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Form 990-EZ

# 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)

OMB No 1545-1150 2012

> 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Address change KAPAA HIGH SCHOOL FOUNDATION 99-0319395 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return E Telephone number Terminated 4-1300 KUHIO HWY. 808-652-2409 City or town, state or country, and ZIP + 4 Amended return F Group Exemption KAPAA HI 96746 Application pending Number > Accrual Other (specify) ▶ Accounting Method Cash Check ► X If the organization is not Website: ▶ kapaahighschoolfoundation.org required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) 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 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 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 Contributions, gifts, grants, and similar amounts received 020 2 455 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 342 Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule Gif the sum of such gross income and contributions exceeds \$15,000) 6b ( Less direct expenses from gaming and fundraising events £UG 1 5 2011 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 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 499 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 445 Other expenses (describe in Schedule O) 16 436 16 17 Total expenses. Add lines 10 through 16 380 17 844 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 54,852 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 55. 696

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2012)

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Pa	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							
	The state of the s		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	<del> </del>	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	<b>├</b> ─	<u> X</u>				
35a	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	—	<u>X</u>				
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	<b>↓</b> —	₩-				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			١				
	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				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			.,				
b		37b	<b>├</b> ──	<u> X</u>				
38a								
	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							
39	Section 501(c)(7) organizations Enter							
а	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities							
40a								
	section 4911 ▶	_						
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	ļ	X				
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	_						
е	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	Щ.	X				
41	List the states with which a copy of this return is filed ▶							
42a	The organization's books are in care of ▶ BOB KUBOTA Telephone no ▶	808-82	2-4	158				
	3-1300 KUHIO HWY.							
	Located at ► KAPAA HI ZIP + 4 ►	96746						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No				
	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	<u> </u>						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.	40-	1	١.,				
С	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			<b>.</b> [				
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		T.,	Т				
			Yes	No.				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	1,				
	completed instead of Form 990-EZ	44a	<del>├</del>	X				
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			١.,				
	completed instead of Form 990-EZ	44b	├	X				
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<b></b>	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	+	+-				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	X				
45b								
	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		<u> </u>				

