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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.**

A For the 2012 calendar year, or tax year beginning 11/1/2012, and ending 10/31/2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Farm Bureau Federation Mississippi Lowndes County Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 549 City or town state or country ZIP + 4 Columbus MS 39703-0549 D Employer identification number 64-0325317 E Telephone number (662) 328-7541 F Group Exemption Number 1473 G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: N/A J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

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. \$ 130,782

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 ☒

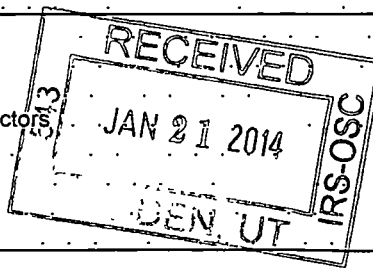
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	62,744
	4	Investment income	4	12
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis 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	5
	b	Less: cost of goods sold	7b	39
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-34
	8	Other revenue (describe in Schedule O)	8	68,021
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	130,743
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	26,522
	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	102,845
	17	Total expenses. Add lines 10 through 16	17	129,367
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,376
	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	209,524
	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	210,900

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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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 ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,213	22 89,415
23 Land and buildings	124,119	23 121,331
24 Other assets (describe in Schedule O)	1,255	24 135
25 Total assets	209,587	25 210,881
26 Total liabilities (describe in Schedule O)	63	26 -19
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	209,524	27 210,900

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 ☐What is the organization's primary exempt purpose? To further the interests 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 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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 interests of the farmer (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	0

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

(a) Name and title	(b) 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
MATT BRIGNAC PRESIDENT	Hr/WK 4 00			
JOHN GILMER VICE-PRESIDENT	Hr/WK 3 00			
DOUGLAS HOLLIMAN SEC -TREAS	Hr/WK 3 00			
JIM CRADDOCK DIRECTOR	Hr/WK 2 00			
LEIGH CRADDOCK DIRECTOR	Hr/WK 2 00			
CHUCK YOUNGER DIRECTOR	Hr/WK 2 00			
TOMMY VAUGHN DIRECTOR	Hr/WK 2 00			
FLOYD LOWRY DIRECTOR	Hr/WK 2 00			
HENRY VAUGHN DIRECTOR	Hr/WK 2 00			
ROY WEATHERS DIRECTOR	Hr/WK 2 00			
DOUG YELVERTON DIRECTOR	Hr/WK 2 00			
CRAIG CANULL DIRECTOR	Hr/WK 2 00			

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		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)		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)?	X	
35 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	X	
35 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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37 b Did the organization file Form 1120-POL for this year?	37b	
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
38 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 <input type="text"/> , section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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 <input type="text"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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 <input type="text"/>		
42 a The organization's books are in care of <input type="text"/> KIM JOHNSON Telephone no <input type="text"/> (662) 328-7541 Located at <input type="text"/> 101 MAIN ST City COLUMBUS ST MS ZIP + 4 <input type="text"/> 39703-0549		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/>	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 43		
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

- 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 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

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 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 title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	00		
Name				
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		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
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	Signature of officer	President	Date
	Type or print name and title	Matt Brignac President	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	William Davis	William Davis	1/2/2014		P00631674
	Firm's name	Mississippi Farm Bureau Federation		Firm's EIN	64-0303134
	Firm's address	6311 Ridgewood RD, Jackson, MS 39211		Phone no	(601) 977-4205

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

Farm Bureau Federation Mississippi Lowndes County

64-0325317

Form 990-EZ, Part I, Line 8, Other Revenue Schedule 1-Insurance Service Fees 68,021

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Mississippi Farm Bureau

Federation 6311 Ridgewood Road Jackson MS 39211, Cash Grant 26,522, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Schedule 2 102,845

Form 990-EZ, Part II, Line 24, Other Assets: Utility Deposits Beginning of year 135, End of

year 135

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Tax-990T Beginning of year: 860, End of

year 0

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid State Tax Beginning of year 260, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities: Payable Beginning of year -37, End of year

-19

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Taxes Due Beginning of year 100, End of

year 0

Name of the organization

Employer identification number

Farm Bureau Federation Mississippi Lowndes County

64-0325317

Page 1 of 1 of Part IV

Employer Identification number

64-0325317

[illegible]

Lowndes County Farm Bureau
SCHEDULE I
October 31, 2013

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	5358
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Southern Farm Bureau Life Insurance Company	19291
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Southern Farm Bureau Casualty Insurance Company	25497
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Mississippi Farm Bureau Mutual Insurance Company	<u>17320</u>
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Total Insurance Fees	<u>67466</u>
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Farm Bureau Bank	<u>555</u>
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Total Bank Fees	<u>555</u>
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TOTAL SERVICE FEES	<u><u>68021</u></u>
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Lowndes County Farm Bureau
SCHEDULE II
October 31, 2013

