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ACTAINMENT MAY 0 1 2015

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

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-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Final return Address change Name change of organization Section 501(c)(3) exempt private the value of all assets at a first (from Part II, col (c), \$ 415,576 Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) Contributions, giffs, grants, etc, received (attach schedule)	rn of a former public of return lange foundation le private foundation Cash X Acc	charity	26 B Telep 91 C If execution 1. For 85 E If priving section	nover identification number -1716740 hone number (see instruction: 9-654-5400 mption application is pending, oreign organizations, check he oreign organizations meeting to the test, check here and attact ate foundation status was term in 507(b)(1)(A), check here foundation is in a 60-month te	check here
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amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule)	expenses per	1			(d) Disbursements
the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule)	books	(b) Net inv		(c) Adjusted net	for charitable
, ,	DOCKS	incon	ne 	income	purposes (cash basis only)
	92,982	2 ,			
Check ► if the foundation is not required to attach Sch_B					
nterest on savings and temporary cash investments	4,208	3	4,208	4,208	
Dividends and interest from securities		ļ			
Gross rents	······································				
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· · · ·					
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· - · · · · · · · · · · · · · · · · · ·	······································		U		
		 			
1		 			
· · · · · · · · · · · · · · · · · · ·					<u></u>
` ,	97,190		4,208	4,208	
	· · · · · · · · · · · · · · · · · · ·				
Other employee salaries and wages					
Pension plans, employee benefits					<u></u>
egal fees (attach schedule)					
	2,250				2,250
other professional fees (attach schedule) STMT 2	1,880	<u> </u>]		1,880
1	·				
axes (attach schedule) (see instructions)	145	 			145
epreciation (attach schedule) and depletion 5					
(Southarres) [-]	E SES				
raver, conferences, and meetings	3,333	' 			5,353
ther expenses (att sch.) STMT 4 STMT 5	85 732	 			84,832
T-	00,732	 			04,032
dd lines 13 through 23	95.360	ļ	o	o	94,460
<u> </u>					14,950
· · · · · · · · · · · · · · · · · · ·			0	0	109,410
ubtract line 26 from line 12	•				
xcess of revenue over expenses and disbursements	-13,120				
et investment income (if negative, enter -0-)			4,208		
djusted net income (ıf negatıve, enter -0-)				4,208	
rk Reduction Act Notice, see instructions.					Form 990-PF (2014)
7 4 6 C 7 C C C C C C C C C C C C C C C C C	et rental income or (loss) et gain or (loss) from sale of assets not on line 10 ross sales price for all assets on line 6a apital gain net income (from Part IV, line 2) et short-term capital gain roome modifications ross sales less returns and allowances ess Cost of goods sold ross profit or (loss) (attach schedule) ther income (attach schedule) otal. Add lines 1 through 11 compensation of officers, directors, trustees, etc ther employee salaries and wages ension plans, employee benefits egal fees (attach schedule) cocounting fees (attach schedule) scheme professional fees (attach schedule) set (attach schedu	et rental income or (loss) et gan or (loss) from sale of assets not on line 10 coss sales price for all assets on line 6a apital gain net income (from Part IV, line 2) et short-term capital gain icome modifications coss sales less returns and allowances less Cost of goods sold ross profit or (loss) (attach schedule) ther income (attach schedule) otal. Add lines 1 through 11 compensation of officers, directors, trustees, etc ther employee salaries and wages lension plans, employee benefits legal fees (attach schedule) counting fees (attach schedule) counting fees (attach schedule) scounting fees (attach schedule) scoupancy avel, conferences, and negative, and depletion 5 order expenses (att sch) schedule)	et rental income or (loss) et gan or (loss) from sale of assets not on line 10 coss sales proce for all assets on line 6a apital gain net income (from Part IV, line 2) et short-term capital gain icome modifications coss sales less returns and allowances ess Cost of goods sold ross profit or (loss) (attach schedule) ther income (attach schedule) otal. Add lines 1 through 11 compensation of officers, directors, trustees, etc ther employee salaries and wages ension plans, employee benefits egal fees (attach schedule) cocounting fees (attach schedule) cocounting fees (attach schedule) scerest cuses (attach schedule) cocupancy cuses (attach schedule) (see instructions) cupancy cupan	et rental income or (loss) et gan or (loss) from sale of assets not on line 10 cos sales proce for all assets on line 6a apital gain net income (from Part IV, line 2) et short-term capital gain come modifications coss sales less returns and allowances less Cost of goods sold ross profit or (loss) (attach schedule) ther income (attach schedule) cotal. Add lines 1 through 11 compensation of officers, directors, trustees, etc ther employee salaries and wages ension plans, employee benefits legal fees (attach schedule) cocounting fees (attach schedule) cocounting fees (attach schedule) scherest leterest	et rental income or (loss) et gan or (loss) from sale of assets not on line 10 coss sales price for all assets on line 6a apital gan in et income (from Part IV, line 2) et short-term capital gain come modifications coss sales less returns and allowances ess. Cost of goods sold ross profit or (loss) (attach schedule) ther income (attach schedule) orangemation of officers, directors, trustees, etc ther employee salaries and wages ension plans, employee benefits egal fees (attach schedule) coording fees (attach schedule) STMT 1 ter professional-fees (attach schedule) STMT 2 terest taxes (attach schedule) (see instructions) apreciation (attach schedule) size (attach schedule) apreciation (

