

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Revenue Code 2013

Department of the Treasury Internal Revenue Service

► 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

OMB No 1545-1150

数	For t	or the 2013 calendar year, or tax year beginning Nov 1 , 2013, and ending Oct 31			, 2014		
%		of applicable ss change		D Employer identification number			
2	ł		WALKER COUNTY FARM BUREAU	74-60	066625		
4	Initial		Number and at 17 CO. L. C. L.	Telephone			
┰╴	Termir		P O BOX 1706	(036)	291-2136		
<u>▼</u>	i i	Amended return City or town, state or province, country, and ZIP or foreign postal code					
دري .	Applic	ation pending	HUNTSVILLE TX 77342	Group E	xemption		
g	Acco	unting Meth			organization is not		
ide	Web	site: N			Schedule B		
3			(check only one) — 501(c)(3) X 501(c) (5) (insert no) 4947(a)(1) or 527 (Form 9		Z, or 990-PF)		
图	Form	of organiza	ation: X Corporation Trust Association Other				
4	Add	lines 5b, 6c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total				
<u></u>		_	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		83,507.		
Pa	<u>rt l</u>	_ Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions fo	or Part I) 		
	1		he organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · ·		
	2		ervice revenue including government fees and contracts				
	<u>درع</u>		np dues and assessments				
	5		t income	4	42,600.		
	~5 =		ount from sale of assets other than inventory	4	260.		
			or other basis and sales expenses				
	J		· · · · · · · · · · · · · · · · · · ·				
	전 전 6		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	36			
R	₽ .	_	ome from gaming (attach Schedule G if greater than \$15,000) 6 a				
2			ome from fundraising events (not including \$ of contributions	—			
N	7		aising events reported on line 1) (attach Schedule G if the sum				
E		of such gro	oss income and contributions exceeds \$15,000) 6 b	,			
2) 0	Less direc	ct expenses from gaming and fundraising events 6 c	1			
E) d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and				
	ļ	6b and sul	btract line 6c)	6 d			
			es of inventory, less returns and allowances				
	b	Less: cost	of goods sold	<u> </u>			
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8		enue (describe in Schedule O)		40,647.		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		83,507.		
	10		d similar amounts paid (list in Schedule O)		1,633.		
	11		aid to or for members				
E X P	12	Salanes, o	other compensation, and employee penefits EIVED	12	25,661.		
P E N	13			13	975.		
S	14	Occupanc	y, rent, utilities, and mainterance	. 14	10,218.		
E S	15		ublications, postage, and shipping IVIAK . ሆ 5 . 2만당 . [다	15	<u>77.</u>		
	16			· · · • •	33,718.		
	17 18		enses. Add lines 10 through 16 OCOLA (deficit) for the year (Subtract line 47-from line 9).		72,282.		
Ā	18			18	11,225.		
A S NS E E T	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	40	466		
ΤĘ	20	•	orted on prior year's return)		113,748.		
S					101.05		
	21	ivet assets	or fund balances at end of year Combine lines 18 through 20	▶ 21	124,973.		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)



Form	990-EZ (2013) WALKER COUNTY	Y FARM BUREAU		74-	6066625	Page 2
Par	t II Balance Sheets (see the	nstructions for Part II)	ation in this Doct II			x
	Check if the organization used St	chedule O to respond to any que				<u> </u>
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	tmt	765.	24	1,265.
25	Total assets			113,961.	25	125,226.
26	Total liabilities (describe in Schedule	:O)\$ee .L-26.S	tmt	213.	26	253.
27	Net assets or fund balances (line 27	of column (B) must agree with I	line 21)	113,748.	27	124,973.
Par	t III Statement of Program Servi	ce Accomplishments (see the	instructions for Part III)	[G]		
144 .	Check if the organization used	Schedule O to respond to any qu	uestion in this Part III		(Required for (c)(3) and 50	r section 501 11(c)(4)
Desc meas bene	ribe the organization's program service sured by expenses. In a clear and cond fited, and other relevant information for	accomplishments for each of its ise manner, describe the service each program title	URE s three largest program ser s provided, the number of	I .	organizations 4947(a)(1) tr	s and section
28	SEE SCHEDULE O				Ì	
	/Granta 6	If this amount includes foreign a	rante check here		28.2	
29	<u> </u>				204	
29	SEE SCHEDULE O					
		A				
	(Grants S	If this amount includes foreign of	rants, check here		29 a	
30	·····	-				
	2EF 2C4FD0 FF 0					
						
