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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

OMB No 1545-1150

2012

Open to Public Inspection

A F	or th	e 2012 calendar year, or tax year beginning $07/01$, 2012, and ending	06/	30 ,2013						
R (heck i			oyer identification no.						
		Gilchrist County Farm Bureau		-0841862						
<u> </u>	lame c	me change 306 W Wade Street E Telephone number								
<u></u> '	nitial re	tial return								
=	Final return Trenton, FL 32693-4150 (352)463-2298									
=	Amended return									
		tion pend,	Numb							
G	ACCO	unting method: ☐ Cash ☐ Accrual Other (specify) ▶ H	Check	=						
I W	/ebsit	e: ▶N/A	not req	uired to attach Schedule B						
		empt status (check only one) - 501(c)(3)	(Form 9	990, 990-EZ, or 990-PF)						
		▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 orga	nization	and it's gross receipts are						
		not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N		· ·						
	•	ns) But if the organization chooses to file a return, be sure to file a complete return.		,,,						
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total							
		(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tota: ▶\$	113,326.						
	rt 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for								
L		Check if the organization used Schedule O to respond to any question in this Part I), i Qit i.	, <u>X</u>						
	1	Contributions, gifts, grants, and similar amounts received	<u> </u>							
			2	0.						
	2	Program service revenue including government fees and contracts	<u> </u>	1,048.						
	3	Membership dues and assessments	3	45,074.						
	4	Investment income	4	466.						
	5a	Gross amount from sale of assets other than inventory	_							
	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							
R	6	Gaming and fundraising events	ŀ							
E	а	Gross income from gaming (attach Schedule G if greater than	ľ							
Ě		\$15,000)								
N	b	Gross income from fundraising events (not including \$ of contributions	3 [
U		from fundraising events reported on line 1) (attach Schedule G if	į.							
_		the sum of such gross income and contributions exceed \$15,000) 6b								
	С	Less: direct expenses from gaming and fundraising events 6c								
	đ	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
		line 6c)	6d							
	7 a	Gross sales of inventory, less returns and ellowances 7a 14,652								
	b	Less cost of goods sold RECEIVED . 7b 13,179	_							
	С	Gross profit or (loss) from sales of inventory (line 7 1985 line 7b)	7c	1,473.						
	8	Other revenue (describe in Schedule O) . : 0.13 . Q	8	52,086.						
	9		▶ 9	100,147.						
	10	Grants and similar amounts paid (Histrin-Schedule-9)	10	29,404.						
-	11	Benefits paid to or for members E.N. UT	11	0.						
X	12	Salaries, other compensation, and employee benefits	12	35,534.						
P	13	Professional fees and other payments to independent contractors	12	0.						
EXPENSES	14	Occupancy, rent, utilities, and maintenance	14	16,687.						
S E	15	Printing, publications, postage, and shipping	15	1,184.						
Š	16	Other expenses (describe in Schedule O)	16	12,743.						
	17	Total evenence Add lines 10 through 10	. 47	95,552.						
_		Excess or (deficit) for the year (Subrtract line 17 from line 9)	18	4,595.						
ASSET T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	· · · ·	4,333.						
ĘŞ	-	end-of-year figure reported on prior year's return)	. 19	155 177						
יַ דַׁ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	155,177.						
S	21		<u> </u>							
	41	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	159,772.						

Form 990-EZ (2012) Page 2 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 (B) End of year (A) Beginning of the year 148,890. 144,376. 22 Cash, savings, and investments 11,250. 10,441. 23 Land and Buildings 958. 0. 24 24 155,626. 160,289.Total assets 25 26 Total liabilities (describe in Schedule O) 449. 26 517. 155,177. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 159.772. Part III Statement of Program Service Accomplishments (see the Instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? Education Information Economic organizations and section Describe what was achieved in carying out the organization's exempt purposes. In a clear and concise manner, 4947(a)(1) trusts: optional for others.) describe the services provided, the number of persons benefited, or other relevant information for each program title 28 Sponsored three graduating local high school seniors who are furthering their education in agriculture with scholarships. 28a (Grants \$) If this amount includes foreign grants, check here . 29 Sponsored and participated in two meetings with the Suwannee Water River Mgt District personnel and local farmers & ranchers on Water Best Mgt Practices. (Grants \$ 30 Sponsored and participated in Aq Literacy & AqVenture day to help educate young elementary students on the importance of ag in our everyday lives.) If this amount includes foreign grants, check here ... 31 Other program services (attach schedule)) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a)...... 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 (c) Reportable (b) Average (d) Health benefits. contributions to employee (e) Estimated amount of benefit plans, and deferred compensation (a) Name and title hours per week devoted to position Compensation (If not paid, enter -0-Roy M Wilson Sr President 6 0. James M Jones Vice Preside 4 0. William C Roberts Sec/Treas 1 0. David Mikell 1 Director 0. Dan C Thomas 1 Director 0. Carrie Thomas Director 0. Clyde Townsend Director 1 0. Rich A Watson Director 0. Ruby Lee Wilson Director 1 0. Helen Roberts Director 0.

