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Form **990-EZ**

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)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service lacktriangle 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 Inspection

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	•							-	1	Form 990-EZ (2013)

	m 990-EZ (2013) BOYLE COUNTY FARM BUREAU art # Balance Sheets (see the instructions for Part II)	FEDERATION	6	51 -6 0325	07 Page 2
	Check if the organization used Schedule O to res	spond to any gue	etion in this Part II		. X
	Check if the organization used Schedule O to les	spond to any que	(A) Beginning of year	(R) F	nd of year
22	Cash, savings, and investments	ł	28,936.39		8,041.25
23	• • •	ŀ	129,206.88		5,086.56
24)	3,000.00		445.00
25	,		161,143.27		3,572.81
26		ì	3,000.00		445.00
27	,	Ì	158,143.27		3,127.81
P	art III Statement of Program Service Accomplishmen	nts (see the instr			penses
	Check if the organization used Schedule O to res	spond to any que	stion in this Part III	X (Required	
Wh	at is the organization's primary exempt purpose?SEE SCHEDULE O)			and 501(c)(4) ons and section
Des	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	penses in a clear and concise	4947(a)(1)	trusts, optional
man	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title		for others)
28	SUPPORT OF AGRICULTURAL EDUCATION A	ND PRODUCT	ION IN LOCAL	_	
	COMMUNITY				
	(Grants \$) If this amount includes foreign g	rants, check here	▶ [28a	
29			-	-	
				— I I	
	(Grants \$) If this amount includes foreign of	rante check here	.	29a	
30	To take \$\frac{1}{2} 11 this amount includes foleign g	giants, check here		230	
				_	
				_	
	(Grants \$) If this amount includes foreign g	rants, check here	> [30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a)			▶ 32	
	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res			ee the instructions f	or Part IV)
_	Officer in the organization used Schedule O to res	(b) Average hours		d) Health benefits,	(e) Estimated
	(a) Name and title	per week devoted t	compensation (Forms	contributions to employee benefit	amount of other
	(a) hamo and this	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, and deferred compensation	compensation
JC	DE GOGGIN			••••••••••	
PF	RESIDENT	0.50	0.00	0.00	0.00
DC	N WHITAKER				-
$\overline{\mathbf{v}}$	CE PRESIDENT	0.50	0.00	0.00	0.00
	ERRY GILBERT				
SE	CC/TREAS	5.00	1,292.58	0.00	0.00
	·				
_					
_		-			
_		1			,
			- - 		
_					
_					
_		1			
_					
	172 11-25-13			Form	990-EZ (2013)

332172 11-25-13

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s in t	he t V	₹
	" to respond to any question in the organization used out. O to respond to any question in the			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		Х
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	Ī		
	on lines 2, 6a, and 7a, among others)?	35a		Х
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
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	1		į
	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	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
	if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter			į
	Initiation fees and capital contributions included on line 9			ĺ
	Gross receipts, included on line 9, for public use of club facilities . 39b N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			l
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
þ	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?		NT /	7
	If "Yes," complete Schedule L, Part I	40b	N/	A
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.			į
4				l
0	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization N/A			
	· — —			
6	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 NONE	408		
	The organization's books are in care of ► TERRY GILBERT Telephone no ► (859) 74	18-	964	3
760	Located at ► 446 N DANVILLE BYPASS, DANVILLE, KY ZIP+4 ► 40)42	2	
h	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	ſ	Yes	No
	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.	I		į
C	At any time during the calendar year, did the organization maintain an office outside of 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			
		A\r		
			Yes	No
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	,,,,,,	Х
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın 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	1	1	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	F.	orm 9 9	10-EZ ((2013)

BOYLE COUNTY FARM BUREAU FEDERATION

61-6032507

Page 3

Form 990-EZ (2013)

