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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 11/1/2011 **, and ending** 10/31/2012

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Farm Bureau Federation Mississippi Lawrence County Farm Bureau
Number and street (or P.O box, if mail is not delivered to street address): P O. Box 237 | Room/suite:
City or town: Monticello | state or country: MS | ZIP + 4: 39654-0237

D Employer identification number 64-0442211

E Telephone number (601) 587-7785

F Group Exemption Number ▶ 1473

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — [ ] 501(c)(3) [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] 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 or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 112,225

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Section	Line	Description	Sub-line	Sub-amount	Line no.	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	51,281
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	60,944
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	112,225
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	20,577
	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 in Schedule O)			16	95,693
	17	**Total expenses.** Add lines 10 through 16 ▶			17	116,270
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-4,045
	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	133,369
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	129,324

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(HTA)

Form **990-EZ** (2011)

25

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	78,864	22	84,286
23	Land and buildings	52,156	23	43,891
24	Other assets (describe in Schedule O)	3,000	24	1,794
25	**Total assets**	134,020	25	129,971
26	**Total liabilities** (describe in Schedule O)	651	26	647
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	133,369	27	129,324

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

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

What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses
28	To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer (Grants $) If this amount includes foreign grants, check here ☐	28a	
29	Lowe Farms and several board members had high school students tour their farm and peanut operation (Grants $) If this amount includes foreign grants, check here ☐	29a	
30	Lawrence County Farm Bureau and Women's Department sponsored a cokies and milk snack for 200 students at the Farm Safety Day There was an ATV safety booth presented by a safety specialist from MS Farm Bureau (Grants $) If this amount includes foreign grants, check here ☐	30a	235
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	95
32	**Total program service expenses.** (add lines 28a through 31a)	32	330

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bobby Selman P O Box 237 Monticello MS 39654	Title President Hr/WK 5 00	0		
Kevin Wallace P O Box 237 Monticello MS 39654	Title Vice President Hr/WK 2 00	0		
Gerald Sumrall P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Holton King P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Doyle Rowley P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Robert Lee P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Randy Cody P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Barbara Lowe P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Wally Givens P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Billy Lowe P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
Dori Lowe P O Box 237 Monticello MS 39654	Title Director Hr/WK 2 00	0		
	Title Hr/WK 00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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			
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . 39b			
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 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	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 . . . ▶ ______			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . ▶ ______			
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 ▶ ______

42 a The organization's books are in care of ▶ Lisa Duncan Telephone no ▶ (601) 587-7785

Located at ▶ 403 Brinson St City Monticello ST MS ZIP + 4 ▶ 39654

			Yes	No
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 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

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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*	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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 City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

Sign Here

▶ Bobby Solman — Signature of officer — Date 12/19/12

▶ President — Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name: William Davis	Preparer's signature: William Davis	Date: 12/6/2012	Check ☐ if self-employed	PTIN: P00631624
	Firm's name ▶ Mississippi Farm Bureau Federation			Firm's EIN ▶64-0303134	
	Firm's address ▶ 6311 Ridgewood Road, Jackson, MS 39211			Phone no (601) 977-4205	

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

Lawrence County Farm Bureau
SCHEDULE I
October 31, 2012

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	9351	
Southern Farm Bureau Life Insurance Company	11137	
Southern Farm Bureau Casualty Insurance Company	25217	
Mississippi Farm Bureau Casualty Insurance Company	15148	
Total Insurance Fees		60853

Bank Service Fees

Farm Bureau Bank	91	
Total Bank Fees		91
TOTAL SERVICE FEES		60944

Lawrence County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
	30705	30705			
	60853		60853		
	91		91		
TOTAL INCOME	91649	30705	60944	0	0
Relationship of Dues to Service Fees		33.5%	66.5%		
Floor Space Ratio		50.0%	50.0%		
Allocation of General Overhead Based on the Relationship of Dues to Service Fees					
Promotions	1316				
Insurance	836				
Telephone	4506				
Postage	111				
Office Expense	2701				
Depreciation	533				
TOTAL	10003	3351	6652		
Allocation of Occupancy Expense Base on Area Occupied					
Utilities	3704				
Taxes	2535				
Insurance	1323				
Building Maintenance	226				
Depreciation	8215				
TOTAL	16003	8001	8002		