		_		
Form	990 EZ (2012) Gilchrist County Farm Bureau 59-0841863	2	Pag	је 3
	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruc	tions		
	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 activity not previously reported to the IRS? If "Yes," provide a detailed description			
	of each activity in Schedule O	33		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			Х
•	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on			^_
	Schedule O (see instructions)	34		Х
05 -	•	 	<u> </u>	_
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	250	v	
	(such as those reported on line 2, 6a, and 7a, among others)?	35a	_	
b	If "Yes," to line 35a, has the organization filed a Form 990T for the year? If "No," provide an explanation in Schedule O	35b	X	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting,			l
	and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			ļ
	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		Х
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 unpaid at the start of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:	1		
а	Initiation fees and capital contributions included on line 9			
		 		ļi
b	aross receipts, managed on mile of the passes are street as mile o	1		
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			
	tranaction during the year or did it become aware of an excess benefit tranaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Form 990 or 900-EZ? If "Yes,"			
	complete Schedule L, Part I	40b		ļ
С	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		X
41	List the states with which a copy of this return is filed ▶Florida			
42 a	The organization's books are in care of ▶ Heather Boyd Tel. no ▶ 352-463	-22	98	
	Located at ▶ 306 W. Wade St, Trenton, FL ZIP+4 ▶ 32693-43			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b		X
	account)?	420		_
	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	<u> </u>	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
44a	Did the organization maintain any donor advised funds during the year ? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44a	 	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	174		
		44b	1	X
	Instead of Form 990-EZ	173	 	1-2-

Form 990-EZ (2012) GIICHTIST CO	ounty	rarm Bure	au		5.	9-0841	862	Page	4
								Yes I	10
Did the organization engage, directly o candidates for public office? If "Yes," c					or in opposi	tion to	46		
Part VI Section 501(c)(3) organi			947(a)(1)		mpt chari	able tru	46 Ists on		<u>X</u>
section 501(c)(3) organizations a	and section	on 4947(a)(1) nonexe							
and complete the tables for lines				5				_	_
Check if the organization used S						• • • •	• • •	<u>.</u>	ᆜ
47 Did the organization engage in lobbyin"Yes," complete Schedule C, Part II	g activition	es or have a section 5	01(h) election	on in effect of	during the tax	year? If	47	+	10
48 Is the organization operating a school a	as descr	 (bed in section 170(b	 (1)(A)(ii)? If	"Yes." comp	iete Schedul	еE	48	+ - +	
49 a Did the organization make any transfer				-		- L	49	 	
b If "Yes," was the related organization(s							49		
50 Complete this table for the five highest						nd ley emp	loyees) w	ho each	ı
received more than \$100,000 of compe	ensation	from the organization	If there is r	none, enter '	'None "		Г		
(a) Name and title of each employee paid mo	ore	(b) Average	(C) Rep	ortable ensation	(d) Health b		(e) Estima	ated amou	nt a
than \$100,000		hours per week devoted to position	from the	organization	benefit plans,	and deferred	other	compens	atio
			(Forms W-	2/1099-MISC) compen	sation			
			ł						
									_
			 	 .					_
									_
					ļ.		L		
Total number of other employees paidComplete this table for the five highest		•		ho each rec	_ eived more ti	nan \$100 0	nn of con	nnancati	0 D
from the organization If there is none,									
(a) Name and address of each independent co	ontractor	paid more than \$100	,000 (b) Type of se	ervice	(c) c	ompensa	tion	
									_
									_
									_
			—						
				· · · · · · · · · · · · · · · · · · ·					-
									_
d Total number of other independent ass			100 000			 -			_
d Total number of other independent cor52 Did the organization complete Schedul					17/01/11		,		—
nonexempt charitable trusts must attac			ı) Organizalı	494	17(a)(1)	▶[Yes	□No	
Under penalties of perjury, I declare that and belief, it is true, correct, and complete	l have exa	amined this return, including	ng accompany	ing schedules	and statements	, and to the I	pest of my l	nowledge	,
Sign Say Modelons	10. DOCIAI	- 1	an officer) is b	aseu un an ini	1/2	7 / 13	nas any kno S	wieage	
Here Signature of officer	Day	Willson	_		Date	1-1-			_
Type or print name and title	- Kuy	Will 60m			 -		_		
Print preparer's name	Prepare	er's signature	Date		Check if se	If- PTIN	1		_
					employed ▶				
Paid Firm's name			-		Firm's E				_
Preparer Firm's address					Phone r	10 >			
May the IRS discuss this return with the prepa	arer show	vn above? See instru	ctions	-			Yes	□ No	_
SBA Copyright 2012 Saxon Tax Software				<u>.</u>	· ·	Form	990-E	<u> </u>	