332173 11-25-13

Form	990-EZ (2	013)	BOY	LE C	CUND	ry F	ARM	BUR	EAU	FEDERA!	ΓI	ON			61-	60325	07		Page 4
			n engage, Schedule C)r indire	ctly, in p	olitical o	campaigi	n activiti	es on behalf of	or In	ı oppositio	n to can	didates for p	ublic off	ice?		Yes	No X
			on 501(c		mani:	ration	e onl	·····						·			46		_ A
ru			-		_			_	ione 47	7-49b and 52,	and	l complet	a tha ta	blee for line	oc 50 a	nd 51			
										y question in t			C 1110 10	DIES IOI IIII	53 JU a	110 51.			\Box
-		<u> </u>	tiro organ		4004	, o i i o d d i	<u> </u>	тоороги	o to un	y question in t		i ait vi		 				Yes	No
47	Did the or	ganizatio	n engage i	n lobbyin	ia activi	ties or ha	ave a se	ction 50	1/h) ele	ction in effect di	urino	n the tax v	ear? If "Y	'es." complet	e Sch (. Part II	47		1.0
										complete Sched				,p		,,,,,,,,	48		
										rganization?		_			•		49a		
			lated organ													<u> </u>	49b		
50	Complete	this table	for the or	ganizatio	n's five	highest (compen	sated en	nployee	s (other than of	ficer	s, director	s, truste	es and key ei	mployee	s) who ea	ch rec	eived	more
	than \$100	,000 of c	ompensati	on from	the orga	anization	If ther	e is none	e, enter "	None "									
			(a) Name a	ind title o	f each e					(b) Avera	devo	oted to	comper	Reportable sation (Forms 1099-MISC)	emplo	alth benefits, butions to yee benefit	amo	Estimount of	other
						N/2	A			pos	ition	1				ind deferred censation	COI	mpens	ation
															Ĺ				
										1									
										ļ			<u> </u>		<u> </u>		ļ		
										4									
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										4									
	Total aven		ha- amala:		C1	00.000				J	_				l		I		
51	Complete	this table	her employ for the or re is none,	ganizatio	n's five l			isated in	depende	ent contractors	who	each rece	ived moi	re than \$100	,000 of	compensat	tion fr	om the	3
			business a					tractor				(b)	Type of	service		(c) C	ompe	nsatio	n
												,,	7,			1-7-			
			her indepe				•												
		•	•				ection 5	501(c)(3) organiz	zations and 494	7(a)	(1) nonex	empt				٦ ,,,		٦
Under	penalties of	perjugy, To	ust attach a declare that I	a comple have exan	rined this	edule A return, in	cluding a	accompan	ying sche	dules and stateme	nts,	and to the b	est of my	knowledge and	belief, it	is true, com	Ye	S L	No lete
Declar	ation of prep	arer of the	than officer)	is based o	on all info	rmation of	which p	reparer ha	s any kno	owtedge					1	- 20-	15-		
Sigi	ຸ ∣▶	Signatur	e of officer	577	_						-				Date	- 30-			
Sıyı Her	e	Ta	e e.	دنهم	۵	ecs:	\	7											
		Type or	print name ar			L. L.	3 2 72	-					-	-					
	J	Print/T	pe prepare	er's name	9		Prep	arer's si	gnature			Date		Check	ıf	PTIN			
n-'	_		e seeti						•	GOGGIN	,		l	self- emplo	yed				
Paid		WALTER I. GOGGIN CPACPA									12/03	3/14	•		P001	26	983		
`	parer								CHF	RISTOPHI				Firm's EIN	1 ▶ 6	1-109			
use	Only		address >									,		Phone no		59)23			8
								1042	3-08	380									
Mav t	the IRS dis	cuss this	return wit			_ - -							-			▶ [X	Ye	s [No
				•										-					(2013)

SCHEDULE 0 (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization BOYLE COUNTY FARM BUREAU FEDERATION	Employer identification number 61–6032507
FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:	
KIND AND LOCATION OF PROPERTY:	AMOUNT:
FARM BUREAU BUILDING-DANVILLE, KY	12,600.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	·
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
KY FARM BUREAU FEDERATION INCOME	5,664.
INSURANCE PROGRAM	32,595.
OTHER INCOME	264.
INTEREST INCOME	204.
TOTAL TO FORM 990-EZ, LINE 8	38,726.
ACTIVITY CLASSIFICATION: YOUTH AG ACTIVITIES, FFA, INVES	TMENT IN YOUTH,
UNITED WAY, SCHOOL PROGRAMS	
GRANTEE NAME: VARIOUS SUPPORTED PROGRAMS	
GRANTEE ADDRESS: DANVILLE, KY 40422	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	4,501.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	2,472.
OTHER EXPENSES	8,106.