Fo	rm 990	O-PF (2014) REALTOR FOUNDATION OF THE TRIANGLE	<u> 26-1716740</u>) 	Page 2
			Beginning of year	End of	year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
٦	1	Cash – non-interest-bearing	38,616	22,272	22,272
1	2	Savings and temporary cash investments	388,947	393,154	393,154
1	3	Accounts receivable ▶		1	
ì		Less, allowance for doubtful accounts ▶			
j	4	Pledges receivable ▶		1	
1		Less allowance for doubtful accounts ▶			
1	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other		}	
1		disqualified persons (attach schedule) (see		}	
Ì		instructions)			
]	7	Other notes and loans receivable (att. schedule)			
ı	•	Less allowance for doubtful accounts ▶ 0			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
š	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
	••	Less accumulated depreciation (attach sch.)			
1	12	Investments – mortgage loans			
1	13	Investments – other (attach schedule)			
-	14	Land, buildings, and equipment basis ► 6,881			
-	14	Less accumulated depreciation (attach sch) ► STMT 6 6,731	1,050	150	150
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers – see the			
-		instructions Also, see page 1, item I)	428,613	415,576	415,576
┪	17	Accounts payable and accrued expenses	521	604	
┦	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab;	21	Morfgages and other notes payable (attach schedule)			
۳	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	521	604	
٦		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.	1		
S	24	Unrestricted	428,092	414,972	
lar	25	Temporarily restricted			
B	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
t A	30	Total net assets or fund balances (see instructions)	428,092	414,972	
Ne	31	Total liabilities and net assets/fund balances (see			
i		instructions)	428,613	415,576	
	Part I				
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	st agree with		
-		of-year figure reported on prior year's return)		1	428,092
2		r amount from Part I, line 27a		2	-13,120
		r increases not included in line 2 (itemize) ▶		3	
		lines 1, 2, and 3		4	414,972
		eases not included in line 2 (itemize)		5	<u></u>
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	o), line 30	6	414,972

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

57,415

109,410

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Forn	n 990-PF (2014) REALTOR FOUNDATION OF THE TRIANGLE 26-1716740				F	Page 4	
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				·		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				42	
	here ▶ X and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)	ĺ					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0	
3	Add lines 1 and 2	3				42	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				42	
6	Credits/Payments ⁻	1					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a						
b	Exempt foreign organizations – tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c	-					
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				42	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11	_				
Pa	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No	
	participate or intervene in any political campaign?			1a		X	
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	Did the foundation file Form 1120-POL for this year?			1c		X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	=					
	on foundation managers > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х	
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\V	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X	
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?			6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	ΧV	ĺ	7	X		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NC						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	x		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		Ì	j		į	
	complete Part XIV			9	x		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		1				
	names and addresses		Ì	10		X	
				لت			

