

Partnership
Returns2014Line Item Estimates



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Partnership Returns Line Item Estimates 2014

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The 2014 Partnership Returns Line Item Estimates (Publication 5035) presents estimates of frequencies of taxpayer entries recorded on the applicable lines of the forms and schedules filed with partnership returns. This publication also contains corresponding population estimates of dollar amounts recorded on those lines (as applicable).

The Statistics of Income Division also makes the results of its studies available on the Internet. You can sample our products by visiting our Internet site at <u>http://www.irs.gov/taxstats</u>. Most of the tables included in the publication are available on the Internet site in Microsoft Excel format.

The Statistics of Income Division's Statistical Information Services (SIS) staff provides data, statistical analysis, and information in response to requests from customers. In addition, the SIS staff provides data referral services, act as a liaison between requesters and IRS analysts on technical questions, and answer questions on the availability of SOI data. The SIS staff can be reached by e-mail at sis@irs.gov.

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2014 Partnership Returns

Line Item Estimates

stimates constructed from different samples usually vary. The standard error of an estimate is a measure

of its variation among all possible samples. The standard error is used to measure the precision with which an estimate from a particular sample approximates the average result of all the possible samples. The sample estimate and an estimate of its standard error are used to construct an interval estimate with prescribed confidence that the interval includes the actual population value. The coefficients of variations (CV) allow for comparing sampling error across variables. The CV is often presented as a percentage, the ratio of the standard error of the estimate over the estimate itself and multiplied by 100.

The Statistics of Income (SOI) Division used the sample selected for its 2014 Partnership Returns Study to produce the line item estimates presented here. This sample is one of many possible samples that SOI could have randomly selected using the same design. As with any sample, it is subject to the data limitations that occur in statistical sampling. The estimates are not actual line item counts or money amounts. Table 1 shows the coefficients of variation (CV) and the lower and upper bounds of computed 95-percent confidence intervals for selected variable totals that SOI estimated from the 2014 sample.

| Variable | Sum | CV (%) | Lower Bound | Upper Bound |
|----------------------------------------|----------------|--------|----------------|----------------|
| Business Receipts | 5,185,510,381 | 0.16 | 5,169,564,433 | 5,201,456,329 |
| Cost of Goods Sold | 3,065,992,261 | 0.23 | 3,051,971,294 | 3,080,013,228 |
| Depreciation | 167,928,282 | 0.72 | 165,560,877 | 170,295,688 |
| Interest Paid | 82,882,319 | 0.86 | 81,481,454 | 84,283,185 |
| Interest Income | 153,825,358 | 0.84 | 151,287,784 | 156,362,931 |
| Net Income | 837,442,914 | 0.82 | 824,052,128 | 850,833,699 |
| Net Rental Real Estate Loss | (94,985,594) | 2.35 | (99,367,176) | (90,604,012) |
| Net Rental Real Estate Income | 137,827,541 | 1.75 | 133,106,726 | 142,548,356 |
| Number of Partners | 27,714 | 1.57 | 26,859 | 28,570 |
| Number of Returns | 3,611 | 0.62 | 3,568 | 3,655 |
| Ordinary Business Loss | (249,523,921) | 1.33 | (256,030,576) | (243,017,265) |
| Ordinary Business Income | 690,096,548 | 0.55 | 682,684,731 | 697,508,366 |
| Other Net Rental Real Estate Loss | (5,187,457) | 8.07 | (6,008,314) | (4,366,599) |
| Other Net Rental Real Estate Income | 7,949,916 | 6.64 | 6,915,787 | 8,984,044 |
| Portfolio Income Dist to Partners | 1,076,596,885 | 0.87 | 1,058,254,457 | 1,094,939,312 |
| Taxes & Licenses | 83,391,297 | 0.58 | 82,438,694 | 84,343,900 |
| Total Income Minus Deductions | 1,722,520,075 | 1.16 | 1,683,334,165 | 1,761,705,984 |
| Total Assets | 26,128,933,308 | 0.11 | 26,072,656,963 | 26,185,209,652 |
| Total Deductions | 5,162,594,042 | 0.19 | 5,143,196,239 | 5,181,991,845 |
| Total Income | 5,603,166,669 | 0.18 | 5,583,479,209 | 5,622,854,130 |
| Total Receipts | 7,471,787,683 | 0.24 | 7,436,076,793 | 7,507,498,573 |

| TABLE 1. | Coefficients of | Variation and 95% | Confidence | Interval | Boundaries for | Selected |
|----------|------------------------|-------------------|--------------|----------|-----------------------|----------|
| | | Variables | (in \$000's) | | | |

2014 Partnership Returns

SOI rounded all values on the money amount pages to the nearest \$1,000, and rounded amounts of \$500 or more to the next thousand. Total amounts between +\$500 and -\$500 have been marked with a [1] to indicate that all amounts in this range were rounded to zero. All money amounts and frequencies were subject to rounding errors.

To avoid disclosing information about specific partnerships, SOI deleted certain estimates and marked them with a [d]. An estimate based on fewer than 10 returns, and not selected at the 100-percent rate, was indicated by an asterisk (*) and considered statistically unreliable. Researchers typically should use these estimates in combination with other tabulated values due to the small sample size.

SOI excluded seven attachments to Form 1065, *U.S. Return of Partnership Income,* that were included in the 2014 Partnership Returns Study; however, the quantities represented in the sample were insufficient for this publication. These attachments are:

- Form 3468, Investment Credit;
- •Form 8820, Orphan Drug Credit;
- Form 8864, Biodiesel and Renewable Diesel Fuels Credit;
- Form 8881, Credit for Small Employer Pension Plan Startup Costs;
- Form 8896, Low Sulfur Diesel Fuel Production Credit;
- Form 8910, Alternative Motor Vehicle Credit; and
- Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit.

