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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)

OMB No 1545-1150

2013

Open to Public
InspectionDepartment 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.**A For the 2013 calendar year, or tax year beginning , 2013, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Come-See-Me Festival, Inc.		D Employer identification number 57-1004335
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (803) 329-7625
	PO Box 4221		F Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code Rock Hill SC 29731		

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____**I** Website: comeeseeme.rockhill.net**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 196,871.**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	123,517.
	2 Program service revenue including government fees and contracts	2	73,338.
	3 Membership dues and assessments	3	
	4 Investment income	4	16.
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	
c Less direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	196,871.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt	10	5,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	15,845.
	13 Professional fees and other payments to independent contractors	13	687.
	14 Occupancy, rent, utilities, and maintenance	14	8,896.
	15 Printing, publications, postage, and shipping	15	183.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	179,094.
	17 Total expenses. Add lines 10 through 16	17	209,705.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,834.	
ASSETS	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	74,682.
	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	61,848.

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

Form 990-EZ (2013)

16

Part III 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	67,723.	57,606.
23 Land and buildings	251.	157.
24 Other assets (describe in Schedule O) See L-24 Stmt	6,841.	4,301.
25 Total assets	74,815.	62,064.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	133.	216.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,682.	61,848.

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 ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Annual 10 day Festival

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	Our Organization sponsors an annual community spring festival that includes a parade, road race, fireworks, tailgate party, art exhibits, and live music and concerts		
	(Grants \$ 15,083.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	210,204.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	210,204.

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
Kathy Wilson Administrative Assistant	12.00	14,623.	0.	0.
Erika Bell Past Festival Chair	2.00	0.	0.	0.
Jennifer Childers 2014 Festival Vice Chair	2.00	0.	0.	0.
Kevin Boulware Treasurer	2.00	0.	0.	0.
Trey Moore Member at Large	2.00	0.	0.	0.
Catherine Faircloth Immediate Past President	2.00	0.	0.	0.
Brian Ullrich Member at Large	2.00	0.	0.	0.
Dan Ballou Member at Large	2.00	0.	0.	0.
Dan Murray Winthrop University Representative	2.00	0.	0.	0.
Jodie Roberts-Smith Board President	4.00	0.	0.	0.
Mark Sexton City Rep	2.00	0.	0.	0.
Kenny Brazzell Member at Large	2.00	0.	0.	0.
Matt Watson Board Vice President	2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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		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)		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)?		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		
35c 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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 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		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.		X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ Kevin D. Boulware Telephone no ▶ (803) 329-7625
 Located at ▶ PO Box 4221 Rock Hill SC ZIP + 4 ▶ 29732

	Yes	No
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)?		X
If 'Yes,' enter the name of the foreign country ▶		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		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.

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**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead 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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		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)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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	Signature of officer <u>Kevin D Boulware</u>	Date <u>05/06/14</u>			
	Type or print name and title <u>Kevin D Boulware</u>	Treasurer			
Paid Preparer Use Only	Print/Type preparer's name <u>KEVIN D BOULWARE</u>	Preparer's signature <u>KEVIN D BOULWARE</u>	Date <u>05/06/14</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01079361</u>
	Firm's name <u>Martinson & Carter, CPAs, P.A.</u>				
	Firm's address <u>238 Oakland Ave</u>				
	<u>Rock Hill SC 29730</u>	Firm's EIN <u>57-1049507</u>	Phone no <u>(803) 328-6241</u>		

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Come-See-Me Festival, Inc.

Employer identification number

57-1004335

Miscellaneous Statement

Form 990	Statement of Organization's Primary Exempt Purpose	Part I	Statement 1
	To provide an annual 10 day festival for the enjoyment of the		
	citizens of York County, South Carolina,		
	and the surrounding area.		

Total

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)

Depreciation	104.
Licenses	52.
Bank Charges	30.
Board Meeting Expenses	793.
Conferences	393.
Insurance	4,421.
Dues and Subscriptions	468.
Miscellaneous	933.
Memorials	250.
Property Taxes	34.
Office Supplies and Expense	1,253.
Program Services Expenses:	
BBQ Competiton	9,152.
Beach Bash	19,404.
Brouchers	9,683.
Children's Activities	6,550.
Publicity and Advertising	24,054.
Road Race	10,226.
Skydiving	1,422.
Souvenirs	7,713.
Gourmet Gardens	7,565.
Volunteer Related	6,593.
Parade	2,822.
Moonlight Jazz	12,612.
Tailgate Party/Fireworks	30,285.
Glencairn Gardens Entertainment	2,759.
Sponsor Signage	1,280.
Festival Meetings	2,019.
Community Service Merit Awards	781.
Sponsor Related	5,806.
Unveiling Breakfast	2,058.
Past Chairs Breakfast	690.
Broadway Nights	1,041.
50th Festival Celebration	5,381.
Historian	467.
Total	179,094.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 compen- sation
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
David Williams				
Title . 2014 Festival Vice Chair	2.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Mike Goodner</u>				
Title . Member at Large	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Lamar Thompson</u>				
Title . Member at Large	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Harold Peeples</u>				
Title . Former Festival Chair	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Brian Hovis</u>				
Title . 2014 Festival Chair	8.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Tripp Leitner</u>				
Title . 2014 Chair's Nominee	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>				
<u>Colleen Coesens</u>				
Title Member at Large	2.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Funding for Improvements to the Winthrop University Dacus Library Archives Center

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Improvements	Business... <input checked="" type="checkbox"/> Person... <input type="checkbox"/> <u>Winthrop University</u> <u>206 Tillman Hall</u> <u>Rock Hill SC 29733</u>	<u>Festival Partner</u>	5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

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
Prepaid Rent	6,241.	3,739.
Accounts Receivable	600.	562.
Total	<u>6,841.</u>	<u>4,301.</u>

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
Payroll Liabilities	133.	216.
Total	<u>133.</u>	<u>216.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Wages	14,623.
Payroll Taxes	1,222.
Total	15,845.

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

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

OMB No 1545-0172

2013Attachment
Sequence No **179**

Name(s) shown on return

Come-See-Me Festival, Inc.

Identifying number

57-1004335

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	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 instrs)	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	

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	104.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	104.
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	

Part IV Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24 b** If 'Yes,' is the evidence written? . . . ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles).												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part V Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report					44