	(Grants S	If this amount includes foreign g	rants, check here	· · · · · · · · · · · · · · · · · · ·	30 a	
31						
					31 a	
32	Total program service expenses (a	dd lines 28a through 31a)			32	
Pai						
	Check if the organization used	Schedule O to respond to any qu	uestion in this Part IV.		<u></u>	<u> L</u>
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC)	contributions to employ benefit plans, and defer		
RIC	CHARD BYRD					
	ESIDENT	1	0	,	0.	0.
REC	GGIE LEPLEY					
	CE PRESIDENT	20.00	0		0.	0.
REI	ED PREHODA					
	TREAS	4.00	0		0.	0.
KEY	/IN_GREEN]				
DIE	RECTOR	8.00	0		0.	0.
<u>LA</u> I	RRY_GRAHAM					
DIE	RECTOR	25.00	0		0.	0.
<u>_CO</u> 1	<u>T_CHRISTIAN</u>					_
	RECTOR	9.00	0	•	0.	0.
	RL COLLINS					•
	RECTOR	See the instructions for Part III attorned Schedule O to respond to any question in this Part III All Beginning of year (B) End of year 104,021 22 115,684 104,021 22 115,684 104,021 22 115,684 104,021 22 115,684 104,021 23 125,226 125,2				
	COB_SLOTT					0
DII	RECTOR	10.00	0	-	<u> </u>	
			1		1	
					1	
		- 				
				 		

Page 3

Pa	tt 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			
		$\stackrel{\cdot\cdot\cdot}{-}$	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	163	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		Х
35 a	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)?	35 a	X	
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	Χ	
	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	35 c		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		Х
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0 .			
1	Did the organization file Form 1120-POL for this year?	37 b		Х
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?	38 a		Х
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	,		ı
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
40				
	section 4911 , section 4912 , section 4955 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	40 b		
	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			1
•	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	- 40 e		- X
41	The second secon	400		
• •				
42	a The organization's			
	books are in care of TEXAS FARM BUREAU Telephone no (254)			7
	Located at ► P O BOX 2689, WACO TX ZIP+4 ► 76702	<u>-268</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country			
		ا , ا		
	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 of the U.S.?	42 c		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			
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44a		,
	of Form 990-EZ	 ""		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	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		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	44 d		<u> </u>
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		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)	45 b		x

Form 99	0-EZ (2013) WALKER COUNTY FARM	BUREAU		74-606	6625	Р	age 4				
`						Yes	No				
	d the organization engage, directly or indirectly				40						
	ndidates for public office? If 'Yes,' complete So			· · · · · · · · · · · · · · · · · · ·	46	L	<u> </u>				
Part \			ations 47 40h and E	O and commisse the	Anhlan						
	All section 501(c)(3) organization for lines 50 and 51.	s must answer que	suons 47-490 and 5	z, and complete the	lables						
		O to recoond to any aug	etion in this Bart VI								
	Check if the organization used Schedule	O to respond to any que	Suon in uns Part VI				للن				
47 Di	d the organization engage in lobbying activities	or have a section 501(t	n) election in effect during	the tax year? If 'Yes,'		Yes	No				
cc	complete Schedule C, Part II										
48 Is	the organization a school as described in secti	ion 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		48						
49 a Di	d the organization make any transfers to an ex	empt non-charitable rela	ated organization?		49 a						
	Yes,' was the related organization a section 52						Ĺ				
	omplete this table for the organization's five hig				key						
er	nployees) who each received more than \$100,	000 of compensation fro	m the organization. If the	re 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 other comp						
			 	-							
						•					
	otal number of other employees paid over \$100	·									
51 C	omplete this table for the organization's five hig	hest compensated inde	pendent contractors who	each received more that	n \$100,000 c	ıf					
	ompensation from the organization. If there is n		(b) Type	of senuce	(c) Comp	ensatio					
	(a) Name and business address of each independent con	uractor	(6) 1900		(0) 00,						
		_									
											