Data for Form 1065-B, U.S. Return of Income for Electing Large Partnerships is included where equivalent fields exist. They are not broken out separately.

| Form | | 65 | For cale | | turn of Partners beginning 139,863 | | | | OMB No. 1545-0123 |
|--------------------------------------|------------------|---------------------------|-----------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|----------------|----------------------------------|
| | | he Treasury e Service | | 2014 | | | | | |
| | | ness activity | | Name of partnership | | | | | D Employer identification number |
| | 3,6 | 611,255 | | 3,611,255 | NUMBER OF PART | NERSHI | PS | | 3,611,255 |
| B Prin | cipal produ | uct or service | Туре | Number, street, and room | or suite no. If a P.O. box, see t | he instructio | ns. | | E Date business started |
| | | | or | 2,948,884 | NUMBER OF E-FILE | ED RETU | IRNS | | 3,611,255 |
| C Bus | siness co | de number | Print | | vince, country, and ZIP or foreig | | e | | F Total assets (see the |
| | | | | 3,611,176 | NUMBER OF FORM | | | | instructions) |
| | 3,6 | 607,818 | | 79 | NUMBER OF FORM | l 1065-B' | S | | \$ |
| G H I J | Check a Numbe | accounting r of Schedu | 31,893 method: ules K-1. / | (1) Cash (2) Attach one for each pers | 203,818 Final return nation - also check (1) or (2) Accrual (3) on who was a partner at any 6,212 | Other (sı y time durir | | 3 3,61 | 1,255 |
| | | | | | - | | | | |
| Caut | ion. Inc | lude only i | trade or b | ousiness income and ex | penses on lines 1a throug | n 22 belov | See the instruction | ns for n | nore information. |
| | 1a | Gross red | ceipts or | sales | | 1a | 1,306,769 | | |
| | b | Returns a | and allow | ances | | 1b | 119,026 | 1 | |
| | с | Balance. | Subtract | t line 1b from line 1a . | | | | 1c | 1,306,754 |
| | 2 | Cost of g | oods sol | d (attach Form 1125-/ | A) | | | 2 | 707,050 |
| | 3 | Gross pro | ofit. Subt | ract line 2 from line 1 | | | | 3 | 1,310,240 |
| Ð | 4 | Ordinary | income (| (loss) from other partn | erships, estates, and true | sts (attach | statement). | 4 | 212,177 |
| Income | 5 | Net farm | profit (lo | ss) (attach Schedule F | F (Form 1040)) | | | 5 | 113,815 |
| ğ | 6 | Net gain | (loss) fro | m Form 4797, Part II, | line 17 (attach Form 479 | 7) | | 6 | 123,573 |
| - | 7 | Other inc | ome (los | s) (attach statement) | | | | 7 | 353,875 |
| | 8 | | | | nrough 7 | | | 8 | 1,693,084 |
| (su | 9 | | | | ers) (less employment cr | | | 9 | 491,178 |
| taio | 10 | Guarante | ed paym | ents to partners | | | | 10 | 301,258 |
| limit | 11 | Repairs a | and main | tenance | | | | 11 | 667,823 |
| s for | 12 | Bad debt | s | | | | | 12 | 78,170 |
| tions | 13 | Rent | | | | | | 13 | 670,163 |
| struc | 14 | Taxes an | d license | S | | | | 14 | 1,171,179 |
| e ins | 15 | | | | | | _. . | 15 | 530,876 |
| ee the instructions for limitations) | 16a | | | | 562) | 16a | 1,132,392 | | |
| s) | b | | | | A and elsewhere on return | 16b | 356,679 | 16c | 794,882 |
| Deductions | 17 | • | - | t deduct oil and gas | • • | | | 17 | 624 |
| itio | 18 | | | | | | | 18 | 79,654 |
| nc | 19 | | | | | | | 19 | 185,798 |
| bed | 20 | | | | | | | 20 | 1,733,594 |
| | 21 | | | | nown in the far right colu | mn for line | es 9 through 20. | 21 | 1,843,188 |
| | 22 | | | | tract line 21 from line 8 examined this return, including | | | 22 | 2,050,065 |
| Sig Her | | knowled | lge and bel | | mplete. Declaration of preparer | | | liability M | |
| | | Sig | gnature of g | general partner or limited liab | pility company member manage | er 🖡 | Date | | |
| Paid | 4 | Print/Ty | pe preparei | r's name | Preparer's signature | | Date | Checl | k 🗌 if PTIN |
| | parer | L | | 3,300,270 | | | | | mployed |
| | | Firm's n | ame 🕨 | | | | | Firm's | s EIN ► |
| | | Firm's a | ddress 🕨 | | | | | Phone | |
| | | | | | | | | | 1005 |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11390Z

