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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A For the 2014 calendar year, or tax year beginning****and ending**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>PHILLIPS COUNTY MOTOR SPORTS, INC</b><br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>PO BOX 31</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MALTA, MT 59538</b> | <b>D</b> Employer identification number<br><b>41-2091901</b> |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶                                                                                                                                                                                    | <b>E</b> Telephone number<br><b>406-654-2340</b>                                                                                                                                                                                                                                              | <b>F</b> Group Exemption Number ▶                            |
| <b>I</b> Website: ▶ <b>WWW.PCMOTORSPORTS.ORG</b>                                                                                                                                                                                                                                                           | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                    |                                                              |
| <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                         | <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>501(C)(4) ORGANIZATION</b>                                                                               |                                                              |
| <b>L</b> 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 ▶ \$ <b>123,539.</b>                                                          |                                                                                                                                                                                                                                                                                               |                                                              |

**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 ☒

|                                                                                                                                                                                                                     |                                                                                                                                                            |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>Revenue</b>                                                                                                                                                                                                      | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                        | <b>1</b>        | <b>32,241.</b>  |
|                                                                                                                                                                                                                     | <b>2</b> Program service revenue including government fees and contracts                                                                                   | <b>2</b>        | <b>59,045.</b>  |
|                                                                                                                                                                                                                     | <b>3</b> Membership dues and assessments                                                                                                                   | <b>3</b>        |                 |
|                                                                                                                                                                                                                     | <b>4</b> Investment income                                                                                                                                 | <b>4</b>        | <b>129.</b>     |
|                                                                                                                                                                                                                     | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b>       |                 |
|                                                                                                                                                                                                                     | <b>5b</b> Less: cost or other basis and sales expenses                                                                                                     | <b>5b</b>       |                 |
|                                                                                                                                                                                                                     | <b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | <b>5c</b>       |                 |
|                                                                                                                                                                                                                     | <b>6</b> Gaming and fundraising events                                                                                                                     |                 |                 |
|                                                                                                                                                                                                                     | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                             | <b>6a</b>       |                 |
| <b>b</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) | <b>6b</b>                                                                                                                                                  | <b>29,958.</b>  |                 |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b>                                                                                                                                                  | <b>3,127.</b>   |                 |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b>                                                                                                                                                  | <b>26,831.</b>  |                 |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                     | <b>7a</b>                                                                                                                                                  |                 |                 |
| <b>b</b> Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b>                                                                                                                                                  |                 |                 |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | <b>7c</b>                                                                                                                                                  |                 |                 |
| <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>                                                                                                                                                   | <b>2,166.</b>   |                 |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | <b>9</b>                                                                                                                                                   | <b>120,412.</b> |                 |
| <b>Expenses</b>                                                                                                                                                                                                     | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                             | <b>10</b>       |                 |
|                                                                                                                                                                                                                     | <b>11</b> Benefits paid to or for members                                                                                                                  | <b>11</b>       |                 |
|                                                                                                                                                                                                                     | <b>12</b> Salaries, other compensation, and employee benefits                                                                                              | <b>12</b>       |                 |
|                                                                                                                                                                                                                     | <b>13</b> Professional fees and other payments to independent contractors                                                                                  | <b>13</b>       | <b>15,193.</b>  |
|                                                                                                                                                                                                                     | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b>       | <b>38,198.</b>  |
|                                                                                                                                                                                                                     | <b>15</b> Printing, publications, postage, and shipping                                                                                                    | <b>15</b>       |                 |
|                                                                                                                                                                                                                     | <b>16</b> Other expenses (describe in Schedule O)                                                                                                          | <b>16</b>       | <b>62,667.</b>  |
|                                                                                                                                                                                                                     | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | <b>17</b>       | <b>116,058.</b> |
| <b>Net Assets</b>                                                                                                                                                                                                   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | <b>18</b>       | <b>4,354.</b>   |
|                                                                                                                                                                                                                     | <b>19</b> 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) | <b>19</b>       | <b>89,023.</b>  |
|                                                                                                                                                                                                                     | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                             | <b>20</b>       | <b>0.</b>       |
|                                                                                                                                                                                                                     | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b>       | <b>93,377.</b>  |

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

Form **990-EZ** (2014)

