internal Revenue Service

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

Name	s) shown on return					_	- 1	ntifying number		
	WALKER COUNTY FARM BUREAU							74-6066625		
Busine	ess or activity to which this form relate	es								
For	m 990 / Form 990I									
Par	t I Election To Exp Note: If you have an	ense Certain F ny listed property,	Property Under Sec complete Part V before	<b>tion 179</b> you complete P.	art I.					
1	Maximum amount (see ins	tructions)					1			
2	Total cost of section 179 p	roperty placed in :	service (see instructions	)			2			
3	Threshold cost of section 1		•		5)		3	<del>                                     </del>		
4	Reduction in limitation Su					•	4	†		
5	Dollar limitation for tax yea separately, see instruction	ar. Subtract line 4	•		married filing		5			
6		Description of property		(b) Cost (business	use only)	(C) Elected cos	st	13 33 33		
	Listed property. Enter the	amount from line	29		7					
8	Total elected cost of section			c), lines 6 and 7			8			
9	Tentative deduction. Enter						9			
10	Carryover of disallowed de	duction from line	13 of your 2009 Form 45	62 .			10			
11	Business income limitation	Enter the smalle	er of business income (n	ot less than zero	o) or line 5 (se	ee instrs)	11			
12	Section 179 expense dedu	ction. Add lines 9	and 10, but do not ente	r more than line	11	<u> </u>	12			
_13	Carryover of disallowed de				▶ 13			<u> </u>		
Note	: Do not use Part II or Part									
Par	till』 Special Depreci	ation Allowan	ce and Other Depre	ciation (Do no	t include liste	d property)	(See	instructions)		
14	Special depreciation allows tax year (see instructions)	ance for qualified	property (other than list	ed property) plac	ced in service	during the	14			
15	Property subject to section	168(f)(1) election	1				15			
16	Other depreciation (includi	ng ACRS)					16			
	t III MACRS Deprec		clude listed property) (S	See instructions)		<del></del>	·	<u> </u>		
<u></u>		32.0	Sectio					<del></del>		
17	MACRS deductions for ass	ets placed in serv					17	1,026		
	If you are electing to group asset accounts, check here	any assets place		_	or more gene	eral ► □				
			in Service During 2010	Tax Year Using	the General D	epreciation	ı Syst	em		
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction		
19 a	3-year property									
_ t	5-year property .									
	7-year property									
	10-year property									
	15-year property									
f	20-year property .									
	25-year property			25 yrs		S/L	1			
	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				
	<del></del>	- Assets Placed in	Service During 2010 T	ax Year Using th	<del></del>			stem		
20:	Class life	ASSECT LACES II	Courtee Burning 2010 1	ax roan coming th		S/L		T		
	12-year .	· *		12 yrs		S/L		<del>                                     </del>		
	: 40-year	<del>  * * * </del>		40 yrs	ММ	S/L		<del> </del>		
	t IV Summary (See in	etructions \	L	40 Ara	FIFT	<u></u>				
	Listed property. Enter amo		·				21			
				 nd line 21. Enter hear	·	-	<u> </u>			
22	Total Add amounts from line 12, the appropriate lines of your return	ines 14 through 17, lit in Partnerships and S	res 19 and 20 in column (g), a corporations — see instruction	S . LARET NEFE S	allu UII		22	1,026		

Form 4562 (2010) 74-6066625 WALKER COUNTY FARM BUREAU Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? Yes 24 a Do you have evidence to support the business/investment use claimed? Yes No (h) (i) (a) (b) (c) Business/ (d) (e) **(f)** (q) Elected section 179 Basis for depreciation Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ Convention Depreciation deduction investment (business/investment use percentage cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ... 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related persolf.you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (a) (b) (c) (e) **(f)** 30 Total business/investment miles driven Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 2 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes No Yes No Yes No No No No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees wlaze not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Amortization Part VI (b) (c) (d) (e) **(f)** (a) Amortization Description of costs amortization Amortizable Code section Amortization period or percentage 42 Amortization of costs that begins during your 2010 tax year (see instructions) Amortization of costs that began before your 2010 tax year 43 44

Total. Add amounts in column (f) See the instructions for where to report