| F | 10 | 65 | | U.S. Return of Partnership Income | | OMB No. 1545-0123 |
|---------------------------------------|-------------------------|---------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|
| | ment of | the Treasury | For cale | ndar year 2014, or tax year beginning, 2014, ending, 20 mation about Form 1065 and its separate instructions is at www.irs.gov/form10 | | 2014 |
| | al Revenu cipal bus | /05. | D Employer identification number | | | |
| B Princ | cipal prod | uct or service | Туре | Number, street, and room or suite no. If a P.O. box, see the instructions. | | E Date business started |
| | | | or | | | |
| C Bus | iness co | de number | Print | City or town, state or province, country, and ZIP or foreign postal code | | F Total assets (see the instructions) |
| | | | | | | \$ |
| H I J | Check Numbe Check | er of Schedu | method: ules K-1. / s C and M | Attach one for each person who was a partner at any time during the tax year ►3 are attached | 2 | |
| Caut | ion. Inc | iuae oniy t | rade or b | usiness income and expenses on lines 1a through 22 below. See the instruction | is tor n | nore information. |
| | 1a | Gross rec | eipts or | sales | | |
| | b | | | ances | | |
| | С | Balance. | Subtract | line 1b from line 1a | 1c | 5,185,510,381 |
| | 2 | - | | d (attach Form 1125-A) | 2 | 3,065,992,261 |
| | 3 | Gross pro | ofit. Subt | ract line 2 from line 1 c | 3 | 2,119,518,120 |
| ¢ | 4 | Ordinary | income (| loss) from other partnerships, estates, and trusts (attach statement) . | 4 | 85,050,007 |
| Income | 5 | Net farm | profit (lo | ss) (attach Schedule F (Form 1040)) | 5 | 4,507,690 |
| ő | 6 | Net gain (| (loss) fro | m Form 4797, Part II, line 17 (attach Form 4797) | 6 | 20,810,250 |
| 5 | 7 | • | . , | s) (attach statement) | 7 | 229,160,709 |
| | 8 | | | s). Combine lines 3 through 7 | 8 | 2,459,046,775 |
| s) | 9 | | | es (other than to partners) (less employment credits) | 9 | 541,453,609 |
| see the instructions for limitations) | 10 | | - | ents to partners | 10 | 67,100,175 |
| mita | 11 | | | | 11 | 30,564,085 |
| or lii | 12 | | | | 12 | |
| ns f | | | | | | 15,027,032 |
| lictio | 13 | | | | 13 | 92,197,088 |
| Istru | 14 | | | S | 14 | 83,391,297 |
| Je ir | 15 | | | | 15 | 82,882,319 |
| ee tl | 16a | • | | quired, attach Form 4562) | | 467.000.000 |
| ÷ | b | | | eported on Form 1125-A and elsewhere on return 16b 59,184,659 | 16c | 167,928,282 |
| Deductions | 17 | • | • | deduct oil and gas depletion.) | 17 | 901,941 |
| tio | 18 | | | etc | 18 | 13,279,878 |
| nc | 19 | 1 5 | | programs | 19 | 43,493,002 |
| ed | 20 | | | (attach statement) | 20 | 880,255,438 |
| | 21 | | | Add the amounts shown in the far right column for lines 9 through 20. | 21 | 2,018,474,147 |
| | 22 | | | s income (loss). Subtract line 21 from line 8 | 22 | 440,572,628 |
| Sig Her | | knowled is based | ge and bel on all info | perjury, I declare that I have examined this return, including accompanying schedules and staten ef, it is true, correct, and complete. Declaration of preparer (other than general partner or limited mation of which preparer has any knowledge. | liability M | |
| | | Sic | nature of o | eneral partner or limited liability company member manager | L | |
| Paic | | Print/Typ | preparei | | | k if PTIN |
| | parer | F : | ame 🕨 | | | s EIN ► |
| Use | Only | | ddress ► | | Phone | |
| For P | aperwo | | | otice, see separate instructions. Cat. No. 11390Z | | Form 1065 (2014) |