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

mplete 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.

► 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.

2013 Open to Public Inspection

OMB No 1545-0047

Name of the organization

BOYLE COUNTY FARM BUREAU FEDERATION

Employer identification number 61-6032507

BOYLE COUNTY FARM BUREAU FEDERA	TION	61-0	<u>6032507</u>	
TOTAL TO FORM 990-EZ, LINE 14			10	<u>,578.</u>
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:				
DESCRIPTION OF OTHER EXPENSES:			AMOUN	Г <u>:</u>
MEETINGS, CONFERENCES			4	,940.
POSTAGE, INSURANCE, SUPPLIES				929.
PAYROLL TAXES				188.
DEPRECIATION	_		1	,648.
UTILITIES			3	,868.
REPAIRS			3	<u>,926.</u>
PROPERTY TAXES			5	,061.
LAWN MAINTENANCE			1	,947.
INSURANCE			1	,410.
50% OCCUPANCY EXPENSES			-8	,106.
TOTAL TO FORM 990-EZ, LINE 16			15	,810.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION	BEG.	OF YEAR	END OF	YEAR
PHASE ONE ACCOUNTS		3,000.		445.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	s:			
DESCRIPTION	BEG.	OF YEAR	END OF	YEAR
PHASE ONE CLEARING ESCROW		3,000.		445.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	· IMPROV	/EMENT IN	QUALITY	AND
EFFICIENCY OF AGRICULTURAL PRODUCTION IN THE LO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		MUNITY.	m 990 or 990-E	7) (2013)
LOA FOI PADELMOIK REQUESION ACTIVONCE. SEE THE INSTRUCTIONS FOR MANUAL MANUEZ.		achequie U iPOF	ここ かかい ひじ かない・ピ	a i i (U i 3)

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 61-6032507

BOYLE COUNTY FARM BUREAU FEDERATION	61-6032507
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179 Identifying number

OMB No 1545-0172

Name(s) shown on return

Business or activity to which this form relates

FARM BUREAU

BUILDING-DANVILLE, KY 61-6032507

1

BOY	LE COUNTY FARM BUR	EAU FEDER	ATION	BUI	LDING-	DANVILLE	, KY	61-6032507
Pa	t Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	ted property,	complete Part	V before ye	ou complete Part I.
1 N	Maximum amount (see instructions)				, , ,		1	500,000.00
2 T	otal cost of section 179 property plac	ed in service (see	instructions	s)			2	
	hreshold cost of section 179 property						3	2,000,000.00
	Reduction in limitation. Subtract line 3						4	
5 D	ollar limitation for tax year Subtract line 4 from line	e 1 If zero or less, enter	-0- If marned fil	ling separately, see	e instructions		5	
6	(a) Description of pr			(b) Cost (busin	· ·	(c) Electer	d cost	1 1111 11111 11 11 11 11 11 11 11 11 11
		-						
7 L	isted property. Enter the amount from	ı line 29		•	7			
8 1	otal elected cost of section 179 prope	erty. Add amounts	s in column (c), lines 6 and	7		8	
	entative deduction. Enter the smaller		· ·	,			9	
10 (Carryover of disallowed deduction fron	n line 13 of your 2	012 Form 45	62			10	
11 E	Business income limitation. Enter the s	maller of busines	s income (no	t less than ze	ro) or line 5		11	
12 8	Section 179 expense deduction. Add l	ines 9 and 10, but	do not ente	r more than lii	ne 11		12	
	Carryover of disallowed deduction to 2				▶ 13			
	: Do not use Part II or Part III below fo							
Pa	TI Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de listed prop	perty.)		
14 8	special depreciation allowance for qua	llified property (ot	her than liste	ed property) pl	aced in service	ce during		
	he tax year					_	14	
15 F	Property subject to section 168(f)(1) ele	ection					15	
16 C	Other depreciation (including ACRS)						16	1,647.95
Pai	THE MACRS Depreciation (Do no	ot include listed p	roperty.) (Se	e instructions.	.)			
			Sc	ection A				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginnir	ng before 201	3		17	
18 If	you are electing to group any assets placed in ser	vice during the tax year	into one or more	general asset acc	ounts, check here	. ▶ □] [
	Section B - Assets	Placed in Service	e During 20	13 Tax Year	Using the Ge	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation investment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property			<u> </u>				
b	5-year property	_						
c	7-year property	_						
d	10-year property	_						
_ е	15-year property	_					i	
f_	20-year property	_						
_ 9_	25-year property				25 yrs.		S/L	
L	Decidential vental avenuety				27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Nonresidential real property	/				MM	S/L	
	Section C - Assets F	Placed in Service	During 201	3 Tax Year U	sing the Alte	rnative Depre	ciation Sys	tem
20a	Class life						S/L	
<u>b</u>	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
Pa	T IV Summary (See instructions)							
21 L	isted property. Enter amount from line	e 28					21	
22 1	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 2	0 in column (g), and line 21			_
	nter here and on the appropriate lines				tions - <u>see ins</u>	str.	. 22	1,647.95
23 F	or assets shown above and placed in	service during th	e current yea	ar, enter the				
	ortion of the basis attributable to sect	tion 263A costs			23			
31625	1 							Earm 4562 (2012)