		- 									
					ļ ——						
											
					Ļ						
	otal number of other independent contractors e				0						
	id the organization complete Schedule A? Not e naritable trusts must attach a completed Sched		•		. ► Yes	,	No				
Under per	alties of penury. I declare that I have examined this return, inc	luding accompanying schedules	and statements, and to the best	of my knowledge and bellef, it is							
true, corre	ct, and complete, Declaration of preparer (other than officer) is	based on all information of white	ch preparer has any knowledge.	2/25/15							
	Signature of officer			Date		-					
Sign Here	Colt Christian	Prosident		PRESIDENT							
	Type of print name and title Print/Type preparer's name	Preparer's signature	Date	 - - 	PTIN	· -					
		DX milas	2-17	J / Check ☐ if		2					
Paid	Patrick Ehlers	II NO TOOK		(O self-employed]	20127852	<u> </u>					
Prepare		au			74 1145	000					
Use Or			my 7.6700	Phone no (25	74-1145		7				
	Waco		TX 76702	Phone no (25			1				
May the	RS discuss this return with the preparer show	vn above? See instructio	ons		. ► XYes		No				
					Form 99	V-EZ (∠013)				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

74-6066625 WALKER COUNTY FARM BUREAU Pt III, Line 31 County Farm Bureau volunteers participate in matters dealing with legislation that affects agriculture. County Farm Bureau volunteers help organize their members into separate agricultural commodity interests. Pt III, Line 28 Annual meeting Held an annual meeting in which all members are invited. Purpose was to discuss_relative_local, statewide, and national_agricultural issues, the importance of agriculture education, the business of the organization, <u>and current legislative issues as they relate to agriculture. Members </u> of the county farm bureau, county farm bureau staff, county farm bureau voluntary leaders, Texas Farm Bureau staff and invited guests participated. III, Line 29 Youth Livestock Show/Fair Contributed to local youth livestock show/fair. Purposes of the show are to promote responsibility, leadership skills, and interest in raising farm animals for area youth. The County Farm Bureau volunteers as well, and the local 4-H Clubs and FFA Chapters participate in this important event. Pt_III, Line 30 Members of the County Farm Bureau are also members of Texas Farm Bureau, a statewide agricultural organization (exempt under 501(c) (5)) that works for the betterment of agriculture and coordinates programs on a statewide basis. Members of the County Farm Bureau are also members a national agricultural of the American Farm Bureau,

Schedule O (Form 990 or 990-EZ) 2013	Page 2
	Employer identification number
WALKER COUNTY FARM BUREAU	74-6066625
organization that also works for the bettermen	t of agriculture.
	·

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
INS SERVICE FEES	40,332.
INS AGENT INCOME	200.
TFB AWARDS	98.
SIGN INCOME	17.
Total	40,647.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
STATE MEMBERSHIP DUES	21,874.
COMMITTEE/CONTRACT SERVICES	98.
TRAVEL/CONFERENCES/MEETINGS	2,472.
OTHER EXPENSE	1,460.
OFFICE OPERATIONS EXPENSES	5,899.
EQUIPMENT EXPENSES	1,915.
Total	33,718.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Utility Deposit	25.	25.
Prepaid Income Tax	740.	1,240.
Total	765.	1,265.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26 $\,$

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	213.	253.
Total	213.	253.

Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Identifying number

2013

Attachment Sequence No 179

WALKER COUNTY FARM BUREAU 74-6066625 Business or activity to which this form relates Form 990 / Form 990EZ 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 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-, If marned filing (a) Description of property 6 (c) Elected cost Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 q 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 instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 898 Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (g) Depreciation (C) Basis for depreciation (b) Month and (d) (e) year placed (business/investment use Recovery period only - see instructions) 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 25 yrs S/L g 25-year property 27.5 yrs S/L h Residential rental MM 27.5 yrs MM S/L property MM S/L i Nonresidential real 39 yrs MM S/L property 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 40 yrs MM S/L c 40-year. Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 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 . . . 898. For assets shown above and placed in service during the current year, enter