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P	art VII-A 'Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		1
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ł	1	i
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► WWW.REALTORFOUNDATIONOFTHETRIANGLE.ORG			
14	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 919 111 REALTORS WAY	-654	-540	00
	Located at ▶ CARY NC Z!P+4 ▶ 275	51		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	,10		▶ 广
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	ı	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If	-10		==
	"Yes," enter the name of the foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	•••	
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	0		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	0		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	0		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	0		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	A 1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?	0		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	_		
	all years listed, answer "No" and attach statement – see instructions)	A 2b	-	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	0		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	A 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u></u>	X
		Form 9	90-PF	(2014)

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P	art VII-B 'Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)	11				
5a	During the year did the foundation pay or incur any amount to								
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		Yes X No					
(2) Influence the outcome of any specific public election (see section 4955), or to carry on,									
	directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No					
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in							
	section 4945(d)(4)(A)? (see instructions)			Yes X No					
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational		-					
	purposes, or for the prevention of cruelty to children or animals?			Yes X No					
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und			/-					
	Regulations section 53 4945 or in a current notice regarding disaster assistance		7	N/A	5b				
	Organizations relying on a current notice regarding disaster assistance check he			▶ 📋					
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	/- <u> </u>						
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 📗 No					
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).								
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums		F-3					
	on a personal benefit contract?		L, '	Yes X No					
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit cont	ract?		6b	X			
	If "Yes" to 6b, file Form 8870			(
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	□,	Yes X No					
	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b				
Pa	rt VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,				
	and Contractors								
1 L	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).		т				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Eyr	ense account,			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowances			
		ļ		compensation	 				
SE	E STATEMENT 7								
—		 			├				
					├				
		1	ĺ						
		 			 				
		_ !! 4 !	1		<u></u>				
2	Compensation of five highest-paid employees (other than those included on "NONE."	on line 1 – see ins	tructions). It non	e, enter					
	NONE.	Γ	<u> </u>	(d) Contributions to	Γ				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense account,			
	(a) Natific and address of each employee paid more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation	other	allowances			
NO	NTP:			compensation	├──				
ио	N.C.	}							
				 	 				
		 		 	 				
			<u> </u>	<u> </u>	 				
]	,		1				
		 			 				
				1	1				
otal	number of other employees paid over \$50,000	<u></u>		<u> </u>	_	0			
41					- 991	0-PF (2014)			
				F	501	(4017)			

Form 990-PF (2	2014) REALTOR FOUNDATION OF THE TRIANGL	E 26-1716740	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found	lation Managers, Highly Paid E	imployees,
2 Five bies	and Contractors (continued)	etions) if your enter "NONE"	
3 Five high	nest-paid independent contractors for professional services (see instru (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) compensation
214212		1	
		1	
 			
Total number o	f others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical information s other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			-
	<u></u>		
2			
3			<u> </u>
•			
<u>- — — - — — — — — — — — — — — — — — — —</u>			
4			
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	J
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
]
2			
All other program-	related investments. See instructions		
3			1
Total Add har-	1 through 2	<u> </u>	
Total. Add lines	r unough o		<u> </u>

а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<u>1a</u>		109,410
b	Program-related investments – total from Part IX-B	1b		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		1	
	purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	<u>3</u> b		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4		109,410
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.			
	Enter 1% of Part I, line 27b (see instructions)	5		42
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		109,368
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	ation		

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2014)