| _ | 65 (2014) edule B | Other Inform | ation | SCHEDU | | | 3 611 255 TO | OTAL SCHEDU | II F R'S | F-FILED | 2 | ,948,8 |
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| 1 | | of entity is filing the | | | | | 3,011,255 | JTAL SCHEDU | | C-FILED | Yes | |
| 181 ['] a | | tic general partne | | - | | | ed partnership | 414 338 | | | 103 | |
| 303 c | | tic limited liability | | | | | ed liability par | · · · · · · · · · · · · · · · · · · · | ,016 | | | |
| 201 e | | partnership | | f | | ther 🕨 | 8,725 | | · | | | |
| | At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including | | | | | | | | | cluding | | |
| | | eated as a partne | | | | | | | | | Y: | 97 |
| | or a nomin | ee or similar pers | on? | | | | | | | | N: | 2,60 |
| 3 | At the end of the tax year: | | | | | | | | | | | |
| а | Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax- | | | | | | | | | | | |
| | | ganization, or any | | | | | | | | | Y: | 51 |
| | | pital of the partne nation on Partners | | | | | | | | | | |
| | | | • | | | • | | | | | N: | 3,09 |
| b | | dividual or estate rship? For rules o | | | | | | | | | Y : | 2,01 |
| | | s Owning 50% or | | | | | | | | | N: | 1,59 |
| 4 | | of the tax year, di | | | • | | | | | | IN. | 1,59 |
| | | tly 20% or more, | | | ectlv. | 50% or mo | ore of the total | voting power | of all cla | isses of | | |
| - | | tled to vote of | | | | | | | | | | |
| | instruction | s. If "Yes," compl | ete (i) through | (iv) below | | | | | Y: : | 27,801 | N: | 3,574 |
| | | (i) Name of Cor | poration | | | (ii) Emplove | r Identification | (iii) Country o | of | (iv) Perce | | |
| | | | poration | | | | er (if any) | Incorporation | | Owned in Vo | ting St | lock |
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| b | | ly an interest of 2 | | | | | | | | | ٧· | 12 |
| b | or capital i | ly an interest of 2 n any foreign or a trust? For rules o (i) Name of Entit | domestic parts of constructive | nership (in | o, see (ii | ng an entity instructions.) Employer entification | treated as a p . If "Yes," com (iii) Type of | partnership) or plete (i) through (iv) Cour | in the be n (v) below ntry of | eneficial w (v) Ma Percentad | Y: N: aximur ge Owr | 3,45 |
| b | or capital i | n any foreign or a trust? For rules o | domestic parts of constructive | nership (in | o, see (ii | ng an entity instructions.) Employer | treated as a p . If "Yes," com | partnership) or i plete (i) through | in the be n (v) below ntry of | eneficial w (v) Ma | N: aximur ge Owr | 3,45 n ned in |
| b | or capital i | n any foreign or a trust? For rules o | domestic parts of constructive | nership (in | o, see (ii | ng an entity instructions.) Employer entification | treated as a p . If "Yes," com (iii) Type of | partnership) or plete (i) through (iv) Cour | in the be n (v) below ntry of | eneficial w (v) Ma Percentad | N: aximur ge Owr | 3,45 n ned in |
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| b | or capital i | n any foreign or a trust? For rules o | domestic parts of constructive | nership (in | o, see (ii | ng an entity instructions.) Employer entification | treated as a p . If "Yes," com (iii) Type of | partnership) or plete (i) through (iv) Cour | in the be n (v) below ntry of | eneficial w (v) Ma Percentad | N: aximur ge Owr | ned in |
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| | or capital i interest of a Did the pa | n any foreign or a trust? For rules of (i) Name of Entit (i) rtnership file Forr | domestic parti of constructive ty m 8893, Electi | ion of Part | tnersł | ng an entity instructions.) Employer entification mber (if any) | treated as a p . If "Yes," com (iii) Type of Entity x Treatment, c | oartnership) or i plete (i) through (iv) Cour Organiz | in the be n (v) below htry of ation | eneficial W Percentac Profit, Los | N: ge Owr s, or C | 3,45 n hed in capital |
| | or capital i interest of a Did the pa section 62 | n any foreign or a trust? For rules of (i) Name of Entit (i) rune of Entit (i) Name of Entit (ii) | domestic parti of constructive ty m 8893, Electi partnership-lev | ion of Part | tnersh | ng an entity instructions.) Employer entification mber (if any) hip Level Tax nt, that is in | treated as a p . If "Yes," com (iii) Type of Entity x Treatment, c effect for this | ortnership) or i plete (i) through (iv) Cour Organiz | in the be (v) below http: of ation statemen e Form 8 | eneficial W Percentac Profit, Los ent under 893 for | N: aximur ge Owr s, or C | 3,45 n bed in bapital No |
| 5 | or capital i interest of a Did the pa section 62 more detai | n any foreign or a trust? For rules of (i) Name of Entit (i) Name | domestic parti of constructive ty m 8893, Electi partnership-lev | ion of Part | tnersh | ng an entity instructions. Employer entification mber (if any) hip Level Tax It, that is in | treated as a p . If "Yes," com (iii) Type of Entity x Treatment, c effect for this | ortnership) or i plete (i) through (iv) Cour Organiz | in the be (v) below http: of ation statemen e Form 8 | eneficial W Percentac Profit, Los ent under 893 for | N: aximur ge Owr s, or C | 3,45 n bed in bapital No |
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| Schedule B Other Information Yes No 1 What type of entity is filling return? Check the applicable box: | Form 10 | 65 (2014) | | | | | | F | Page 2 |
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| a Domestic general partnership b Domestic imited partnership c c Domestic imited partnership c Domestic imited partnership c 2 At any time during the tax year, was any partnership (including any entity treated as a partnership) including or a nomine or similar parson? a At the end of the tax year: a 3 At the end of the tax year: a Did any foreign or domestic comporation, partnership (including any entity treated as a partnership), trust, or tax exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the aptnership? for use of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership for use of constructive ownership. 0 Own directly 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of threage for domestic comporation? file Contry of Owner for ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partnership or the tax year were the profit, loss, or capital in any foreign or domestic partnership for local anot for useas of constructive ownership, see instructions. If "Y | Sch | edule B Other Information | | | | | | | |
| c Domestic initial jability company d Domestic initial likely partnership e Deregin partnership f Other h 2 A tary time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership) functuring an entity treated as a partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership. Did any individual or estates own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? 4 At the end of the tax year, did the partnership: Did any individual or estates own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? 4 At the end of the tax year, did the partnership: Did any individual or estate or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? Perture of partnership? 4 At the end of the tax year, did the partnership: Did any individual or estates of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partnership? Perture Ministre Schedule B-1, Information on eartnership? 0 Own directly an interest of 20% or more of the | 1 | | oplica | ble box: | | | | Yes | No |
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| an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner, or a nomine or similar person? build any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax- exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership on Partners Owning 50% or More of the Partnership. build any individual or estate own, directly or indirectly, 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership build and the tax year," (di the partnership) build any individual or estate own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below build | | • • • | | | | | | | |
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| Image: Normal State (I) Name of Entity Image: Normal State (I) Number (II any) Image: Normal State (I) Number (II a | | | | | | | | | |
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| 5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details | | | | | | | | | |
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| more details more details image: constraint of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 ff "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1. 7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? 8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? 9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? 10 At any time during calendar year 2014, did the partnership 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 Accounts (FBAR). If "Yes," | 5 | | | | | | | | |
| 6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 | | | | | | • | | | |
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| d The partnership is not filing and is not required to file Schedule M-3 | Ŭ | | | | | | (| | |
| If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1. 7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? | d | The partnership is not filing and is not required to fil | | | | | | | |
| 7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? | | | e Sch | edules L, M- | 1, and M-2; Ite | m F on page 1 of F | orm 1065; | | |
| 8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? | | | | | | | | | |
| modified so as to reduce the principal amount of the debt? | | | | | | | | | |
| 9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? | 8 | | | | | | | | |
| information on any reportable transaction? | | | | | | | | | <u> </u> |
| 10 At any time during calendar year 2014, did the partnership 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," | 9 | | | | | | | | |
| account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," | 10 | | | | | | | | |
| exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," | 10 | | • | | • | • | | | |
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| Form 10 | 065 (2014) | F | Page 3 |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|
| Sch | edule B Other Information (continued) | | |
| | | Yes | No |
| 11 | At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions | N: | 3,558,601 |
| 12a | Is the partnership making, or had it previously made (and not revoked), a section 754 election? Y: 207,136 | N: | 3,335,264 |
| | See instructions for details regarding a section 754 election. | | |
| b | Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," | Y: | 36,595 |
| | attach a statement showing the computation and allocation of the basis adjustment. See instructions | N: | 3,480,923 |
| С | Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a | | |
| | substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section | Y: | 1,463 |
| | 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | N: | <u>3,51</u> 3,692 |
| 13 | Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) | | |
| 14 | At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other | Y: | 5,605 |
| | undivided interest in partnership property? | N: | 3,398,231 |
| 15 | If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To ForeignDisregarded Entities, enter the number of Forms 8858 attached. See instructions ►4,983 | | |
| 16 | Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's | Y: | 88,072 |
| | Information Statement of Section 1446 Withholding Tax, filed for this partnership. 55,352 | N: | 3,489,890 |
| 17 | Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► 12,604 | | |
| 18a | Did you make any payments in 2014 that would require you to file Form(s) 1099? See instructions Y: 1.172.678 | N: | 2,207,939 |
| b | | N: | 462,242 |
| 19 | Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign | | |
| | Corporations, attached to this return. 8,329 | | |
| 20 | Enter the number of partners that are foreign governments under section 892. ► 5,532 | | |
| - | nation of Tax Matters Partner (see instructions) | | |
| Enter b | below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return: | | |
| Name desigr TMP | | | |
| entity, | TMP is an Phone number , name of TMP | | |