Form 4562 (2013) Part V Listed Propert amusement.)		LE COUN								ed for er		-6032 ment, rec		
Note: For any v	ehicle for wh Section A, all	nich you are u of Section B,	sing the and Sec	standard ction C if	d mileag applica	ge rate o	r dedu	cting lease	expen:	se, comp	olete on	n i y24a, 24	1b, colun	nns (a)
Section A -	Depreciation	n and Other	Informa	ation (Ca	ution:	See the	ınstruc	tions for I	mits for	passeng	er auto	mobiles.)		
24a Do you have evidence to s	upport the bus	iness/investm	ent use cl	aimed?	<u> </u>	es 🗌	☐ No	24b If "Y	es, ıs t	he evide	nce wri	tten?	Yes [☐ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	01	(d) Cost or ther basis		(e) sis for depr isiness/inve use only	stment	(f) Recovery period	Me	(g) ethod/ vention	Depr	(h) reciation luction	Elec sectio	(i) cted in 179 ist
25 Special depreciation allo	wance for qu	ualified listed	property	y placed	ın servi	ce dunn	g the ta	ax year an	d					
used more than 50% in										25				
26 Property used more than	n 50% in a qi	ualified busin	ess use.											
			%											
			%	· · ·									_	
27 Property used 50% or le	se in a qualif		<u>% </u>					<u> </u>	<u> </u>		L			
27 Property used 30 % or le	ss in a quali		wse. %						S/L·		Γ			
			% %						S/L·					
-			%	-					S/L·					
28 Add amounts in column	(h), lines 25 (e and on	line 21	. page 1		L	[0/2	28				
29 Add amounts in column		•				, page .					L	29		
	(),			B - Infon		on Use	of Vet	nicles						
Complete this section for ve to your employees, first answ										-	_	-		j
30 Total business/investment i		iring the	1	a) hicle	1	(b) hicle	v	(c) ehicle		d) hicle		(e) hicle	(f) Vehi	
year (do not include comn	•	4h a a ==					<u> </u>				-			
31 Total commuting miles of32 Total other personal (not	•	•					 							
driven	the year													
33 Total miles driven during Add lines 30 through 32	•													
34 Was the vehicle available		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	po. o		100	1			1.00	110		1.10		1		
35 Was the vehicle used pr	ımarıly by a r	more												
than 5% owner or relate								ļ						
36 Is another vehicle availal use?	ble for perso	nal												
	Section C	Questions	or Emp	loyers W	ho Pro	vide Vel	nicles	for Use b	y Their	Employe	es			
Answer these questions to country or related persons.	determine if y	ou meet an e	xception	n to comp	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	ire not m	ore than	5%
37 Do you maintain a writte employees?	n policy state	ement that pr	ohibits a	all person	nal use	of vehicl	es, Inc	luding cor	nmuting	, by you	r		Yes	No
38 Do you maintain a writte		•								your				
employees? See the inst					ncers, c	irectors	, or 1%	or more	owners				<u> </u>	
39 Do you treat all use of ve40 Do you provide more that					nforma	tion from	. VOUE	amplovace	about					
the use of the vehicles,					monna		ı your t	on ployee:	auoul					
41 Do you meet the require					monstra	ation lise	.7							
Note: If your answer to 3								covered ve	hicles.				-	L
Part VI Amortization		,									-	-		
(a) Description of	costs	Date	(b) amortization begins		(c) Amortizat amoun	ble t		(d) Code section		(e) Amortiza period or pen		Ar fo	(f) nortization r this year	
42 Amortization of costs the	at begins dur	ing your 201	-	ar:	_				1					
43 Amortization of costs that	•	•	-								43			
44 Total. Add amounts in c	olumn (f). Se	e the instruct	ions for	where to	report						44			