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	36222	36222			
Insurance Company Svc Fees	67466		67466		
Farm Bureau Bank	555		555		
Rent Received	0			0	
Interest	12				12
Net Sales	-34				-34
	<hr/>				
TOTAL INCOME	104221	36222	68021	0	-22
	<hr/>				

Relationship of Dues to
Service Fees

34.7% 65.3%

Floor Space Ratio

50.0% 50.0%

Allocation of General Overhead
Based on the Relationship of
Dues to Service Fees

Promotions	1423		
Insurance	309		
Telephone	3978		
Postage	202		
Office Expense	2700		
Depreciation	952		
	<hr/>		
TOTAL	9564	3323	6241

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3738		
Taxes	3070		
Insurance	1374		
Building Maintenance	4623		
Interest	41		
Depreciation	2931		
Rent	0		
	<hr/>		
TOTAL	15777	7888	7889

Lowndes County Farm Bureau
SCHEDULE II
October 31, 2013

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		43.0%	57.0%		
Salary - Secretary	52145				
Payroll Taxes	3892				
Employee Insurance	2400				
Retirement	0				
TOTAL	58437	25128	33309		
Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	4716				
Board Expense	1875				
Commodity Meetings	48				
Contributions	5200				
MFBF Convention	1871				
Safety Seminar	877				
Secretary Meeting	733				
Young Farmer Program	540				
Other Exempt	120				
TOTAL	15980	15980			
Expense Directly Related to Production of Service Fees					
State Income Tax	2667				
Computer Rent	420				
TOTAL	3087		3087		
TOTAL EXPENSES	102845	52319	50526	0	0

Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2013
Building/Improvements

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		41331.15		41331.15	31.5	SL	41331.15	0.00	41331.15	0.00
Building	Jan-96	2782.00		2782.00	31.0	SL	1485.87	89.74	1575.61	1206.39
Building	Oct-03	570.00		570.00	5.0	SL	321.70	114.00	435.70	134.30
Ramp	Jun-04	2596.74		2596.74	39.0	SL	599.22	66.58	665.80	1930.94
Building	Nov-05	615.25		615.25	39.0	SL	110.46	15.78	126.24	489.01
Building	Oct-06	1815.02		1815.02	39.0	SL	279.24	46.54	325.78	1489.24
Building	Oct-07	650.00		650.00	39.0	SL	83.35	16.67	100.02	549.98
Building Addition	Oct-09	55000.00		55000.00	39.0	SL	4230.78	1410.26	5641.04	49358.96
Building	Oct-10	45675.24		45675.24	39.0	SL	3513.48	1171.16	4684.64	40990.60

151035.40	0.00	151035.40	51955.25	2930.73	54885.98	96149.42
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Lowndes County Farm Bureau
Depreciation Schedule
October 31, 2013
Furniture & Equipment

Description	Acquired				Rate (Yrs)	Type	Accumulated Depreciation			Net
		Beg Balance	Additions (Deduct)	End Balance			Beg Balance	Additions (Deduct)	End Balance	
Fully Depreciated Items		6047.79		6047.79	7.0	SL	6047.79	0 00	6047.79	0.00
Refridgerator	Jan-03	481.46		481.46	7.0	SL	481.46	0.00	481.46	0 00
Furniture	Oct-03	537.18		537.18	7.0	SL	537.18	0 00	537.18	0.00
Furniture	Oct-05	4780.20		4780.20	7.0	SL	4780 20	0.00	4780.20	0.00
Furniture	Oct-07	5182.87		5182 87	7 0	SL	3702 05	740.41	4442.46	740.41
Furniture	Oct-08	248 58		248.58	7 0	SL	177.55	35.51	213.06	35.52
Furniture	Nov-08	202 23		202.23	7.0	SL	115.56	28.89	144.45	57.78
Furniture	Oct-10	1027.14		1027.14	7.0	SL	293.46	146.73	440 19	586 95
Furniture	Oct-13		1095.93	1095 93	7.0	SL		0.00	0.00	1095.93

18507.45	1095.93	19603.38	16135.25	951 54	17086 79	2516 59
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Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Farm Bureau Federation Mississippi Lowndes C 990EZ

64-0325317

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 2011 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 2013 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	3,882

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 2012	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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 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						
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	
i Nonresidential real property			27 5 yrs.	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 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	3,882
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.

Form 4562 (2012)