Address of designated TMP

| | edule B Other Information <i>(continued)</i> | | age |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Sch | | N. | |
| 11 | At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions | Yes | No |
| 12a b | Is the partnership making, or had it previously made (and not revoked), a section 754 election? | | |
| с | attach a statement showing the computation and allocation of the basis adjustment. See instructions Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | | |
| 13 | Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) | | |
| 14 | At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? | | |
| 15 | If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To ForeignDisregarded Entities, enter the number of Forms 8858 attached. See instructions ►26 | | |
| 16 | Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner'sInformation Statement of Section 1446 Withholding Tax, filed for this partnership. ►337 | | |
| 17 | Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. 31 | | |
| 18a b | Did you make any payments in 2014 that would require you to file Form(s) 1099? See instructions | | |
| 19 | Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► 26 | | |
| 20 | Enter the number of partners that are foreign governments under section 892. ► 16 | | |
| | obelow the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return: | | |

| designated TMP | Identifying number of TMP | |
|-----------------------------------------------------------|------------------------------|--|
| If the TMP is an entity, name of TMP representative | Phone number of TMP | |
| Address of designated TMP | | |

| Form 1065 | (2014) | TOTAL SCHEDULE K'S FILED 3,607,624 | TOTAL SCHEDULE K'S E | -FILED | 2,945,674 Page | 4 |
|-------------------------------------------|--------|--------------------------------------------------------------------|-----------------------|--------|----------------|---|
| Sched | | | | | Total amount | |
| | 1 | Ordinary business income (loss) (page 1, line 22) | | 1 | 2,050,065 | |
| | 2 | Net rental real estate income (loss) (attach Form 8825) . | | 2 | 1,606,436 | |
| | 3a | Other gross rental income (loss) | 3a 62,513 | | , , | |
| | b | Expenses from other rental activities (attach statement) | 3b 35,579 | | | |
| | с | Other net rental income (loss). Subtract line 3b from line 3a | | 3c | 65,623 | |
| s) | 4 | Guaranteed payments | | 4 | 341,524 | |
| Ö | 5 | | | 5 | 962,060 | |
| Ŀ | 6 | Dividends: a Ordinary dividends | | 6a | 259,935 | |
| ne | | b Qualified dividends | 6b 210,203 | | 200,000 | |
| Income (Loss) | 7 | Royalties | -1 | 7 | 80,408 | |
| <u>u</u> | 8 | Net short-term capital gain (loss) (attach Schedule D (Form 10 | | 8 | 192,079 | |
| | 9a | Net long-term capital gain (loss) (attach Schedule D (Form 10 | | 9a | 309,144 | |
| | b | Collectibles (28%) gain (loss) | 9b 14,459 | | 0001111 | |
| | c | Unrecaptured section 1250 gain (attach statement) . | 9c 121,595 | - | | |
| | 10 | Net section 1231 gain (loss) (attach Form 4797) | · · · · · | 10 | 306,891 | |
| | 11 | | | 11 | 177,391 | |
| S | 12 | Section 179 deduction (attach Form 4562) | | 12 | 298,901 | |
| Deductions | 13a | | | 13a | 421,019 | |
| Icti | b | Investment interest expense | | 13b | 128,582 | |
| np | c | | (2) Amount ► | 13c(2) | 41,018 | |
| | d | Other deductions (see instructions) Type | | 13d | 589,169 | |
| Self- Employ- ment | 14a | Net earnings (loss) from self-employment | | 14a | 1,464,186 | |
| т _В т | b | Gross farming or fishing income | | 14b | 106,079 | |
| | c | Gross nonfarm income | | 14c | 900,816 | |
| | 15a | Low-income housing credit (section 42(j)(5)) | | 15a | 2,500 | |
| | b | Low-income housing credit (other) | | 15b | 27,444 | |
| lits | c | Qualified rehabilitation expenditures (rental real estate) (attack | | 15c | 1,678 | |
| Credits | d | Other rental real estate credits (see instructions) Type ► | | 15d | 25* | |
| Ō | е | Other rental credits (see instructions) Type ► | | 15e | 162 | |
| | f | Other credits (see instructions) Type ► | | 15f | 70,252 | |
| | 16a | Name of country or U.S. possession | | | 10,202 | |
| | b | Gross income from all sources | | 16b | 100,323 | |
| sactions | c | Gross income sourced at partner level | | 16c | 53,946 | |
| tio | - | Foreign gross income sourced at partnership level | | | | |
| ac | d | Passive category ► 100,960 e General category ► | 34,037 f Other ► | 16f | 3,714 | |
| su | - | Deductions allocated and apportioned at partner level | | | 0,111 | |
| Lra | a | | | 16h | 38,313 | |
| ⊑ | Ĵ | Deductions allocated and apportioned at partnership level to | | | , | |
| Foreign Tran | i | Passive category ► 43,966 j General category ► | | 16k | 1,883 | |
| o. | I | Total foreign taxes (check one): ► Paid 	Accrued | · · · · · · · · · · · | 16I | 132,466 | |
| | m | Reduction in taxes available for credit (attach statement) . | | 16m | 1,994 | |
| | n | Other foreign tax information (attach statement) | | | | |
| × | 17a | Post-1986 depreciation adjustment | | 17a | 1,110,553 | |
| ns Ta | b | Adjusted gain or loss | | 17b | 121,907 | |
| Alternative Minimum Tax (AMT) Items | с | Depletion (other than oil and gas) | | 17c | 6,663 | |
| n L L | d | Oil, gas, and geothermal properties – gross income | | 17d | 46,988 | |
| Mini | е | Oil, gas, and geothermal properties-deductions | | 17e | 46,552 | |
| 522 | f | Other AMT items (attach statement) | | 17f | 86,111 | |
| | 18a | Tax-exempt interest income | | 18a | 83,422 | |
| Other Information | b | Other tax-exempt income | | 18b | 52,185 | |
| nat | С | Nondeductible expenses | | 18c | 1,005,717 | |
| hro | 19a | Distributions of cash and marketable securities | | 19a | 1,493,440 | |
| nfc | b | Distributions of other property | | 19b | 48,232 | |
| ř | 20a | | | 20a | 1,026,024 | |
| the | b | Investment expenses | | 20b | 279,593 | |
| Ò | C | Other items and amounts (attach statement) | | | | |