Schedule C (Form 990 or 990-EZ)

dule C Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activites), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C. Do not complete Part I-B
- Section 527 organizations: complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activites), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)), complete Part II-B Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990EZ, Part V, line 35a (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations complete Part III. Name of organization Employer identification no. Gilchrist County Farm Bureau 59-0841862 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures . Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ ___ Enter the amount of any excise tax incurred by organization managers under section 4955 ... ▶\$__ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . 4a Was a correction Made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities > \$ ____ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount political contributions received and promptly and directly delivered to a separate political organization, such as a separate

(a) Name	(b) Address	(C) EIN	(d) Amount paid from filing organization's own internal funds if none, enter -0-	(e) Amount of political contributions received a promptly & directly delivered to a separate political organization if none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
6)				

Gilchrist.	County	Farm	Bureau
Schodulo C (Form	000 05 000 57	7) 0010	

	lchrist. County Farm Burea	au				59-0841862
	edule C (Form 990 or 990-EZ) 2012					Page 2
Pa	rt II-A Complete if the organization	n is exempt	under section	501(c)(3) aı	nd filed Forn	n 5768 (election
	under section 501(h)).				 	
Α	Check if the filing organization belongs to a EIN, expenses, and shares of excess			each affiliated	group member's	name, address,
В	Check if the filing organization checked box	·		annh		
	· · · · · · · · · · · · · · · · · · ·		ontrol provisions	арріу	(a) Filing	(b) Affiliated Group
	Limits on Lobbying (The term "expenditures" me		ald or incurred.)		Organization's Totals	Totals
1a	Total lobbying expenditures to influence public of	opinion (grass ro	ots lobbying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct	lobbying)			
С	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)		<u> </u>		
f	Lobbying nontaxable amount Enter the amount	from the following	g table in both col	lumns,		
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	ontaxable amour	nt is:		
	Not over \$500,000	20% of the amo	ount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$5	500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1	,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,	500,000		
	Over \$17,000,000	\$1,000,000				1
g	Grassroots nontaxable amount (enter 25% of line	e 1f)			-	
h	Subtract line 1g from line 1a If zero or less, ente	er -0				
i	Subtract line 1f from line 1c If zero or less, enter	r -0-				
j	If there is an amount other than zero on either lin	ne 1h or line 1i, c	lid the organization	n file Form 4720	reporting	
	section 4911 tax for this year?		<u>.</u>			. 🗌 Yes 🗌 No
	4-Va2	r Averaging Peri	od Under Section	501/b)		
	(Some organizations that made a se			` '	Il of the five col	lumns below
	-		2a through 2f in t	•		
					·	
	Lot	bying Expendit	ures During 4-Ye	ar Averaging P	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% line 2a, column (e))		,			

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Grassroots lobbying expenditures