C

Excess from 2012 Excess from 2013 Excess from 2014

,									
Form 990-PF (2014)	REALTOR	FOUNDATION	OF	THE	TRIANGLE	26-	-1716	740)

	art XIV Private Operating Fol	indations (see in	structions and Par	t VII-A, question 9	<i>)</i>	
1a	If the foundation has received a ruling or			ting	0	6/22/07
	foundation, and the ruling is effective for		-	had in anotion [V] 40		
b	Check box to indicate whether the found		ting foundation descri	Prior 3 years	942(J)(3) or 494.	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	(b) 2012	(c) 2012	(d) 2011	(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(6) 2012	(4) 2011	
	investment return from Part X for	4 000	4 450	4 005	7 601	21 154
	each year listed	4,208	4,452	4,895	7,601	21,156
b	85% of line 2a	3,577	3,784	4,161	6,461	17,983
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	109,410	94,974	66,023	62,303	332,710
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	5,000	7,000	7,000	11,500	30,500
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	104,410	87,974	59,023	50,803	302,210
3	Complete 3a, b, or c for the				ľ	
	alternative test relied upon.					
а	"Assets" alternative test – enter				ĺ	
	(1) Value of all assets					<u></u>
	(2) Value of assets qualifying under	i				
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	14,171	14,014	13,533	13,211	54,929
С	"Support" alternative test - enter			· · · · · · · · · · · · · · · · · · ·		
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on	ì				
	securities loans (section					
	512(a)(5)), or royalties)			<u></u>		
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization			1		
	(4) Gross investment income					· ·
P	urt XV Supplementary Inform	nation (Complete	this part only if	he foundation ha	d \$5,000 or more	in assets at
	any time during the ye	•	•		40,000 01 111010	
1	Information Regarding Foundation Ma					
a a	List any managers of the foundation who	_	e than 2% of the total of	contributions received i	ov the foundation	
_	before the close of any tax year (but only				-	
	N/A	ii inoy navo commount	a more man tereson.	(000 000 007 (4)(2)	,	
b	List any managers of the foundation who	own 10% or more of t	he stock of a cornorati	on (or an equally large	nortion of the	
-	ownership of a partnership or other entity		•		portion or the	
	N/A	or windir the roundati	on mas a 10% or groun	or interest		
2	Information Regarding Contribution, G	rant Gift Loan Sch	olarship etc. Progra	ime.	······································	······································
-	Check here ► X if the foundation only				nes not accept	
	unsolicited requests for funds. If the found		•	=	=	
	other conditions, complete items 2a, b, c,	· · · · · · · · · · · · · · · · · · ·	ints, etc (see instructi	ons, to marriadas or o	rgamzations ander	
	The name, address, and telephone numb		f the person to whom	annlications should be	addressed	
a	N/A	ei oi e-illali addiess o	in the person to whom	applications should be	addiessed	
	K/A					
	The form in which applications should be	submitted and informa	ation and materials the	v should include		
b	N/A	Submitted and informa	ation and materials the	y should include		
C	Any submission deadlines.					
·	N/A					
	Any restrictions or limitations on awards,	such as by geography	ral areas charitable fie	elds kinds of institution	s or other	· · · · · · · · · · · · · · · · · · ·
J	factors	cash as by geographic	a, areas, enamable lit	, as, mids of institution	o, or other	
	N/A					
	<u></u>					

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year RESOURCES FOR SENIORS, IN 501C3 EXEMPT 1110 NAVAHO DRIVE, SUITE NONE RALEIGH NC 27609 SENIOR ASSISTANCE 700 SHEPHERDS TABLE SOUP KITC 501C3 EXEMPT 125 HILLSBOROUGH STREET NONE SOUP KITCHEN RALEIGH NC 27601 1,000 INTERFAITH FOOD SHUTTLE 501C3 EXEMPT PO BOX 14638 NONE RALEIGH NC 27620 HUNGER RELIEF 250 CITY OF RALEIGH PO BOX 590 NONE GOVERNMENTAL RALEIGH NC 27601 PLAYGROUND 13,000 14,950 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