| 0-1 | (2014) | Portnere: Distributive Share Harra | 1 | Page |
|----------------------------|--------|----------------------------------------------------------------------------------------------|--------|---------------|
| Sched | | | | Total amount |
| | 1 | Ordinary business income (loss) (page 1, line 22) | 1 | 440,572,628 |
| | 2 | Net rental real estate income (loss) (attach Form 8825) | 2 | 42,841,947 |
| | 3a | Other gross rental income (loss) | - | |
| | b | Expenses from other rental activities (attach statement) 3b 15,743,527 | | |
| | С | Other net rental income (loss). Subtract line 3b from line 3a | 3c | 2,762,459 |
| (ss | 4 | Guaranteed payments | 4 | 79,063,851 |
| Ĕ | 5 | Interest income | 5 | 153,825,358 |
| e (| 6 | Dividends: a Ordinary dividends | 6a | 162,729,221 |
| Ĕ | | b Qualified dividends . . 6b 89,617,963 | | |
| Income (Loss) | 7 | Royalties | 7 | 34,711,302 |
| | 8 | Net short-term capital gain (loss) (attach Schedule D (Form 1065)) | 8 | 66,059,163 |
| | 9a | Net long-term capital gain (loss) (attach Schedule D (Form 1065)) | 9a | 659,260,765 |
| | b | Collectibles (28%) gain (loss) | - | |
| | С | Unrecaptured section 1250 gain (attach statement) 9c 37,004,384 | | |
| | 10 | Net section 1231 gain (loss) (attach Form 4797) | 10 | 163,129,481 |
| | 11 | Other income (loss) (see instructions) Type ► | 11 | 319,228,951 |
| Deductions | 12 | Section 179 deduction (attach Form 4562) | 12 | 12,716,912 |
| itio | 13a | | 13a | 12,474,510 |
| nc | b | Investment interest expense | 13b | 82,843,238 |
| ed | С | Section 59(e)(2) expenditures: (1) Type ► (2) Amount ► | 13c(2) | 104,127,328 |
| | d | Other deductions (see instructions) Type F | 13d | 168,712,659 |
| selr- Employ- ment | 14a | Net earnings (loss) from self-employment | 14a | 190,356,030 |
| ent | b | Gross farming or fishing income | 14b | 97,002,611 |
| йШĔ | С | Gross nonfarm income | 14c | 516,969,268 |
| | 15a | Low-income housing credit (section 42(j)(5)) | 15a | 743,437 |
| ŝ | b | Low-income housing credit (other) | 15b | 18,065,479 |
| dit | С | Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 15c | 3,056,762 |
| Credits | d | Other rental real estate credits (see instructions) Type | 15d | 9,460 |
| 0 | е | Other rental credits (see instructions) Type ► | 15e | 4,030 |
| | f | Other credits (see instructions) Type > | 15f | 7,417,498 |
| | 16a | Name of country or U.S. possession ► | | |
| S | b | Gross income from all sources | 16b | 3,011,659,773 |
| ctions | С | Gross income sourced at partner level | 16c | 1,242,653,381 |
| cti | | Foreign gross income sourced at partnership level | | |
| Sa | d | Passive category ► 151,874,496 e General category ► 289,972,832 f Other ► | 16f | 4,981,396 |
| an | | Deductions allocated and apportioned at partner level | | |
| È | g | Interest expense 84,692,453 h Other | 16h | 489,294,973 |
| gn | | Deductions allocated and apportioned at partnership level to foreign source income | | |
| Foreign Transa | i | Passive category ► <u>36,633,105</u> j General category ► <u>213,816,621</u> k Other ► | 16k | 4,073,221 |
| Б | | Total foreign taxes (check one): ► Paid | 161 | 20,801,479 |
| | m | Reduction in taxes available for credit (attach statement) | 16m | 127,310 |
| | n | Other foreign tax information (attach statement) | | |
| Minimum Tax (AMT) Items | 17a | Post-1986 depreciation adjustment | 17a | 5,258,940 |
| Ĩ | b | Adjusted gain or loss | 17b | -3,270,772 |
| un Ite | C | Depletion (other than oil and gas) | 17c | 1,978,229 |
| <u>E</u> | d | Oil, gas, and geothermal properties-gross income | 17d | 130,831,560 |
| Ain M | е | Oil, gas, and geothermal properties-deductions | 17e | 74,457,079 |
| 23 | f | Other AMT items (attach statement) | 17f | 28,454,764 |
| Ľ | 18a | Tax-exempt interest income | 18a | 5,913,923 |
| atic | b | Other tax-exempt income | 18b | 7,086,690 |
| Other Information | c | Nondeductible expenses | 18c | 22,020,534 |
| or | 19a | Distributions of cash and marketable securities | 19a | 4,989,350,524 |
| In 1 | b | Distributions of other property | 19b | 280,986,816 |
| er | 20a | Investment income | 20a | 383,923,000 |
| | | Investment expenses | 20b | 95,862,921 |
| th | b | Other items and amounts (attach statement) | | 00,002,021 |

