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**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

OMB No 1545-1150

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FORT PIERRE DEVELOPMENT CORP	<b>D</b> Employer identification number 46-0454875
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 461	<b>E</b> Telephone number (605) 223-7603
	City or town, state or province, country, and ZIP or foreign postal code FORT PIERRE SD 57532	<b>F</b> Group Exemption Number . . . . . ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

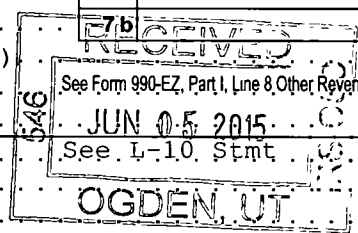
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( 4 ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 136,179.

**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>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	55,300.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	12,765.
	<b>4</b> Investment income . . . . .	<b>4</b>	1,416.
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6 a</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>6 b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6 c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6 d</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>		
<b>b</b> Less cost of goods sold . . . . .	<b>7 b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	66,698.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	136,179.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	8,000.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	26,028.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	32,175.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	9,581.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	138.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses	<b>16</b>	32,722.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	108,644.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	27,535.
	<b>NET ASSETS</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>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .		<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶		<b>21</b>	175,485.



SCANNED JUN 30 2015

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

Form 990-EZ (2014)

956 9

**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	121,763.	22 120,354.
23 Land and buildings	1,034.	23 1,708.
24 Other assets (describe in Schedule O) See L-24 Stmt	27,383.	24 55,423.
25 Total assets	150,180.	25 177,485.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	2,230.	26 2,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,950.	27 175,485.

**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

What is the organization's primary exempt purpose? TO PROMOTE THE ECONOMIC DEVELOPMENT OF FORT PIERRE SD  
 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.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 <u>ISSUE LOW-INTEREST E.D. LOANS: CURRENTLY MANAGE 1 LOAN, TOTALLING \$16602.14; LOANS ARE ISSUED AT 5% INTEREST FOR A TERM OF 60 or 120 MONTHS; CAN BE USED FOR NEW OR EXISTING BUSINESS.</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	0.
29 <u>PASS-THRU ENTITY FOR CITY LAND SALES: MANAGE THE SALE OF LAND BELONGING TO THE CITY OF FT PIERRE;</u> (Grants \$ <u>0</u> LOTS SOLD IN 2014) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	0.

**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
<u>DAVE BONDE</u> EXEC DIRECTOR	40.00	32,000.	0.	0.
<u>CHRIS MAXWELL</u> DIRECTOR	0.50	0.	0.	0.
<u>TERRY CAMPBELL</u> TREASURER	0.50	0.	0.	0.
<u>DANA IVERSON</u> DIRECTOR	0.50	0.	0.	0.
<u>STEVE HAYES</u> PRESIDENT	0.50	0.	0.	0.
<u>JOEL CATLIN</u> VICE PRESIDENT	0.50	0.	0.	0.
<u>MILT MORRIS</u> DIRECTOR	0.50	0.	0.	0.
<u>SHANE CLARAMBEAU</u> DIRECTOR	0.50	0.	0.	0.
<u>LARRY CRONIN</u> DIRECTOR	0.50	0.	0.	0.
<u>DAWN NAGEL</u> DIRECTOR	0.50	0.	0.	0.
<u>BRIAN SCOTT</u> DIRECTOR	0.00	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 Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter.
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of ANDERSON NILL & ASSOCIATES, INC. Telephone no (605) 224-0311
Located at 1517 N HARRISON AVE PIERRE SD ZIP+4 57501

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 . . . . . 46 Yes No X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . . 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . . 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No

b If 'Yes,' was the related organization a section 527 organization? . . . . . 49b Yes No

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'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 3 columns: (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 Signature of officer DAVID BONDE EXECUTIVE DIRECTOR Date 05/21/15

Paid Preparer Use Only JENNIFER ANDERSON, EA JENNIFER ANDERSON, EA 05/26/15 Check self-employed PTIN P00657422 Firm's name Anderson, Nill & Associates, Inc. Firm's address 1517 N Harrison Pierre SD 57501 Firm's EIN 46-0338957 Phone no (605) 224-0311

May the IRS discuss this return with the preparer shown above? See instructions . . . . . X 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

FORT PIERRE DEVELOPMENT CORP

Employer identification number

46-0454875

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

Other revenue (describe in Schedule O)

SPECIAL PROJECTS - TOURISM COUNCIL 66,698.

Total 66,698.

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

Other expenses (describe in Schedule O)

Dues & Subs 1,067.

Advertising & Marketing Exp 930.

Miscellaneous Expense 67.

Office Supplies 3,677.

Travel 345.

Special Projects - TOURISM COUNCIL 24,421.

Meeting Meals 1,504.

Depreciation 711.

Total 32,722.

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

Purpose of Payment . . . . . GREEN UP, CLEAN UP CAMPAIGN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
PROMOTION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> MAT&T LLC	MEMBER	
	PO BOX		
	FORT PIERRE SD 57532		4,000.

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

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Continued

Purpose of Payment . . . . . GREEN UP, CLEAN UP CAMPAIGN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
PROMOTION	Business . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> DAVE DAHL PO BOX FORT PIERRE SD 57532	MEMBER	2,000.

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

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GREEN UP, CLEAN UP CAMPAIGN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
PROMOTION	Business . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> BOW WOW MEOW PET CLINIC MAIN STREET FORT PIERRE SD 57532	MEMBER	2,000.

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

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Line 24 - Other Assets:	Beginning of Year	End of Year
Notes Receivable	21,313.	16,602.
Note Receivable (JKB)	6,070.	38,821.
<b>Total</b>	<u>27,383.</u>	<u>55,423.</u>

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

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Funds Held for Others	1,265.	1,265.
Payroll Liabilities	965.	735.
Total	<u>2,230.</u>	<u>2,000.</u>

**Depreciation and Amortization**  
(Including Information on Listed Property)

**2014**

Department of the Treasury  
Internal Revenue Service

(99)

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

Attachment  
Sequence No **179**

Name(s) shown on return

FORT PIERRE DEVELOPMENT CORP

Identifying number

46-0454875

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 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.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	668.
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	10.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

**Section B – Assets Placed in Service During 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
19 a 3-year property						
b 5-year property		668.	5.0 yrs	MQ	200 DB	33.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

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

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

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	711.
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)**

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

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

**Section B – Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

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