Total lobbying expenditures

Grassroots non-taxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

C

d

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Part II-B Complete if the organization is exempt under section 501(c)(3) and	nas	NOT fil	led Fo		је 3
5768 (election under section 501(h)).	(a)		(b)		
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes	Ì		Amou	ınt	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					-
a Volunteers?					
b Paid staff or managment (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	1	1			
f Grants to other organizations for lobbying purposes?	1	1			
g Direct contact with legislators, their staffs, government officials, or legislative body?		 			
		1			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other similar means? . I Other activities?		1			
		-			
Total lines 1c through 1i		 			
	+				
·					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		- 			===
Part III–A Complete if the organization is exempt under section 501(c)(4), sect	ion !	501(c)(5). or		
section 501(c)(6).		, , , , , ,	-,,		
			•	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1	Х	
2 Did the organization make only in-house lobby expenditures of \$2,000 or less?			2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No line 3 is answered "Yes."	ion (501(c)(۹,	
1 Dues, assessments and similar amounts from members	1				
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	28	1			
b Carryover from last year	2t	,	_		
c Total	20	;			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	1			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces				_	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
political expenditure next year?	4	7			
5 Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affilated group list), Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

Employer Identification number Name of the organization Gilchrist County Farm Bureau 59-0841862 Part I, Line 8 - Other Revenue Service Fees 51,318. Agents Reimb 624. SRWMD Meeting Reimb 144. 52,086. Part I, Line 10 - Expenses - Grants and similar amounts paid Florida Farm Bureau Federation Dues 26,404. Scholarships 3,000. 29,404. Totals: Part I, Line 16 - Other Expenses Description Total Office Expenses 3,392. Meetings & Travel 4,306. Awards 600. Federal Tax 3,490. Contributions 340. Advertising 48. Special Proj/Promotions 147. Employee Education 420. Misc Totals: 12,743. Part II, Line 24 - Other Assets Inventory 958. Part II, Line 26 - Other Liabilities Payroll Liabilities 517.

517.

Name of the organization
Gilchrist County Farm Bureau

Employer identification number

59-0841862

Roy M Wilson Sr 306 W Wade St, Trenton, FL 32693

James M Jones 306 W Wade St, Trenton, FL 32693

William C Roberts 306 W Wade St, Trenton, FL 32693

David Mikell 306 W Wade St, Trenton, FL 32693

Dan C Thomas 306 W Wade St, Trenton, FL 32693

Carrie Thomas 306 W Wade St, Trenton, FL 32693

Clyde Townsend 306 W Wade St, Trenton, FL 32693

Rich A Watson 306 W Wade St, Trenton, FL 32693

Ruby Lee Wilson 306 W Wade St, Trenton, FL 32693

Helen Roberts 306 W Wade St, Trenton, FL 32693

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No	1545-0172
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2012

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Name(s) shown on return				ss or activity to w	Identifying number					
	ist County Farm Bur			er Services				59-0841862		
Part			rtain Property Un							
	Note: If you	have any liste	ed property, compl	ete Part V be	efore you co	mplete	Part I.		,	
1 /	Maxımum amount (see instruction	s)					1_	500,000	
2	Total cost of sectio	n 179 property	placed in service (se	e instructions	s)			2		
3	3 Threshold cost of section 179 property before reduction in limitation (see instructions)							3	2,000,000	
			ne 3 from line 2. If ze					4		
		-	btract line 4 from lii	ne 1. If zero	or less, ente	er -0 I	f married filing			
	separately, see inst	tructions	· · · · · ·					5	500,000	
6	(a) De	escription of proper	ty	(b) Cost (bus	ness use only)		(c) Elected cost			
										
			from line 29							
			property. Add amoun					8		
			aller of line 5 or line					9		
			from line 13 of your					10		
			smaller of business in	•		-	e instructions)	11		
	•		dd lines 9 and 10, bu				<u></u>	12		
			to 2013. Add lines 9			13			<u></u>	
			w for listed property.							
			wance and Other I					(See i	instructions.)	
			or qualified property	•				1		
	during the tax year	•	-					14		
			1) election					15		
	Other depreciation						<u> </u>	16	136	
Part	III MACRS De	preciation (D	o not include listed		(See instruc	tions.)				
	44.000 1 1 1			Section A				T	1	
			ced in service in tax					17	421	
	r you are electing asset accounts, ch		ssets placed in serv	-	-		-			
	•		ed in Service Durin					n Svoi	iom.	
	Section L	(b) Month and year			ear Osing th		rai Depreciation	J		
(a) CI	assification of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	n	(f) Method	(g) [Depreciation deduction	
<u>19a</u>	3-year property	_								
<u> </u>	5-year property	-		 				<u> </u>		
<u>c</u>	7-year property	,		 				-		
	10-year property		_	 						
	15-year property	- i		ļ			. -	_	<u></u>	
	20-year property	- !		05			C //	┿		
	25-year property			25 yrs			5/L	-		
	h Residential rental 275 yrs MM S/L							┼—		
	property 27.5 yrs MM 5/L i Nonresidential real 39 yrs MM 5/L							┿		
										