SCANNED JUN 24 2015

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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 18,628.               | 22 | 55,562.         |
| 23 Land and buildings                                                          | 81,250.               | 23 | 62,815.         |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets                                                                | 99,878.               | 25 | 118,377.        |
| 26 Total liabilities (describe in Schedule O)                                  | 10,855.               | 26 | 25,000.         |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 89,023.               | 27 | 93,377.         |

**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; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 | <b>THE BUSINESS AND PURPOSE OF THIS ORGANIZATION SHALL BE TO WORK FOR THE PROMOTION AND ECONOMIC DEVELOPMENT AND TOURISM IN PHILLIPS COUNTY, IN THE STATE OF MONTANA</b> |                                                      |     |         |
|    | (Grants \$                                                                                                                                                               | ) If this amount includes foreign grants, check here | 28a | 93,115. |
| 29 |                                                                                                                                                                          |                                                      |     |         |
|    | (Grants \$                                                                                                                                                               | ) If this amount includes foreign grants, check here | 29a |         |
| 30 |                                                                                                                                                                          |                                                      |     |         |
|    | (Grants \$                                                                                                                                                               | ) If this amount includes foreign grants, check here | 30a |         |
| 31 | Other program services (describe in Schedule O)                                                                                                                          |                                                      |     |         |
|    | (Grants \$                                                                                                                                                               | ) If this amount includes foreign grants, check here | 31a |         |
| 32 | Total program service expenses (add lines 28a through 31a)                                                                                                               |                                                      | 32  | 93,115. |

**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 |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| GREG KIRKWOOD      |                                                |                                                                            |                                                                                         |                                            |
| PRESIDENT          | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| JOHN CARNAHAN      |                                                |                                                                            |                                                                                         |                                            |
| VICE PRESIDENT     | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| SHARON KINDLE      |                                                |                                                                            |                                                                                         |                                            |
| SECRETARY          | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| TERRY SKONES       |                                                |                                                                            |                                                                                         |                                            |
| TREASURER          | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DYLAN BERGOS       |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DENNIS BEBEE       |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DON SNELL          |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| STEVE NEIFFER      |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DAN STOUT          |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DENNY OVERCAST     |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| MARTY LUNDSTROM    |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| ROY CASE           |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes        | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>33</b> 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                                                                                                                                                                                                                                                                                                        |            | <b>X</b> |
| <b>34</b> 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)                                                                                                                                                                                                                 |            | <b>X</b> |
| <b>35a</b> 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)?                                                                                                                                                                                                                                                                                      |            | <b>X</b> |
| <b>b</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                                                                                                                                                                                                                                                                                                                                                   | <b>N/A</b> |          |
| <b>c</b> 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                                                                                                                                                                                                                                                            |            | <b>X</b> |
| <b>36</b> 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                                                                                                                                                                                                                                                                                          |            | <b>X</b> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>                                                                                                                                                                                                                                                                                                                           |            |          |
| <b>b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                      |            | <b>X</b> |
| <b>38a</b> 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?                                                                                                                                                                                                                                              |            | <b>X</b> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>                                                                                                                                                                                                                                                                                                                                                |            |          |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |
| <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>                                                                                                                                                                                                                                                                                                                                                              |            |          |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>                                                                                                                                                                                                                                                                                                                                                     |            |          |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 ▶ <b>N/A</b> ; section 4912 ▶ <b>N/A</b> ; section 4955 ▶ <b>N/A</b>                                                                                                                                                                                                                                                                              |            |          |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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                                                                                                                                         |            | <b>X</b> |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>                                                                                                                                                                                                                                        |            |          |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>                                                                                                                                                                                                                                                                                                          |            |          |
| <b>e</b> 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                                                                                                                                                                                                                                                                                                                    |            | <b>X</b> |
| <b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ <b>NONE</b></span>                                                                                                                                                                                                                                                                                                                                                                 |            |          |
| <b>42a</b> The organization's books are in care of <span style="float: right;">▶ <b>JAMES SANDSNESS</b></span> Telephone no. <span style="float: right;">▶ <b>406-654-2340</b></span><br>Located at <span style="float: right;">▶ <b>PO BOX 618, MALTA, MT</b></span> ZIP + 4 <span style="float: right;">▶ <b>59538</b></span>                                                                                                                                                      |            |          |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span><br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |            | <b>X</b> |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>                                                                                                                                                                                                                                                                                 |            | <b>X</b> |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>                                                                                                                                                                |            |          |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                        |            | <b>X</b> |
| <b>b</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                                                                                                                                                                                                                                                                                                                                   |            | <b>X</b> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                                      |            | <b>X</b> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                         |            |          |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                   |            | <b>X</b> |
| <b>b</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)                                                                                                                                                                                                                          |            |          |

