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Short Form Return of Organization Exempt From Income Tax

2013

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization**GREATER SIERRA VISTA KENNEL CLUB**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. BOX 264

City or town

State

ZIP code

SIERRA VISTA

AZ

85636

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

94-2915111

E Telephone number

(520) 249-6580

**F Group Exemption
Number ►****G Accounting Method:** Cash Accrual

Other (specify) ►

I Website: ► WWW.GSVKC.ORG**J Tax-exempt status (check only one) —** 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527

H Check ► if the organization is
not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)

K Form of organization: Corporation Trust Association Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 37,430**

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 1 2 3 1,632 4 22 5a 5b 5c 0 6a 6b 35,776 6c 26,694 6d 9,082 7a 7b 7c 0 8 9 10,736 10 5,686 11 2,646 12 13 174 14 15 16 4,539 17 13,045 18 -2,309 19 48,499 20 -4 21 46,186 |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 | <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RECEIVED 85 FEB 25 2014 IRS-OSC </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> OPENED </div> 18 19 48,499 20 -4 21 46,186 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 18 19 48,499 20 -4 21 46,186 |

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

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 | | 44,499 | 22 42,186 |
| 23 Land and buildings | | | 23 |
| 24 Other assets (describe in Schedule O) | | 4,000 | 24 4,000 |
| 25 Total assets | | 48,499 | 25 46,186 |
| 26 Total liabilities (describe in Schedule O) | | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 48,499 | 27 46,186 |

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? EDUCATION AND RECREATION

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 PROTECTION AND ADVANCEMENT OF INTEREST IN ALL BREEDS OF PURE BRED DOGS

| | | | |
|---|--|----------------------------|------|
| (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 |
|--------------------|--|--|--|--|
| Winston Woolverton | | | | |
| President | Hr/WK | | | |
| Jennifer DeVol | | | | |
| Vice-President | Hr/WK | | | |
| John Placho | | | | |
| Treasurer | Hr/WK | | | |
| Mary Woolverton | | | | |
| Secretary | Hr/WK | | | |
| Dave Higgins | | | | |
| Director | Hr/WK | | | |
| Mary Watcher | | | | |
| Director | Hr/WK | | | |
| | Hr/WK | | | |

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 | |
| 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 | 37b | X |
| b | Did the organization file Form 1120-POL for this year? | 38a | 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? | 38b | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved. | 39a | |
| 39 | Section 501(c)(7) organizations. Enter | 39b | |
| a | Initiation fees and capital contributions included on line 9. | 40a | |
| b | Gross receipts, included on line 9, for public use of club facilities. | 40b | |
| 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 ► _____ | 40c | |
| 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. | 40d | |
| 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. ► _____ | 40e | X |
| 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. | | |
| 41 | List the states with which a copy of this return is filed ► AZ | | |
| 42 a | The organization's books are in care of ► JOHN PLACHO | Telephone no ► | (520) 366-5231 |
| | Located at ► 10526 E RUNNING COYOTE T City HEREFORD ST AZ ZIP + 4 ► 85615 | | |
| 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. ► _____ 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. ► _____ | 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 ► 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 |
| 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 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 | | X |
|-----|--|---|

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 title of each employee | (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 business address of each independent contractor | (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 | <i>John Placido</i> | | Date 2/14/2014 |
| | Signature of officer John Placido, TREASURER | Type or print name and title John Placido | |

| | | | | | |
|------------------------|--|--|-------------------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name VICTORIA LUNDA | Preparer's signature VICTORIA LUNDA | Date 2/13/2014 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P01241032 |
| | Firm's name ► DEBITS AND CREDITS | | | Firm's EIN ► 86-0623820 | |
| Firm's address | 2201 E CARMELITA DRIVE, SIERRA VISTA, AZ 85635 | | Phone no | (520) 458-8329 | |

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

GREATER SIERRA VISTA KENNEL CLUB

94-2915111

Part I **Fundraising Activities.** Complete if the organization answered **Yes** to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (I) Name and address of individual or entity (fundraiser) | | (II) Activity | (III) Did fundraiser have custody or control of contributions? | | (IV) Gross receipts from activity | (V) Amount paid to (or retained by) fundraiser listed in col (I) | (VI) Amount paid to (or retained by) organization |
|---|--|---------------|--|----|-----------------------------------|--|---|
| | | | Yes | No | | | |
| 1 | | | | | 0 | 0 | 0 |
| | | | | | | | |
| 2 | | | | | 0 | 0 | 0 |
| 3 | | | | | 0 | 0 | 0 |
| 4 | | | | | 0 | 0 | 0 |
| 5 | | | | | 0 | 0 | 0 |
| 6 | | | | | 0 | 0 | 0 |
| 7 | | | | | 0 | 0 | 0 |
| 8 | | | | | 0 | 0 | 0 |
| 9 | | | | | 0 | 0 | 0 |
| 10 | | | | | 0 | 0 | 0 |
| Total | | | | | ► | 0 | 0 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | (a) Event #1 SHOW (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|--|------------------------------|--|--|
| Revenue | 1 Gross receipts | 35,776 | 0 | 35,776 |
| | 2 Less: Contributions | | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 35,776 | 0 | 35,776 |
| Direct Expenses | 4 Cash prizes | | 0 | 0 |
| | 5 Noncash prizes | | 0 | 0 |
| | 6 Rent/facility costs | | 0 | 0 |
| | 7 Food and beverages | | 0 | 0 |
| | 8 Entertainment | | 0 | 0 |
| | 9 Other direct expenses | 26,694 | 0 | 26,694 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | ► (26,694) |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | ► 9,082 |

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|---|
| Revenue | 1 Gross revenue | | | 0 |
| Direct Expenses | 2 Cash prizes | | | 0 |
| | 3 Noncash prizes | | | 0 |
| | 4 Rent/facility costs | | | 0 |
| | 5 Other direct expenses | | | 0 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | ► (0) |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | ► 0 |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | |
|-----|---|
| 13a | % |
| 13b | % |

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ 0

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER SIERRA VISTA KENNEL CLUB

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

94-2915111

Form 990-EZ, Part I, Line 16, Other Expenses: Dues and Subscriptions 460

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,669

Form 990-EZ, Part I, Line 16, Other Expenses: License 10

Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies: 606

Form 990-EZ, Part I, Line 16, Other Expenses: Postage and Box Rent: 148

Form 990-EZ, Part I, Line 16, Other Expenses: Storage Rent: 1,454

Form 990-EZ, Part I, Line 16, Other Expenses: Small tools and equipment 192

Form 990-EZ, Part I, Line 20, Net Assets: ROUNDING. -4

Form 990-EZ, Part II, Line 24, Other Assets A/R COYOTE CLUSTER SHOW PROCEEDS: Beginning of
year 4,000, End of year: 4,000

Depreciation and Amortization
(Including Information on Listed Property)

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

| | | |
|---|--|----------------------------------|
| Name(s) shown on return GREATER SIERRA VISTA KENNEL CLUB | Business or activity to which this form relates 990EZ | Identifying number 94-2915111 |
|---|--|----------------------------------|

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 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 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 | 500,000 |

| 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 2012 Form 4562 | 10 | 2,553 |
| 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 2014. Add lines 9 and 10, less line 12 | 13 | 2,553 |

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 | |

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 2013 | 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 2013 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 2013 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 | 0 |
| 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 (2013)