	property Section C	Assets Place	d in Camina Dunina	0010 Tax Va	MM	A 14 =	S/L	0		
202	Class life	-Assets Place	d in Service During	ZUIZ IAX TE	ar Using the	Aiterna	S/L	on Sy	stem	
		-: '		12 yrs		+-	5/L	+		
	b 12-year 12 yrs 5/L c 40-year 40 yrs MM 5/L						+-			
	IV Summary (See instruction	ins)	1 -10 yis	IAHAI		J/L			
	usted property. En							21	1	
			lines 14 through 17.	lines 19 and	20 in column	 . (a) an	d line 21 Enter	-	 	
h	nere and on the ap	propriate lines	of your return. Partne	erships and S	corporations	—see in	structions	22	5.77	
			ed in service during						557	
			section 263A costs		,	23		!		

Form	4562 (2012)															Page 2
	rt V Listed			lude auto			tain ot	her v	ehicles,	certa	in cor	nputer	s, and	prop	erty us	ed for
				on, or amu		,	atanda			o or do	duation	. 10000	040000	m	aloto e-	d. 240
				r which you (c) of Sectio								, lease	expense	e, comp	nete or	iiy 24a,
				nd Other Inf								for pa	ssenger	autom	obiles.)	
248	Do you have ev							Yes [idence w			☐ No
	(a) (b) Business/ (d) Cost or other percentage					(f) Recovery period	lecovery Method/		(h) Depreciation deduction		Ele	(i) Elected section 179 cost				
25 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) . 25																
26	Property use	ed more tha	an 50%	ın a qualified	d busin	ess use	∋:			-		1				
				%												
				%						4		ļ				
07		- d 500/ -=	<u> </u>	%						1						
27	Property use	30 50 % Or	less in a	%	Isiness	use.		T		5/L -		Т				
				%				-		5/L -		 				
				%						S/L -	-					
28	Add amount	ts in colum	n (h), line	es 25 throug	h 27. E	nter he	re and	on line	21, pag	e1 .	28	l				
29	Add amount	ts in colum	n (ı), line							_		<u></u>		29		
	plete this sect our employees,			by a sole pr	oprietor	, partne	er, or oth	er "mo		% own						ehicles
30	Total busines					(a) (b) Vehicle 1 Vehicle 2					(d) (e) hicle 4 Vehicle			(f) 5 Vehicle 6		
	Total commut Total other miles driven	ting miles dr persona	nven dunr	ng the year												
33	Total miles lines 30 thro	driven dur														
34	Was the ve			•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% ow															
36	Is another veh						l						<u></u>			L
	wer these que e than 5% ow	estions to d	letermine		t an ex	ception					_		-		who ar	e not
37	Do you main your employ		•	•			•			ehicles	s, inclu	ding co	mmutin	g, by 	Yes	No
38	Do you mail employees?	ntain a wri	tten poli	cy statemer	nt that p	orohibit	ts perso	onal us	se of vet							
39	Do you treat					-	-									
40	Do you provuse of the ve				-						•	mploye	es abou	t the		
41	Do you mee															
	Note: If you		o 37, 38,	39, 40, or 4	11 is "Y	es," do	not cor	mplete	Section	B for t	he cov	ered ve	hıcles.			
Pa	rt VI Amor	uzation				 ,-		·				(e)	<u> </u>			
		(a) on of costs		(b) Date amortiz begins	ation	Amo	(c) ortizable ai	mount	С	(d) ode sect	ion	Amortiz period percen	ation d or	Amortiza	(f) ition for th	ns year
42	Amortization	of costs t	hat begir	ns during yo	our 2012	2 tax ye	ear (see	instru	ctions):							

43 Amortization of costs that began before your 2012 tax year

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

43

44

Page 1 - Line 12, Other Income

Service Fees	51,318.
Agent Reimbursements	624.
	51,942.

Page 2 - Line 28, Other Deductions

Phone	4,581.
Utilities	1,876.
Postage	592.
Office Expense	2,544.
Insurance	870.
Advertising	24.
Employee Education	315.
	10,802.