| | | 2014 Par | | ne Item Pu ency Cour | | | d for SOI Sample | e) | | | |
|----------|-----------------------------------|---------------------------------------------|----------------------|-------------------------|-----------------------------------------------|-----------|-----------------------|---------------|-----------------------|--------------|-----------------------------|
| | TOTAL S | CHEDULE L'S FILEI | | 8,015 | | | AL SCHEDUL | E L'S E-F | ILED | 2,33 | 6,074 |
| Form 10 | 65 (2014) | | , | -, | | | | | | | Page 5 |
| Analy | sis of Net Incom | ne (Loss) | | | | | | | | | |
| 1 | Net income (loss). | Combine Schedule 12 through 13d, and | K, lines 1 16l | through | 11. From | the res | ult, subtract th | e sum of | 1 | | 3,587,825 |
| 2 | Analysis by | (i) Corporate | (ii) Indiv (activ | vidual | iii) Indiv (passi) | vidual | (iv) Partnersh | (v) | Exem anizati | • | (vi) Nominee/Other |
| - | partner type: General partners | 145,485 | ` | 23,243 | , i | 80,978 | 402.0 | | | , 928 | 72,479 |
| a b | Limited partners | 248,581 | | 92,799 | | 15,932 | <u>192,6</u> 483,8 | | | ,885 | |
| | | nce Sheets per B | | | Beginnir | | | | | of tax | |
| | | ssets | | | (a) | | (b) | (c | | | (d) |
| 1 | Cash | | | | | | | | | | 2,439,148 |
| 2a | Trade notes and a | accounts receivable . | | | | | | | 386,4 | 83 | |
| b | Less allowance fo | r bad debts | | | 29,06 | 8 | | | 32,1 | 52 | |
| 3 | Inventories | | | | | | | | | | 274,195 |
| 4 | - | obligations | | | | | | | | | 1,253 |
| 5 | | rities | | | | | 5,683 | | | | 5,579 |
| 6 | | ets (attach statement | , | | | | | | | | 890,552 |
| 7a | | or persons related to | , | | | | | | | | 87,474 |
| b | Mortgage and rea | | | | | | | | | - | 39,575 |
| 8 | | (attach statement). | | | | | | 4 | 000.0 | 25 | 461,140 |
| 9a b | - | er depreciable assets I depreciation | | | | | | | <u>869,8</u> 821,0 | | |
| ю 10а | | | | | | | | l, | <u>021,0</u> 21,4 | | |
| b | • | I depletion | | | | _ | | | 16,1 | | |
| 11 | | mortization) | | | | | | | 10,1 | 50 | 1,135,168 |
| 12a | | (amortizable only) | | | | | | | 848,6 | 37 | 1,100,100 |
| b | | amortization | | | | | | | 816,1 | | |
| 13 | Other assets (atta | ch statement) | | | | | | | | | 684,430 |
| 14 | Total assets | | | | | | | | | | 2,720,594 |
| | Liabilitie | es and Capital | | | | | | | | | |
| 15 | Accounts payable | | | | | | | | | | 501,038 |
| 16 | | onds payable in less th | | | | | | | | | 327,490 |
| 17 | | lities (attach stateme | , | | | | | | | | 1,137,578 |
| 18 | | ans | | | | | | | | | 181,763 |
| | | s (or persons related to | | | | | | | | | 282,222 |
| | | oonds payable in 1 year | | | | | | | | | 833,072 |
| 20 21 | | tach statement) | | | | | 2,444,589 | | | | <u>468,116</u> 2,725,580 |
| 21 22 | | d capital | | | | | 2,444,309 | | | | 2,720,594 |
| | | | | | Deeke | \A/;+bl_ | |) nor Dol | hi u kuna | | 2,720,334 |
| | No | econciliation of In ote. The partnership | nay be re | quired to | file Sche | | | | lurn | | |
| 1 | Net income (loss) | per books | | 2,663,54 | 7 6 | | ecorded on book | | | uded | |
| 2 | | Schedule K, lines 1, 2, 30 | | | | on Scheo | dule K, lines 1 thro | ough 11 (iten | nize): | | |
| | | and 11, not recorded o | | 75 47 | a | Tax-exe | empt interest \$ |) | | | 455 490 |
| 3 | books this year (itemi | ze): ments (other that | <u>-</u> | 75,47 | 7 | | ions included c | | | | 155,189 |
| 3 | | | | 225,59 | | | ugh 13d, and | | | | |
| 4 | | d on books this yea | | 223,33 | <u>, , , , , , , , , , , , , , , , , , , </u> | | book income | | | | |
| • | | Schedule K, lines | | | а | Deprec | iation \$ | , , | | <i>`</i> | |
| | through 13d, and | | | | | • | | | | | 203,338 |
| а | Depreciation \$ | | | | 8 | Add line | es 6 and 7 . | | | | 327,468 |
| b | Travel and enterta | inment \$ | | 915,95 | 3 9 | Income | (loss) (Analys | sis of Ne | et Inco | ome | |
| 5 | | jh4 | | 2,661,26 | | (Loss), I | ine 1). Subtract | t line 8 fror | n line | 5. | 2,660,079 |
| Sche | edule M-2 An | alysis of Partners | ' Capita | l Accou | nts | | | | | | |
| 1 | - | ing of year | | 2,593,30 | | Distribu | itions: a Cash | | | | 1,423,912 |
| 2 | Capital contribute | d: a Cash | | 942,78 | 7 | | b Prope | erty | • • | | 57,300 |
| _ | | b Property | | 84,63 | 7 7 | Other d | lecreases (item | nize): | | | |
| 3 | Net income (loss) | per books | | 2,896,49 | | | | | | | 185,293 |
| 4 | Other increases (it | emize): | | 151,39 | | | es 6 and 7 . | | | | 1,539,613 |
| 5 | | jh4 | | 2,889,11 | | | at end of year. Su | | trom lir | ne 5 | 2,767,860 |
| | L SCHEDULE M-1 | | 2,483 | | | | HEDULE M-2'S | | | | Form 1065 (2014) |
| ΤΟΤΑ | L SCHEDULE M-1 | 'S E-FILED: 2,24 | 6,735 | | TOTA | L SCHE | DULE M-2'S E | E-FILED: | 2,4 | 446,37 | ′ 6 |