Form 990-PF (2014) REALTOR FOUNDATION OF THE TRIANGLE 26-1716740

	ross amo	Analysis of Income-Producing Acounts unless otherwise indicated	1	ed business income	Excluded	by section 512, 513, or 514	4-1	
		vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)	
	_		 		†			
b								
]			
d_								
f _			_					
g	Fees and	d contracts from government agencies						
		dues and assessments			 _ 			
3 Inte	erest on s	avings and temporary cash investments			14	4,208		
		nd interest from securities			 			
		come or (loss) from real estate.			1			
		anced property			╂╼╾╂			
		-financed property			 			
		come or (loss) from personal property			╂			
		ment income			+			
		from sales of assets other than inventory			1			
		or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	 			
		or (loss) from sales of inventory			 			
		ue a	-		1			
					 			
					1			
е е			-		1			
_	total Add	d columns (b), (d), and (e)				4,208	0	
		ne 12, columns (b), (d), and (e)	L			13	4,208	
		n line 13 instructions to verify calculations)						
Part	XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urposes	3		
Line	No.	Explain below how each activity for which income						
		accomplishment of the foundation's exempt purp	oses (other than	by providing funds for	r such pu	rposes) (See instructi	ons)	
N/	<u>'A</u>							
								
								
							·	
								
							· · · · · · · · · · · · · · · · · · ·	
							······································	
				 				
			·			· 		
								
								

Form 990-PF (2014) REALTOR FOUNDATION OF THE TRIANGLE 26-1716740

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	YAH	Exempt Organiz	_	alisiers to al	iu mansacuo	nis anu Reiationsinp	S WILL INOUCH	aillable		
1 Dı	d the org			e in any of the fo	llowing with any	other organization described			Yes	No
	_	•		=		ection 527, relating to political				
or	ganızatıo	ns?								ĺ
a Tr	ansfers f	rom the reporting found	dation to a no	ncharitable exem	npt organization o	f				İ
(1) Cash							1a(1)		X
•) Other a							1a(2)		Х
	her trans							[]		7.7
) Sales o		1b(1)		X					
•	•	ses of assets from a no			ion			1b(2)		X
		of facilities, equipment		sets				1b(3) 1b(4)	х	
• •		ursement arrangement: or loan guarantees	>					1b(4)		X
		nance of services or m	embership or	fundraising solic	utations			1b(6)		X
٠, ٠		facilities, equipment, m	-	•				1c		Х
	_		-			mn (b) should always show	the fair market			
va	lue of the	goods, other assets, o	or services gi	ven by the report	ing foundation If	the foundation received less	s than fair market			
va	lue in any	transaction or sharing	arrangemer	nt, show in columi	n (d) the value of	the goods, other assets, or	services received	<u>ii</u>		
	ine no	(b) Amount involved		of noncharitable exem		(d) Description of trans			nts	
1B (4)	484	RALEIG	H REGION	AL ASSOC	REIMBURSE OV	ERHEAD EX	(PENSES		
		 		 	<u> </u>					
		 		 		 				
		 			<u> </u>			·		
		 	 							
						<u> </u>				
		f								
		1								
	·									
			<u> </u>							
		<u> </u>				L				
		lation directly or indirect	-	•	•	, -		₩ v.	. 🗀	. N.
		n section 501(c) of the models the models.		man section 501(c)(3)) or in sectio	n 52 <i>1 ′</i>		X Ye	:s	No
D II		a) Name of organization	riedule	(b) Type of o	proanization	(c) C	Description of relationsh			
RA		H REGIONAL A	ASSOC	501 C 6	g	MAJOR DONOR/			BER	
			=======================================							
										
-						edules and statements, and to the bo which preparer has any knowledge				
		,)						e IRS discuss this ret e preparer shown bel		
Sign		/ //	17					structions)?		No
Here	k	A JAMA HIL	μ		14/	Y/K 11	11 6 200	7777 : 22 4	~.	
	Signature of officer or trustee Date Title						sef wie	<i>I////1004</i>		
		pe preparer's name	\overline{C}		Preparer's signatur			Date		
	FILLER	he higherer a treme			'				Check self-emp	If
Paid	SUSA	N GLENDENNING			Susan	-lang	_	4/3/15	Juli Silip	,
Preparei	Firm's n		SON &	CAISON,	LLP		PTIN	P00921	817	
Jse Only	Firm's address > MADDISON & CAISON, LLP Firm's address > 1111 OBERLIN RD					Firm's EIN ▶	56-1053			
	<u></u>	RALEI	GH, NC	27605-	1136		Phone no	919-821	1-54	18 2
								Form 99	0-PF	(2014)