Form	990-EZ	(2012)	<u>KA</u> F	PAA HI	<u>GH S</u> CHOO	OL FO	UNDATION_		<u>99-03</u>	<u> 19395</u>			1	Page 4
													Yes	No
46							campaign activitie	s on behal	t of or in oppo	sition			. 1	1,,
					es," complete		C, Part I		<u> </u>			46	<u>,                                    </u>	X
Pa	rt VI				rganization ganizations r		wer questions 47	'–49b and	d 52, and cor	nplete the	tables for	lines		
			and 51											$\Box$
		Cr	neck if the	organizati	on used Sche	edule O t	o respond to any	question	in this Part	VI				ᆛᆜ
47	Did the	e orgai	nization end	iage in lobb	ving activities of	or have a s	section 501(h) elec	tion in effe	ct during the t	ax			Yes	No
••		_	-	Schedule (								47	,	X_
48	-		-			n 170(b)(1	)(A)(II)? If "Yes," co	omplete So	chedule E			48	3	X
49a		_					haritable related or	-				49	а	X
b	If "Yes	," was	the related	organizatio	n a section 527	7 organiza	tion?	•				49	ь	
50	Compl	ete thi	s table for t	he organiza	tion's five high	est compe	ensated employees	(other tha	n officers, dire	ctors, trus	tees and key			
	emplo	yees) v	who each re	eceived mor	e than \$100,00	00 of comp	ensation from the	organizatio	on If there is r	none, enter	"None"			
		(a	) Name and	title of each e	emplovee		(b) Average		eportable		Ith benefits,	(e) Estima	ated amo	ount of
		,-		e than \$100,0			hours per week devoted to position		pensation -2/1099-MISC)	benefit	ns to employee plans, and		ompensa	
								<b>(</b>		deferred	compensation	<del> </del> -		
No	one									;				
			<del></del>								·			
										}				
			<del></del>			<del></del>	<del> </del>					+		
								<del> </del>				+		
		-						<del> </del>		-		+		
f	Total r	umbe	r of other er	mplovees p	aid over \$100,0	000	1		<b>&gt;</b>					
51							ensated independe	nt contract	ors who each	received m	— nore than			
	\$100,0	00 of	compensati	on from the	organization	If there is	none, enter "None	"						
	(a) Na	ame an	d address of	each indepe	ndent contractor	paid more	than \$100,000		<b>(b)</b> Typ	e of service		(c) Com	pensatio	n
No	ne													
								1						
					<del></del>									
								ŀ						
		_												
	T-4-1-													
d				•			ng over \$100,000 n 501(c)(3) organiz	otions and	4047(a)(1)					
52		•		•	tach a comple		.,.,	ations and	4947 (a)(1)		1	▶	es 🗍	No
							ding accompanying s	ahadulaa ar	ad statements of	and to the h	ot of my know			
true,	correct, a	and cor	nplete Decla	ration o∱prei	parer (other than	officer) is t	oased on all informati	on of which	preparer has a	ny knowledg	e .	leage and be	silei, it is	
	<u> </u>		1/2		-			· · · · · · · · · · · · · · · · · · ·		8/7	113			
Sign	n	<b>P</b> 3	Signature of offi	icer					Da	ate	+ – –			
Her	e		BOB K	KUBOTA				T	REASURI	ER				
			Type or print na	ame and title										
		Print/Ty	ype preparer's r	name			ener's sygnature	abla  abl	75	Date	Chec	ck X if P	TIN	
Paid	d	Laura	a Wiley			4		~ Y	~	07			004439	99
Pre	parer	Firm's i		Laur	a Wiley	, CPA				1 577	Firm's EIN		6282	
	Only		address •		ox 1202				$\overline{}$					
	•					96766					Phone no	808-63	39-21	137
May	the IRS	discu	ss this retu				See instructions					► X	Yes	No
											-	Form 9	90-EZ	(2012)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	e of the organization Employer identification number													
					SCHOOL FOUNDATIO					99-0319395				
	art i				Status (All organizations				art ) Se	<u>ee inst</u>	ructio	ns		
	orga				se it is (For lines 1 through 11, o		-							
1	$\vdash$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	$\mathbb{H}$				A)(ii). (Attach Schedule E)									
3					ce organization described in sec									
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
_		city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
_		section 170(b)(1)(A)(iv). (Complete Part II )												
6	Н	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Ш				substantial part of its support fro	om a gov	ernmenta	I unit or	from the	genera	al public	;		
_					omplete Part II)									
8	77				170(b)(1)(A)(vi). (Complete Part									
9	X				1) more than 33 1/3% of its supp							oss		
					npt functions—subject to certain									
					nd unrelated business taxable in				x) from t	usines	ses			
40					0, 1975 See section 509(a)(2).									
10	H				exclusively to test for public safe	-		,						
11		_			exclusively for the benefit of, to							_		
					ed organizations described in se he type of supporting organizati						section	1		
		a Type		Type II	c Type III–Function						6			
е			_		anization is not controlled direct			d one or m				tionally integr	ateu	
Ū	ш				er than one or more publicly sup									
		or section 50		-9	a man and a more passes, cap	portod or;	gamzano	10 00001		COLIOIT	σοσιαχί	''		
f				l a written dete	ermination from the IRS that it is	a Type I	Tyne II	or Type	III sunne	ortina				
		organization,				, ,	. 7 [	,,,,		······································				
g		Since August	17, 2006, ha	s the organiza	tion accepted any gift or contrib	ution from	n anv of th	he						
Ū		following per		•	, , , ,									
		(i) A persor	who directly	or indirectly co	ontrols, either alone or together	with perso	ons descr	ribed in (	ii) and				Yes	No
					supported organization?	·		•				11g(i)	$\top$	
		(ii) A family	member of a	person describ	ped in (i) above?							11g(iı)		i
					described in (i) or (ii) above?							11g(iii		
h		Provide the f	ollowing infor	mation about t	he supported organization(s)	_								
(i	•	e of supported	(11)	EIN	(iii) Type of organization		organization		ou notify	(vi) l	s the	(vii) Amount	of mon	etary
	org	anization			(described on lines 1–9 above or IRC section		sted in your		nization in of your	organızat (i) organı		sup	port	
					(see instructions))	governing	document?	sup	port?		5?			
		-				Yes	No	Yes	No	Yes	No			
(A)														
(B)														_
						ļ	ļ		L	L				
(C)														
(D)	<del></del>						<del> </del>	<del> </del>		<del> </del> -				
(E)														
			i											

