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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 private foundations)

OMB No 1545-1150

2013Open to Public
Inspection

► 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 07/01/13, and ending 06/30/14****B Check if applicable**

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

C Name of organization**Reno County Farm Bureau Assoc.**

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

10 S Main Street, Suite A**D Employer identification number****48-0564910**

City or town, state or province, country, and ZIP or foreign postal code

South Hutchinson KS 67505-1093**E Telephone number****620-663-4251****F Group Exemption
Number ►****G Accounting Method** Cash Accrual Other (specify) ►**H Check ► if the organization is not****I Website:** ► **N/A**

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527**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**

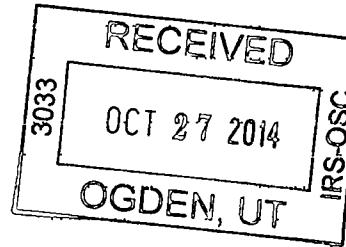
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **151,066****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 13,444 |
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 32,844 |
| | 4 Investment income | 4 4,603 |
| | 5a Gross amount from sale of assets other than inventory | 5a 100,000 |
| | b Less cost or other basis and sales expenses | 5b 40,789 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c 59,211 |
| | 6 Gaming and fundraising events | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a of contributions |
| Expenses | b Gross income from fundraising events (not including \$ 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 |
| | 7a Gross sales of inventory, less returns and allowances | 7a |
| | b Less cost of goods sold | 7b |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| | 8 Other revenue (describe in Schedule O) | 8 175 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 110,277 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 3,750 |
| Net Assets | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 16,585 |
| | 13 Professional fees and other payments to independent contractors | 13 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 9,198 |
| | 15 Printing, publications, postage, and shipping | 15 1,119 |
| | 16 Other expenses (describe in Schedule O) | 16 23,537 |
| | 17 Total expenses. Add lines 10 through 16 | 17 54,189 |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 56,088 |
| | 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) | 19 171,595 |
| | 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 | 21 227,683 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)



95-6

29

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 | 137,165 | 228,089 |
| 23 Land and buildings | 34,666 | 23 |
| 24 Other assets (describe in Schedule O) | 1,060 | 24 |
| 25 Total assets | 172,891 | 228,846 |
| 26 Total liabilities (describe in Schedule O) | 1,296 | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 171,595 | 227,683 |

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?

Educate/improve life quality

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

28 All activities offered to educate and/or improve quality of life for members. Programs offered to all members include health, safety, citizenship and marketing.

(Grants \$) If this amount includes foreign grants, check here ► 28a

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► **32****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 |
|----------------------------------|--|--|---|--|
| Derek Zongker President | 0.00 | 0 | 0 | 0 |
| Myron Miller Vice-President | 0.00 | 0 | 0 | 0 |
| Cindy Roth Sec/Treas | 0.00 | 0 | 0 | 0 |
| Jenny Burgess Board Member | 0.00 | 0 | 0 | 0 |
| Kenneth Gamber Board Member | 0.00 | 0 | 0 | 0 |
| Valerie Brack Board Member | 0.00 | 0 | 0 | 0 |
| Nelson Schrock Board Member | 0.00 | 0 | 0 | 0 |
| Todd Miller Board Member | 0.00 | 0 | 0 | 0 |
| Ryan Yoder Board Member | 0.00 | 0 | 0 | 0 |
| Matthew Krehbiel Board Member | 0.00 | 0 | 0 | 0 |

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

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

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 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39c

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

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 40f

41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **OFFICE SECRETARY**

Telephone no. ► **620-663-4251**

10 S Main Street, Suite A

Located at ► **SOUTH HUTCHINSON**

KS

ZIP + 4

67505-1093

| Yes | No |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> X |

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.

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 ► _____

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

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 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b 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

| | | |
|----|------------------------------|--|
| 46 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|----|------------------------------|--|

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

| | | |
|-----|------------------------------|-----------------------------|
| 47 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49a | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49b | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

49a 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 | (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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ► _____

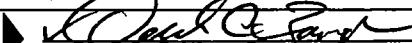
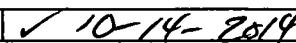
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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  Date 

Here  Type or print name and title 

| | | | | | |
|------------------------------|--|----------------------|--------------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► This tax return | | Firm's EIN ► | | |
| | Firm's address ► prepared by a non-paid preparer. | | Phone no | | |

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

► Yes No

Form 990-EZ (2013)

SCHEDULE N
(Form 990 or 990-EZ)

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36
- Attach certified copies of any articles of dissolution, resolutions, or plans.
- Attach to Form 990 or 990-EZ.