Schedule B (Form 990, 990-E2, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

REALTOR FOUND	ATION OF THE TRIANGLE	26-1716740				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	C07141					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
1 01111 330-1·1	301(0)(0) exempt private roundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	X 501(c)(3) taxable private foundation					
	_					
Check if your organization is o	overed by the General Rule or a Special Rule.					
Note. Only a section 501(c)(7)), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See				
instructions						
General Rule						
General Ruic						
X For an organization file	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5	5,000				
or more (in money or	property) from any one contributor. Complete Parts I and II. See instructions for determine	ning a				
contributor's total cont	ributions					
Cunnial Dulan						
Special Rules						
For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test	of the				
-	tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa					
•	hat received from any one contributor, during the year, total contributions of the greater of					
	e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts					
-	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an					
	year, total contributions of more than \$1,000 exclusively for religious, charitable, sciential					
literary, or educational	I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, ar	nd III.				
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	ny one				
_	year, contributions exclusively for religious, charitable, etc., purposes, but no such	,, с				
•	nore than \$1,000 If this box is checked, enter here the total contributions that were rece	ived				
	exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless					
	to this organization because it received nonexclusively religious, charitable, etc., contrib					
totaling \$5,000 or mor		> \$				
	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F					
•	st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form					
	certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, o	1 フラリードド)				

Name of organization
REALTOR FOUNDATION OF THE TRIANGLE

Employer identification number 26-1716740

Part i	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	RALEIGH REGIONAL ASSOC OF REALTORS 111 REALTORS WAY CARY NC 27513	s 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	, value, audices, dita zii.	\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		*	Person Payroll Noncash (Complete Part II for noncash contributions)						

								
4/2/2015 2:15 PM Page 1	Ŋ	Charitable Purpose \$ 2,250		Charitable Purpose \$ 1,880		Charitable Purpose		1-3
Federal Statements	990-PF, Part I, Line 16b - Accounting Fees	Net Adjusted Investment s s	Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Net Adjusted Net S S S S S S S S S S S S S S S S S S S	- Form 990-PF, Part I, Line 18 - Taxes	Net Adjusted Net State S		
. — .	Statement 1 - Form 990-PF,	* 2,250	Statement 2 - Form 990-PF, Par	* Total \$ 1,880 \$ \$ 1,880	Statement 3 - Form 99	\$ 145		
1735 REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 FYE: 12/31/2014		Description ACCOUNTING TOTAL		Description STRATEGIC PLANNING TOTAL		Description 2012 990-PF TOTAL		

1735 REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 FYE: 12/31/2014	THE TRIANGLE	Federal Statements	temen	Ş		4/2/2015 2:15 PM Page 2
	Statement 4 - For	orm 990-PF, Part I, Line 23	rt I, Line	23 - Amortization	tion	,
Description Date	Cost	Prior Year	<u>ā</u>	Current Year Amortization	Net Investment	Adjusted Net Income COGS
. ~	181	\$ 4,181	· ν _τ			
3/01/12 TAL	\$ 6,881	1,650 \$ 5,831	' ക" ന	006	\$	0
	Statement 5 - Form	990-PF,	Part I, Line 23	3 - Other Expenses	enses	
Description	F	Total	Net Investment	t nent	Adjusted Net	Charitable Purpose
	্ জ	\$		ጭ		\$
R SERVICE SES : EXPENSE	S S	1,161 955 1,566 5,000				1,161 1,955 1,566 5,000
IN-KIND DONATIONS - ANGEL TRE GARDEN PROJECT EXPENSES DIAPER DRIVE PROJECT EXPENSES	TRE SES	53,730 10,987 980 1708				53,730 10,987 980 1,708
DONOR CARD EXFENSES PLAYGROUND PROJECT EXPENSES FUNDRAISING EXPENSES						7,7
TOTAL	w.	84,832 \$	φ.	o,"	0	\$ 84,832
						4-5