	14562 (2013) WALKER CO							-		_			16662	5	Page 2
<u>rai</u>	t V Listed Property (Increased in the recreation, or amusement		iles, certa	in other v	enicles,	certain	com	pute	rs, and p	property	used fo	r enterta	ınment,		
	Note: For any vehicle for	which you are	e using the	e st <u>a</u> ndar	d mileag	ge rate d	r ded	ducti	ing leas	expen	se, comp	olete onl	y 24a, 2	4b,	
_	columns (a) through (c) o Section A — Depreciat								no for lin	uto for n	2000000		abilaa \		
24 -	Do you have evidence to support the bu					Yes	$\overline{}$		1			e written?		7	
24 6		Г			<u> </u>	(e)	با	NO	(f)					Yes	No
	(a) (b) Type of property Date placed	(c) Business/	(d Cost	or		or deprecia			(") Recovery		(g) ethod/		(h) reciation		(i) lected
	(list vehicles first) in service	investment use percentage	other I	basis		ess/investmuse only)	ent		period	Con	vention	ded	duction		tion 179 cost
25	Special depreciation allowance f		ted prope	rty place	d in serv	rice duni	ng the	e tax	x year a	nd					
	used more than 50% in a qualifie	ed business u	se (see in:	structions							25				
26	Property used more than 50% in	a qualified bu	usiness us	e.				,		1		r			
					<u> </u>			_						+	
					1			-						+	
27	Property used 50% or less in a q	uslified husin	966 H69.									1			
. /	Troperty used 50 % of less in a q	damed busin	coo usc.			<u>.</u>						T	.	Т	
		 								+				┪	
		1		•										7	
28	Add amounts in column (h), lines	s 25 through 2	7. Enter h	ere and	on line 2	1. page	1.				28			-	
29	Add amounts in column (i), line 2	_									<u> </u>		. 29		
			Section	B – Info	rmation	on Use	of \	Vehi	cles						
om	plete this section for vehicles use	d by a sole pr	opnetor, p	artner, o	r other 'r	nore tha	n 5%	6 ow	ner, or	related p	erson. I	f you pro	vided ve	ehicles	
yc	ur employees, first answer the qu	estions in Sec	tion C to	see if you	ı meet a	in excep	tion i	to cc	ompietin	g this se	ction for	tnose ve	enicies		
30	Total business/investment miles	driven	(a Vehi	a)	(b Vehi) olo 2	١,	(c	:) cle 3	(c Vehi	l)	(e Vehi	e) clo 5	Vob	f) icle 6
	during the year (do not include		-	CIE I	Verill	cie z	<u>-</u> ۲	/eriic	ue 3	veni	CIE 4	Verill	CIE 5	ven	icie o
.4	commuting miles)				<u> </u>							-			
31 >-	Total commuting miles driven during the Total other personal (noncommu	•	·				ļ								
32	miles driven	•	.												
33	Total miles driven during the year														
	lines 30 through 32			1		T	1	_	·		r				T:-
	Man the vehicle evallable for se		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for perduring off-duty hours?	rsonaruse	.	}											
35	Was the vehicle used primarily b	oy a more													
	than 5% owner or related persor	η ^γ	•	1			ļ				ļ	ļ			ļ
36	Is another vehicle available for personal use?		.												
		C - Question		olovers \	Nho Pro	vide Ve	hick	es fo	or Use t	v Their	Employ	/ees		1	<u> </u>
	ver these questions to determine	ıf you meet ar	-	-						-			not mo	re than	
% (owners or related persons (see ins	structions).													,
37	Do you maintain a written policy	statement tha	it prohibits	all perso	onal use	of vehic	les, i	ınclu	iding coi	mmuting	١,			Yes	No
	by your employees?						٠.	• •							ļ
38	Do you maintain a written policy employees? See the instructions	statement tha	it prohibits	persona	l use of	vehicles	, exc	ept	commut	ing, by y	our/				
	, ,		' -	•											
39 40	Do you treat all use of vehicles b														
40	Do you provide more than five ve vehicles, and retain the informati	ion received?	····	· · · · ·					····	· · · ·					
41	Do you meet the requirements of	oncernina aua	alified auto	mobile d	emonstr	ration us	e? (S	See	instructi	ons.) .					
	Note: If your answer to 37, 38, 3	39, 40, or 41 is	'Yes,' do	not com	olete Se	ction B t	or th	e co	vered ve	ehicles					<u> </u>
² aı	t VI Amortization												,		
	(a)			(b) nortization		(c) Amortizab	la.			d) ode		(e) ortization	l .	(f) Amortizatio	nn.
	Description of costs			egins		amount				ction	pe	eriod or		for this yea	
_		 			<u> </u>						per	centage			
42	Amortization of costs that begins	s during your 2	2013 tax y	ear (see	instructi	ons)							1 -		
		 						+					-		
43	Amortization of costs that began	n hefore your	2013 tav i	/ear								43			-
	Total. Add amounts in column (44	 		
<u>44_</u>	Total. Add amounts in column (i). See the ins	structions	or where	to repo	и	• •	• •		· · · ·		44			