Lawrence County Farm Bureau
SCHEDULE II
October 31, 2012

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	56820				
Payroll Taxes	5994				
TOTAL	62814	31407	31407		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	1374				
AFBF Convention	1300				
Ag in the Classroom	134				
Board Expense	355				
Contributions	1342				
Leadership Conference	20				
MFBF Convention	532				
Safety Seminar	100				
Secretary Meeting	892				
Womens Committee	12				
TOTAL	6061	6061			
Expense Directly Related to Production of Service Fees					
State Income Tax	392				
Computer Rent	420				
TOTAL	812		812		
TOTAL EXPENSES	95693	48820	46873	0	0

Lawrence County Farm Bureau
Depreciation Schedule
October 31, 2012
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Accumulated Depreciation Additions (Deduct)	Accumulated Depreciation End Balance	Net
Fully Depreciated		10741 35		10741 35	7 0	SL	10741.35	0 00	10741 35	0 00
Building		7121 61		7121.61	33 3	SL	7121.61	0.00	7121 61	0 00
Building	Aug-88	54200 32		54200 32	31 5	SL	42359 56	1720.65	44080.21	10120 11
Bldg Improvement	May-89	1043 01		1043 01	10 0	SL	1043.01	0 00	1043.01	0 00
Bldg Improvement	Oct-90	4988 35		4988 35	10.0	SL	4988.35	0 00	4988 35	0 00
Air Conditioner	Aug-93	2703.07		2703.07	7 0	SL	2703 07	0 00	2703 07	0 00
Parking Lot	Apr-95	2300 00		2300 00	7 0	SL	2300 00	0 00	2300.00	0 00
FB Sign	Aug-02	561 00		561 00	7.0	SL	561.00	0 00	561 00	0 00
Bldg Improvement	Apr-07	7250 32	0 00	7250 32	7.0	SL	4660 92	1035.76	5696.68	1553 64
Bldg Improvement Doors	Feb-10	2500.00		2500 00	7 0	SL	535 71	357 14	892 85	1607.15
Air Conditioner	Aug-10	3402.60		3402 60	7 0	SL	729 13	486 09	1215 22	2187.38
Bldg Improvement	Aug-11	32306 28		32306 28	7.0	SL	2307 59	4615 18	6922 77	25383 51
		129117 91	0 00	129117 91			80051.31	8214 82	88266 13	40851 79

Lawrence County Farm Bureau
Depreciation Schedule
October 31, 2012
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation Beg Balance	Additions (Deduct)	End Balance	Net
Fully Depreciated		3171 83		3171 83	7 0	SL	3171.83	0 00	3171 83	0.00
Office Furniture	Jan-94	550 00		550.00	7 0	SL	550 00	0.00	550 00	0.00
TV/VCR	May-94	513 60		513.60	5 0	SL	513 60	0 00	513 60	0 00
Copier	Aug-98	4213 13		4213.13	5 0	SL	4213 13	0 00	4213.13	0 00
Phone System	Apr-02	3671 15		3671.15	5 0	SL	3671 15	0 00	3671.15	0 00
Fax Machine	Apr-02	179 20		179 20	5 0	SL	179 20	0 00	179.20	0 00
Chairs	Jul-02	149.80		149 80	7 0	SL	149.80	0 00	149 80	0.00
Copier	Jul-02	458 02		458 02	5.0	SL	458.02	0.00	458 02	0 00
Office Furniture	Nov-05	363 77		363 77	7 0	SL	285 83	51 97	337 80	25.97
Fax Machine	Dec-08	414 54		414 54	7 0	SL	148 05	59 22	207 27	207 27
Phone System	Jul-11	1939 15		1939 15	5 0	SL	193.92	387.83	581 75	1357.41
Desk Chairs	May-12		481 48	481 48	7 0	SL		34 39	34 39	447 09
		15624 19	481 48	16105 67			13534 53	533 41	14067 94	2037.74

Prepared by Clay Foster

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

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Farm Bureau Federation Mississippi Lawrence	990T	64-0442211

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 instructions)	1	
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	
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	0

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 2010 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 2012 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	8,714

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 2011	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 2011 Tax Year Using the General Depreciation System

(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						
b 5-year property						
c 7-year property		481	7	HY	SL	34
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 2011 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	8,748
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	

For Paperwork Reduction Act Notice, see separate instructions.
(HTA)

Form 4562 (2011)