1735 REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 FYE: 12/31/2014	NGLE Federal Statements	tements		4/2/2015 2:15 PM Page 3
Statement 6 - Form 990-PF,		Part II, Line 14 - Land, Building, and Equipment	and Equipment	١,
Description BUILDLINGS TOTAL	Beginning Net Book \$ 1,050	End Cost / Basis \$ 6,881	End Accumulated Depreciation \$ 6,731	Net FMV 150
Statement 7 - Form 990-PF,	Part VIII, Line 1	- List of Officers, Directors,	Trustees,	
Name and Address	Title	Average Hours Compensation		Expenses
MORTY JAYSON 111 REALTORS WAY CARY NC 27513	' _{E1}			0
FRANK DERONJA 111 REALTORS WAY CARY NC 27513	PAST PRESIDE	1.00	0	0
STEINA DE ANDRADE 111 REALTORS WAY CARY NC 27513	PRESIDENT EL	1.00	0	0 0
JOSE SERRANO 111 REALTORS WAY CARY NC 27513	SECRETARY/TR	1.00	0	0
MARSHALL GAY 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0 0
ASA FLEMING 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0
MOLLIE OWEN 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0
				2-9

	τ.										
4/2/2015 2:15 PM Page 4	.N	Expenses	0	0	0	0	0	0	0	0	0 2
4	s, Trustees,	Benefits	0	0	0	0	0	0	0	0	0
<u>s</u>	Line 1 - List of Officers, Directors, Trustees, (continued)	Compensation	0	0	0	0	0	0	0	0	0
Federal Statements	4 1	Average Hours	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Statement 7 - Form 990-PF, Part VIII	Title	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR
1735 REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 FYE: 12/31/2014	Statemer	Name and Address	GRAYSON HODGE 111 REALTORS WAY CARY NC NC 27513	LINDA KOLAROV 111 REALTORS WAY CARY NC 27513	SUSAN TENNEY 111 REALTORS WAY CARY NC 27513	STEVE SMALLMAN 111 REALTORS WAY CARY NC 27513	LEWIS GRUBBS 111 REALTORS WAY CARY NC 27513	JAMES MCBRAYER 111 REALTORS WAY CARY NC 27513	GINA MILLER 111 REALTORS WAY CARY NC 27513	DAWN NUZZI 111 REALTORS WAY CARY NC 27513	MARK PARKER 111 REALTORS WAY CARY NC 27513

4/2/2015 2:15 PM Page 5		Expenses	0	0			2
7	s, Trustees,	Benefits	0	0			
G	Officers, Directors	Compensation	0	0			
E TRIANGLE Federal Statements	ine 1 - List of (continued)	Average Hours	1.00	2.00			
	Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Title	DIRECTOR	EX OFFICIO			
1735 REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 FYE: 12/31/2014	Statement 7 -	Name and Address	MARGARET SOPHIE 111 REALTORS WAY CARY NC 27513	TESSA HULTZ 111 REALTORS WAY CARY NC 27513			

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

(99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Identifying number

2014

hment ence No 1

REALTOR FOUNDATION OF THE TRIANGLE 26-1716740 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 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 married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 2015. Add lines 9 and 10, less line 12 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 14 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 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 Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs S/I h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year ММ S/L 40-year 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions

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For assets shown above and placed in service during the current year, enter the