- 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 Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (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 |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| N/A                                 |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

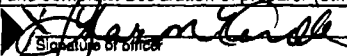
- f Total number of other employees paid over \$100,000 ▶
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (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 must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

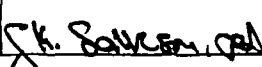
Sign Here



Date 3/18/15

SHARON KINDLE, SECRETARY

Paid Preparer Use Only

|                                                             |                                                                                                             |                        |                                                 |                          |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|--------------------------|
| Print/Type preparer's name<br><b>SALLY K. SALVESON, CPA</b> | Preparer's signature<br> | Date<br><u>3/18/15</u> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00747097</b> |
| Firm's name ▶ <b>WIPFLI LLP</b>                             |                                                                                                             |                        | Firm's EIN ▶ <b>39-0758449</b>                  |                          |
| Firm's address ▶ <b>P. O. BOX 1530<br/>HAVRE, MT 59501</b>  |                                                                                                             |                        | Phone no. <b>406-265-3201</b>                   |                          |

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

PHILLIPS COUNTY MOTOR SPORTS, INC

Employer identification number

41-2091901

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST

129.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

OTHER INCOME

2,166.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

**DESCRIPTION OF EXPENSES:**

**AMOUNT:**

DEPRECIATION

21,565.

OTHER EXPENSES

16,633.

TOTAL TO FORM 990-EZ, LINE 14

38,198.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

ADVERTISING AND PROMOTION

3,678.

BANK SERVICE CHARGES

765.

COST OF GOODS SOLD

1,379.

DUES, FEES, SUBSCRIPTIONS

1,465.

INTEREST EXPENSE

456.

OFFICE SUPPLIES

340.

LODGING

552.

MEALS

1,627.

SUPPLIES

7,498.

TRAVEL & FUEL

4,458.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

PHILLIPS COUNTY MOTOR SPORTS, INC

Employer identification number

41-2091901

INSURANCE

6,775.

WINNINGS PAYOUT

32,174.

SCHOLARSHIP

1,500.

TOTAL TO FORM 990-EZ, LINE 16

62,667.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE BUSINESS PURPOSE OF  
THIS CORPORATION SHALL BE TO WORK FOR THE PROMOTION AND ECONOMIC  
DEVELOPMENT AND TOURISM IN PHILLIPS COUNTY, IN THE STATE OF MONTANA.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property) **990EZ**

OMB No 1545-0172

**2014**Attachment  
Sequence No **179**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Business or activity to which this form relates

Identifying number

**PHILLIPS COUNTY MOTOR SPORTS, INC****FORM 990-EZ PAGE 1****41-2091901****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                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                               | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation                                                                 | 3                            | 2,000,000.       |
| 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 2013 Form 4562                                                                 | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5                                       | 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 2015. 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)**

|    |                                                                                                                          |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 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 2014                                                  | 17 | 21,565. |
| 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**

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

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                        |    |         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                             | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 21,565. |
| 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 V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>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**25****26** Property used more than 50% in a qualified business use:

|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |

**27** Property used 50% or less in a qualified business use:

|  |  |   |  |  |       |  |  |
|--|--|---|--|--|-------|--|--|
|  |  | % |  |  | S/L - |  |  |
|  |  | % |  |  | S/L - |  |  |
|  |  | % |  |  | S/L - |  |  |

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

|                                                                                                                                                                                                                                  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | Yes | No |
| <b>38</b> 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 |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |     |    |
| <b>40</b> 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?                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?                                                                                                                                        |     |    |

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

| (a)<br>Description of costs                                                          | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--------------------------------------------------------------------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2014 tax year:               |                                    |                              |                        |                                             |                                      |
| <b>43</b> Amortization of costs that began before your 2014 tax year                 |                                    |                              |                        |                                             | <b>43</b>                            |
| <b>44</b> Total. Add amounts in column (f). See the instructions for where to report |                                    |                              |                        |                                             | <b>44</b>                            |