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

<u>DC</u>	TILE COUNTY FARM BURE	AU FEDER	ATION	FOR	M 990-E	Z PAGE	1	61-6032507
P	art Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	u have any lis	ted property,	complete Part	V before	you complete Part I.
1	Maximum amount (see instructions)						1	500,000.00
2	Total cost of section 179 property place	ed in service (see	instructions)			_	2	
3	Threshold cost of section 179 property	before reduction	in limitation				. 3	2,000,000.00
4	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ente	r -0-			4	
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	r-0- If mamed fili	ng separately, se	einstructions		5	
6	(a) Description of pro	perty		(b) Cost (busin	less use only)	(c) Elected	cost	
	· · · · · · · · · · · · · · · · · · ·							
					Ī			_
7	Listed property. Enter the amount from	line 29			7			
	Total elected cost of section 179 prope		s ın column (c), lines 6 and	7		8	
	Tentative deduction. Enter the smaller	•	•	,,			9	
	Carryover of disallowed deduction from			62			10	
	Business income limitation. Enter the sr	•			ro) or line 5		11	
	Section 179 expense deduction. Add lir		,		•		12	
	Carryover of disallowed deduction to 20				▶ 13			
	te: Do not use Part II or Part III below for							10 10 100000 10 100 10 10
P	art II Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de listed prop	erty.)		
14	Special depreciation allowance for qual	ified property (ot	her than listed	d property) p	aced in servic	e during		
	the tax year			, , , , ,		_	14	
15	Property subject to section 168(f)(1) ele	ction					15	
	Other depreciation (including ACRS)						16	2,472.37
Pi	art III MACRS Depreciation (Do no	t include listed p	roperty.) (See	instructions	.)			
			Se	ction A				
17	MACRS deductions for assets placed in	n service in tax y	ears beginnin	g before 201	3 .		17	
18	If you are electing to group any assets placed in serv	ice during the tax year	into one or more	general asset acc	ounts, check here	▶ □		
	Section B - Assets					neral Deprecia	tion Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
_ b	5-year property	_						
	7-year property	_						
d	10-year property	_						
_ е	15-year property	_						
f	20-year property	_						
9	25-year property				25 yrs.		S/L	
	n Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L	<u> </u>
i	Nonresidential real property	/			39 yrs.	MM	S/L	
		<u> </u>	<u></u>		l	MM	S/L	<u> </u>
	Section C - Assets P	laced in Service	During 2013	Tax Year U	sing the Alter	native Depre	iation Sy	/stem
<u> 20</u>	a Class life	4					S/L	<u> </u>
t		<u> </u>			12 yrs.		S/L	
	.2.1	/			40 yrs.	MM	S/L	<u> </u>
P	art V Summary (See instructions.)							
	Listed property. Enter amount from line						21	
22	Total. Add amounts from line 12, lines 1	14 through 17, lin	es 19 and 20	ın column (g), and line 21.			
	Enter here and on the appropriate lines	of your return. P	artnerships a	nd S corpora	tions · <u>see ins</u>	<u></u>	22	2,472.37
23	For assets shown above and placed in	service during the	e current yea	r, enter the				
	portion of the basis attributable to secti	on 263A costs			23			