REALT Form 4562 (2014	OR FOUNDAT	CION OF !	THE TR	IANG	LE	26-1	17167	740							Page 2
Part V	Listed Prope used for ente Note: For any v	ertainment, re ehicle for which	creation,	or amu	usemer andard	nt.) mileage	rate or d	leducting	lease	•		•		proper	
	24b, columns (a) through (c) of S	Section A, a	II of Sec	tion B, a	and Sect	ion C if	applicab	le						
04		—Depreciation			ation (C										TT.,
	ave evidence to support the	e business/investme (c)			- 	Yes	No	1	ir Yes	" is the	evidenci			Yes	No
(a) Type of property (list vehicles first)		Business/ investment use percentage	Cost or of	i) ther basis		(e) sis for depr usiness/inv use onl	estment	Recove	1	(g) Method/ onvention		(h) Deprecia deducti		Elected s	i) ection 179 ost
•	I depreciation allow year and used mor	•				ervice du	ırıng	1	!		25				
26 Proper	y used more than 5	0% in a qualifie	d business	use											
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27 Proper	y used 50% or less	in a qualified bu	isiness use					т						Ι	
		%						}	S/	1_					
		70						+ "	<u>-</u>						
)	0/0							S	L-	1				
28 Add an	nounts in column (h), lines 25 through	here ar	nd on line	e 21, pa	ge 1	<u>, , , , , , , , , , , , , , , , , , , </u>		-	8					
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1															
	-		Sec	tion B-	-Informa	ation on	Use of	Vehicle	s				<u> </u>		
•	s section for vehicle			-						-	-	-		S	
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) (b) (c) (d) (e)															
		(a) (b) Vehicle 1 Vehicle 2			(c) (d) Vehicle 3 Vehicle 4					(e) nicle 5	(f) Vehicle 6				
	usiness/investment	Verlicie 1 Verlicie 2			Vehicle 3 Vehicle 4				Vernole 3		Verlicle o				
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	•	ommunig)	İ		İ		}		ł				i		
miles driven 33 Total miles driven during the year Add															
) through 32							i							
34 Was the	e vehicle available f	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
use dur	ing off-duty hours?									Ĺ	<u> </u>				
	e vehicle used prım			l		ĺ					1		1		ı
	6 owner or related p				ļ	<u> </u>	ļ		ļ <u>.</u>	ļ	<u> </u>	ļ	ļ		
36 Is anoti	ner vehicle available		-	L	L	<u> </u>	l	<u> </u>	L	L		<u> </u>	<u> </u>		
\ maxwar thaca		Section C—Que													
	questions to determ owners or related			on to cor	npieting	Section	B for ve	inicies u	sea by e	empioye	es wno a	are not			
	maintain a written p			ts all pe	rsonal u	se of vet	ncles in	cluding	commut	על חמו				Yes	No
•	ployees?	oney cumomoni	mat promo.	.o a po		00 01 101	110100, 111	oldding	0011111111					103	
	maintain a written p	olicy statement	that prohibi	ts perso	nal use	of vehicle	es, exce	pt comn	nuting, b	y your					
employ	ees? See the instru	ctions for vehicle	es used by o	corporat	e officer	s, directo	ors, or 1º	% or mo	re owne	rs					
9 Do you	treat all use of vehi	cles by employe	es as perso	nal use	7										
	provide more than t	-			aın ınfor	mation f	rom you	r employ	ees abo	out the				ŀ	
	he vehicles, and ret														
	meet the requireme						•								
Part VI	your answer to 37,		i is "Yes," c	o not co	mplete	Section	⊔ for the	covered	ı vehicle	es					
FAIL VI	Amortization	<u>'</u>			Т						(e)	$\neg \tau$			
	(a) Description of costs		(b) Date amor	rtization			(c) ible amoun	t	(d Code se		Amortiza period		Amortiza	(f) tion for this	year
			begii								percent	age			
2 Amortiz	ation of costs that b	egins during you	ur 2014 tax	yea <u>r</u> (se	e instruc	ctions).									
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A	otion of seats that t		ur 2014 t						L.—.					·	900
	ation of costs that b add amounts in colu	-			re to ren	ort						43			900
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