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Short Form Return of Organization Exempt From Income Tax

2013

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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

07-01, 2013, and ending

06-30, 2014

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

PFLUGERVILLE LIONS CLUB

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

PO BOX 722

Room/suite

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

PFLUGERVILLE, TX 78691

D Employer identification number

51-0141145

E Telephone number

(512) 251-5466

F Group Exemption

Number ► 0239

G Accounting Method. Cash Accrual Other (specify) ►I Website: ► PFLUGERVILLELIONSCLUB.ORGJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527H 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 ► \$ 172,142

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

1 Contributions, gifts, grants, and similar amounts received	1 6,778
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 5,005
4 Investment income	4 41,812
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
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 31,380
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 85,567
c Less: direct expenses from gaming and fundraising events	6c 48,699
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 68,248
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 1,600
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 123,443
10 Grants and similar amounts paid (list in Schedule O)	10 82,548
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 16,505
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 34,792
17 Total expenses. Add lines 10 through 16	17 133,845
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (10,402)
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)	19 205,764
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	21 195,362

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2013)

P
J3SCANNED JUN 22 2015
Revenue

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	90,063	22	88,011
23 Land and buildings	115,701	23	107,351
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	205,764	25	195,362
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,764	27	195,362

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? **SUPPORT WORTHY LOCAL AND GLOBAL CAUSES**

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 DONATIONS TO LIONS CLUB INTERNATIONAL FOR THEIR STATE, NATIONAL, AND INTERNATIONAL PROGRAMS. THESE INCLUDE LIONS CAMP, EYE BANK, LEADER DOG, LIONS FOUNDATION.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	21,563
29 SCHOLARSHIPS GIVEN TO STUDENTS TO ASSIST WITH THE COSTS OF HIGHER EDUCATION.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	9,750
30 DONATIONS OF SCHOOL SUPPLIES FOR STUDENTS IN NEED, FOOD PANTRY DONATIONS, DONATIONS TO SCHOOL NURSES, SUPPORT OF CIRCLE OF FRIENDS, DONATIONS TO BLUE SANTA	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	51,235
31 Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/>) 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	82,548

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 (Form 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
See 990 OFOV				
TERRY GRONA				
PRESIDENT	2	0	0	0
MARK HARDI				
1ST VICE PRESIDENT	2	0	0	0
MIKE MAAS				
2ND VICE PRESIDENT	2	0	0	0
MIKE MARSH				
3RD VICE PRESIDENT	2	0	0	0
MIKE LASCH				
SECRETARY	2	0	0	0
WILLARD HEBBE				
TREASURER	2	0	0	0
BOB BRYDSON				
1ST YEAR DIRECTOR	2	0	0	0
STANLEY PFEIL				
1ST EYAR DIRECTOR	2	0	0	0
WAYNE REDD				
2ND YEAR DIRECTOR	2	0	0	0
STEVE SHEFFIELD				
2ND YEAR DIRECTOR	2	0	0	0
HARLEY SAATHOFF				
LION TAMER	2	0	0	0
MIKE CALLAHAN				
TAIL TWISTER	2	0	0	0
JERRY GRONA				
MEMBERSHIP CHAIR	2	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		
	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	
b Did the organization file Form 1120-POL for this year?	37b	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?	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		
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 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	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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 ► _____		
42 a The organization's books are in care of ► WILLARD HEBBE	Telephone no ► 512-251-5466	
Located at ► PO BOX 722, PFLUGERVILLE, TX	ZIP + 4 ► 78691	
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)?	42b	X
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.?	42c	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	
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

46	<input type="checkbox"/>	Yes	No
		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

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

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."

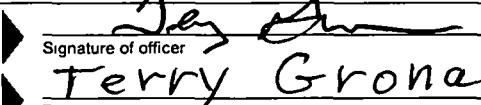
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

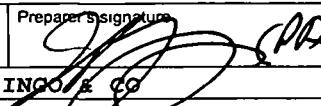
d Total number of other independent contractors each receiving over \$100,000 ►

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 Here		Date
	Terry Grone	05-13-2015
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFF MONZINGO	Preparer's signature 	Date 05-11-2015	Check <input type="checkbox"/> if self-employed	PTIN P00148216
	Firm's name ► BLAKESLEE MONZINGO & CO			Firm's EIN ► 74-3001734	
	Firm's address ► PO BOX 2029				
	PFLUGERVILLE TX 78691			Phone no 512-251-5668	

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

Name of the organization

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part I Fundraising Activities: Complete if the organization is a Form 990-EZ filer are not required to complete this part

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

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

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?

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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Texas

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 <u>DINNER PARTY</u> (event type)	(b) Event #2 <u>DEUTSCHEN PF</u> (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	50,733	17,063	17,771	85,567
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	50,733	17,063	17,771	85,567
4 Cash prizes			1,120	1,120
5 Noncash prizes	12,065		378	12,443
6 Rent/facility costs				
7 Food and beverages	2,879		652	3,531
8 Entertainment				
9 Other direct expenses	4,954	8,632	5,012	18,598
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				35,692
11 Net income summary. Subtract line 10 from line 3, column (d) ►				49,875

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))
1 Gross revenue	31,380			31,380
2 Cash prizes	12,008			12,008
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	999			999
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00 % <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) ►				13,007
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				18,373

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

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:

a The organization's facility	13a	100.000	%
b An outside facility	13b		%

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

Name ► WILLARD HEBBE

Address ► PO BOX 722, PFLUGERVILLE, TX 78691

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 ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

Name ►

Address ►

16 Gaming manager information

Name ► OMAR PENA

Gaming manager compensation ► \$

Description of services provided ► **HELPS OVERSEE BINGO FOR THE ORGANIZATION**

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 ► \$

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 provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organizationComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**► 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**Open to Public
Inspection**

PFLUGERVILLE LIONS CLUB

Employer identification number
51-0141145**01. Description of other revenue (Part I, line 8)**

DESCRIPTION	AMOUNT
MISCELLANEOUS	1,600

02. List of grants and similar amounts paid (Part I, line 10)

GRANTEE	CIRCLE OF FRIENDS
AMOUNT	22,345

GRANTEE	BLUE SANTA
AMOUNT	1,500

GRANTEE	IMMANUEL LUTHERAN FOOD PANTRY
AMOUNT	3,600

GRANTEE	LIONS CONTRIBUTIONS
AMOUNT	21,563

GRANTEE	PISD NURSES
AMOUNT	4,790

GRANTEE	VARIOUS DONATIONS
AMOUNT	12,500

GRANTEE	SCHOOL SUPPLIES
AMOUNT	6,500

Name of the organization

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145**GRANTEE** **SCHOLARSHIPS****AMOUNT** **9,750****03. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	8,350
MEETING - MEALS	5,891
MISCELLANEOUS	5,121
HALL RENTAL	15,430

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

2013

Attachment
Sequence No. 179

Name(s) shown on return

PFLUGERVILLE LIONS CLUB

Business or activity to which this form relates

FORM 990EZ - 1

Identifying number

51-0141145

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 (see instructions)	3	
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	
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	
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	8,350

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
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			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	8,350
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)