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support	.=					
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		····	•			
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			:			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						<u></u>
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her		4		<del></del>		
	tion C. Computation of Public Su			(2)		<del></del>	
14	Public support percentage for 2012 (line 6			nn (t))		14	%
15	Public support percentage from 2011 Sch			40	22.4/20/	15	%
16a	33 1/3% support test—2012. If the organ				33 1/3% or more,	cneck this	▶ □
<b>L</b>	box and stop here. The organization qual 33 1/3% support test—2011. If the organ				15 is 33 1/3% or m	nore	
	check this box and stop here. The organiz	zation qualifies as	a publicly support	ed organization			▶ □
	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	s the "facts-and-c acts-and-circumsta	ircumstances" test inces" test. The or	t, check this box ai ganization qualifie	nd <b>stop here.</b> Exp s as a publicly sup	lain in pported	<b>&gt;</b> []
b	10%-facts-and-circumstances test—20′ 15 is 10% or more, and if the organization Explain in Part IV how the organization mosupported organization	meets the "facts-	and-circumstances	s" test, check this	box and stop here	<b>.</b> .	▶ []
18	Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	▶ 🗆

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	tion A. Public Support	quality under th	le lesis listed b	elow, please co	implete i art ii.		<del></del>
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual						
	grants ")	52,603	17,745	30,833	33,410	26,020	160,611
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,812	3,812
3	Gross receipts from activities that are not an unrelated trade or business under section 513			13,300	25	50	13,375
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	52,603	17,745	44,133	33,435	29,882	177,798
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						177,798
	tion B. Total Support		····· I				
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	52,603	17,745	44,133	33,435	29,882	177,798
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	189	768	420	416	342	2,135
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	189	768	420	416	342	2,135
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	1			1	ļ	
	and 12 )	52,792		44,553	33,851	30,224	179,933
14	First five years. If the Form 990 is for the organization, check this box and stop her	е		urth, or fifth tax yea	r as a section 501	(c)(3)	<b>.</b>
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8			n (f))		15	98.81%
16	Public support percentage from 2011 Scho					16	98.62%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2012 (I			, column (f))		17	1 %_
18	Investment income percentage from 2011						1 %
19a	• •						<b>⊾</b> <del>\</del>
	17 is not more than 33 1/3%, check this b						<b>▶</b> X
b	33 1/3% support tests—2011. If the orga line 18 is not more than 33 1/3%, check the						▶ 「
20							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Internal Revenue Service
Name of the organization

KAPAA HIGH\_SCHOOL FOUNDATION

Employer identification number 99-0319395

15'

KAPAA HIGH SCHOOL FOUNDA	<u>1 10N</u>	<u>.                                    </u>	1 99-03	19393
Form 990-EZ, Part I, Line 8 - Other	Rev	venue		
Description		Amount		
GENERAL EXCISE TAX REFUND	\$	357		
TEE SHIRT SALES	\$	50		
Total	\$	407		
Form 990-EZ, Part I, Line 16 - Othe	r Ex	xpenses		
Description		Amount		
KHS CLASS REUNION				
Cost of Goods Sold	\$	3,455		
Expenses				
Insurance	\$	577		
CHARITABLE DONATIONS	\$	15,910		
EDUCATIONAL GRANTS	\$	3,000		
EDUCATOR AWARD	\$	1,000		
LICENSES & FEES	\$	25		
SUPPLIES	\$	837		
Non-investment Depreciation	\$	632		
Total	. \$	25,436		
Form 990-EZ, Part II, Line 24 - Oth	ner <i>I</i>	Assets		
Description		Beg.	of Year	End of Year
EQUIPMENT		\$	42,830	\$ 42,830
Less Accumulated Depreciation		\$	41,883	\$ 42,515
		Total \$	947	\$ 315

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Name of the organization KAPAA HIGH SCHOOL FOUNDATION

Employer identification number 99-0319395

Form 990-EZ, Part III - Primary Exempt Purpose

TO ADVANCE THE EDUCATION OF THE KAPAA HIGH SCHOOL STUDENTS BY PROMOTING

SCHOLASTIC, ACADEMIC, SPORTS AND EXTRACURRICULAR SCHOOL RELATED ACTIVITIES.

4562

Department of the Treasury

## Depreciation and Amortization

### (Including Information on Listed Property)

See separate instructions.

Attach to your tax return

Internal Revenue Service Name(s) shown on return Identifying number 99-0319395 KAPAA HIGH SCHOOL FOUNDATION Business or activity to which this form relates Indirect Depreciation 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 500,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (b) Cost (business use only) 6 (a) Description of property 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 632 17 MACRS deductions for assets placed in service in tax years beginning before 2012 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 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only-see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property 20-year property 25 yrs S/L g 25-year property S/L h Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM S/L Nonresidential real 39 yrs property ММ S/I Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L MM c 40-year 40 yrs Summary (See instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 632 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the