	•														
For	m 4562 (2013)	BOY	LE COU	NTY F	ARM	BURE	AU F	'EDE	RATIO	N		61-	6032	507	Page 2
P	art V Listed Proper amusement.)	ty (Include a	utomobiles, c	ertaın ot	her vehi	cles, cer	taın com	puters	s, and pro	perty us	ed for e	ntertaınn	nent, rec	reation,	or
	Note: For any	vehicle for w	hich vou are i	usina the	standar	d milead	ne rate o	r dedu	ctina lease	e expens	e. com	olete on	w24a. 24	4b. colur	nns (a)
	through (c) of	Section A, al	l of Section B	, and Se	ction C r	f applica	ble								
			on and Othe			aution:	See the I	nstruc	tions for li	mits for	passeng	ger autor	nobiles.)		
248	Do you have evidence to		1	ent use c	laimed?	<u> </u>	es	No	24b If "Y	es," is ti	ne evide	nce writ	ten?	_ Yes _	No
	(a)	(b) Date	(c) Business	,	(d)	Bar	(e) sis for depr	ociation	(f)		(g)		(h)	1	(i) cted
	Type of property (list vehicles first)	placed in	investmen	it o	Cost or ther basis	(bu	siness/inve	stment	Recovery		thod/ /ention		eciation uction		n 179
	- · · · · · · · · · · · · · · · · · · ·	service	use percenta	iye		i	use only	<u>'</u>			1	-			st
25	Special depreciation all			propert	y placed	ın servi	ce durin	g the ta	ax year an	d					
	used more than 50% in		•								25	<u>.L</u>		<u></u>	
26	Property used more that	n 50% in a c	qualified busin		<u> </u>				<u> </u>						
	 · · · ·			%										-	
		 		%					<u> </u>			 		-	
~~	December 1500/ 201	 	-6	%						L		<u> </u>			
21	Property used 50% or I	ess in a quai	Tiled business	I					1	100		Т			
_		 		%					-	S/L·	<u> </u>	 			
		 -• · · · 		% %					-	S/L·		 			
20	Add amounto in column	(h) lines 25	through 27			L	1		!	S/L·	28	+			
	Add amounts in column Add amounts in column		_				, page i					1	29		
28	Add amounts in column	i (i), iii le 20. i		Section			on Hoo	of Vol	hiolog			·-·· ·- ·-	1 28		
	mplete this section for verour employees, first ans		•								•				3
				1	(a)	((b)		(c)	1	d)	1 '	e)	(f	-
30	Total business/investment		luring the	Ve	hicle	Ve	hicle	V	/ehicle	Vel	ncle	Vet	nicle	Veh	ıcle
	year (do not include com	• ,						<u> </u>				 			
	Total commuting miles	_	-			ļ						 			
32	Total other personal (no	oncommuting	g) miles												
	driven	- 4b						 							
33	Total miles driven during														
24	Add lines 30 through 32 Was the vehicle available		al usa	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	ne for person	iai use	res	NO	res	NO	res	S NO	Tes	NO	res	140	res	NO
25	Was the vehicle used p	rmarly by a	more					 			-				
00	than 5% owner or relate		IIIOIE												
36	Is another vehicle availa	-	nnal		†	1			<u> </u>						
-	use?	abio ioi poioi	Jilai		1			1					l		
		Section C	- Questions	for Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their I	Employ	ees			
Ans	swer these questions to				-								re not m	ore than	5%
ow	ners or related persons.			<u>-</u>											
37	Do you maintain a writte employees?	en policy sta	tement that p	rohibits a	all perso	nal use	of vehicl	es, Inc	luding cor	nmuting	, by you	r		Yes	No
38	Do you maintain a writte	en policy sta	tement that p	rohibits i	personal	use of v	vehicles,	excep	ot commut	ing, by y	our				
	employees? See the ins	structions for	vehicles use	d by con	oorate o	fficers, c	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v														
40	Do you provide more th	an five vehic	les to your er	nployees	, obtain	ınforma	tion from	your	employees	s about					
	the use of the vehicles,														1
41	Do you meet the require	ements conc	erning qualifi	ed auton	nobile de	monstra	ation use	?							
	Note: If your answer to	<i>37, 38, 39, 4</i>	0, or 41 is "Y	es," do n	ot comp	lete Sec	tion B fo	or the c	covered ve	hicles.					
P	art VI Amortization									,					
	(a) Description of	of costs	n _{ee}	(b) te amortization]	(c) Amortiza	ble		(d) Code		(e) Amortiza		Δ,	(f) nortization	
	Description C			begins		amoun	t		section		period or per		fc	r this year	
42	Amortization of costs th	nat begins du	inng your 20	13 tax ye	ar:										

43

44

43 Amortization of costs that began before your 2013 tax year

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