Reno County Farm Bureau Assoc.

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part V, line 31, or Form 990-EZ, line 36.

Part I can be duplicated if additional space is needed.

| | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|-----------------------------------|---|
| 1 | | | | | | | |

2 Did or will any officer, director, trustee, or key employee of the organization,

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?

111

23

p7

2b

2c

24

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

1. Inundation Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 ('Total assets'), and line 26 ('Total liabilities') should equal 0.

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part II.

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

If "Yes," did the organization provide such notice?

Did the organization discharge or pay all of its liabilities in accordance with state laws?

Did the organization have any tax-exempt bonds outstanding during the year?

Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to line 30, unless line 30 is checked. If all lines 30 through 39 are unanswered, skip this part.

Part III . Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information.

Additional Information

Sch N - Part II line 1(d) - Method of determining FMV for asset(s)

distributed: Brokers opinion of value based on 120% of county appraisal.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-0047

2013**Open to Public
Inspection**

► 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.

Name of the organization

Employer identification number

Reno County Farm Bureau Assoc.**48-0564910****Form 990-EZ, Part I, Line 8 - Other Revenue**

| Description | Amount |
|---------------------|---------------------|
| Other Income | \$ 175 |
| | Total \$ 175 |

Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|------------------------------------|-----------------|
| Operations | |
| Advertising | \$ 1,055 |
| 4-H Promotion | \$ 1,200 |
| Board Expense | \$ 1,341 |
| Collegiate | \$ 341 |
| Dues | \$ 275 |
| Fair Expense | \$ 250 |
| Gifts & Flowers | \$ 80 |
| Insurance: Liability | \$ 1,083 |
| Insurance: Master Group L | \$ 505 |
| Office Expense | \$ 1,256 |
| Subscriptions | \$ 20 |
| Bank Service Charges | \$ 25 |
| Contributions | \$ 429 |
| Taxes: Personal Property | \$ 22 |
| Taxes: Sec of State | \$ 40 |
| Travel | \$ 1,922 |
| Non-investment Depreciation | \$ 303 |

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization

Reno County Farm Bureau Assoc.

Employer identification number

48-0564910

Expenses

| | | |
|--------------------------------|----|---------------|
| Committees: Ag in the Classrm | \$ | 582 |
| Committees: Farm 2U Day | \$ | 5,840 |
| Committees: NER | \$ | 100 |
| Committees: Policy Developmnt | \$ | 201 |
| Committees: Safety | \$ | 248 |
| Committees: Womens | \$ | 425 |
| Committees: Young Frmrss & Rch | \$ | 615 |
| Meetings: County Annual | \$ | 2,072 |
| Meetings: State Annual | \$ | 1,150 |
| Seminars: Capital Experience | \$ | 70 |
| Committees: Membership-Awards | \$ | 765 |
| Meetings: President's Trip | \$ | 1,322 |
| Total \$ | | 23,537 |

Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg. of Year | End of Year |
|--------------------------------------|---------------|-----------------|
| | \$ 1,515 | \$ 2,925 |
| Less Accumulated Depreciation | \$ 455 | \$ 2,168 |
| Total \$ | 1,060 | 757 |

Form 990-EZ, Part II, Line 26 - Other Liabilities

| Description | Beg. of Year | End of Year |
|--|-----------------|-----------------|
| Accounts Payable and Accrued Expenses | \$ 1,296 | \$ 1,163 |

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2013Attachment Sequence No **179**

Name(s) shown on return

Reno County Farm Bureau Assoc.Identifying number
48-0564910

Business or activity to which this form relates

Operations**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 | |
| 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 | |

| | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|--|-----------------------------|------------------------------|------------------|--|
| 6 | | | | |
| 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 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | | | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2012 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 | |
| 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 | ► | 13 | | |

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 | 534 |

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 | 630 |
| 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 |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 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

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a 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 | 1,164 |
| 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.

DAA

Form **4562** (2013)
There are no amounts for Page 2