| Form 10 | 065 (2014) | | | | | | | | | Page 5 |
|------------|---------------------------|----------------------------------------------|------------------------------|-----------------------------|---------|------------------------------------------|----------|----------------------------|---------|------------------------------|
| Analy | sis of Net Incom | e (Loss) | | | | | | | | · - |
| 1 | | Combine Schedule | | | | | e sum of | 1 | 1,7 | 22,520,075 |
| 2 | Analysis by partner type: | (i) Corporate | (ii) Individual (active) | (iii) Individu (passive) | | (iv) Partnershi | n · · | (v) Exempt Organization | | (vi) Nominee/Other |
| а | General partners | 100,232,613 | 80,951,894 | 5,625, | .078 | 121,298,82 | | 2,078 | | 6,883,475 |
| | Limited partners | 318,268,825 | 175,635,330 | 160,405, | | 464,985,42 | | 4,083 | | |
| | 1 | nce Sheets per Bo | | Beginning o | | | | | | x year |
| | | ssets | | (a) | | (b) | (c | ;) | | (d) |
| 1 | | | | | | | - | | | 1,249,156,699 |
| 2a | Trade notes and ad | counts receivable. | | | | | 768, | 151,3 | 18 | |
| b | Less allowance for | bad debts | | 17,668,682 | | | | 281,7 | | |
| 3 | Inventories | | | | | | , | | | 330,745,639 |
| 4 | U.S. government o | bligations | | | | | | | | 174,879,883 |
| 5 | Tax-exempt securi | ties | | | | 41,654,670 | | | | 45,364,519 |
| 6 | Other current asse | ts (attach statement) |) | | | | | | | 2,465,278,938 |
| 7a | Loans to partners (c | or persons related to p | oartners) | | | | | | | 94,866,511 |
| b | Mortgage and real | estate loans | | | | | | | | 89,098,321 |
| 8 | | (attach statement) . | | | | | | | | 13,151,034,753 |
| 9a | | r depreciable assets | | | | | 6,060, | <mark>241,0</mark> | 38 | |
| b | | depreciation | | | | | 1,967, | | | |
| 10a | | | | | | | | 536,5 | | |
| b | | depletion | | | | | 87, | <u>874,9</u> | 08 | |
| 11 | | nortization) | | | | | | | | 1,069,052,409 |
| 12a | | amortizable only) . | | | | | 1,023, | | | |
| b | | amortization | | | | | 211, | <u>538,0</u> | 70 | |
| 13 | | h statement) | | - | | | | | _ | 1,546,578,930 |
| 14 | | | · · | | | | | | | 26,128,933,308 |
| | | s and Capital | | | | | | | | |
| 15 | | | | _ | | | | | _ | 537,406,923 |
| 16 | | onds payable in less that | - | - | | | | | - | 328,111,955 |
| 17 | | ities (attach stateme | · · | - | | | | | - | 3,447,604,886 |
| 18 | | ans | | - | | | | | _ | 1,254,352,302 |
| 19a | • | (or persons related to | | - | | | | | - | 259,673,194 |
| b | | onds payable in 1 year | | - | | | | | - | 2,993,283,748 |
| 20 | | ach statement) | | - | 40. | 040 540 500 | | | - | 1,804,837,348 |
| 21 | • | counts | | - | 13, | 849,510,590 | | | | 15,503,662,951 |
| 22 0.sk | Total liabilities and | • | | | | | | | | 26,128,933,308 |
| Sch | | conciliation of Ind te. The partnership r | | | | | | urn | | |
| 1 | | per books | | | | | | ot inclu | dad | |
| | . , . | | | | | ecorded on books lule K, lines 1 thro | | | ueu | |
| 2 | | chedule K, lines 1, 2, 3c | | a Ta | x-exe | empt interest \$ | | | | |
| | | nd 11, not recorded or :e): | | 54 | | | | | | 23,344,356 |
| 3 | Guaranteed pavr | nents (other thar | 11,442,0 | | ducti | ons included o | n Schedu | lo K li | nes | 23,344,330 |
| 0 | | | | 1 | | igh 13d, and | | | | |
| 4 | , | d on books this yea | 07,101, | | | book income t | | | | |
| | | Schedule K, lines | | a De | prec | iation \$ | j (| | , | |
| | through 13d, and 1 | | | u 20 | p100 | | | | | 15,488,853 |
| а | | | | 8 Ad | ld line | es 6 and 7 . | | | | 38,833,209 |
| b | Travel and entertail | nment \$ | - 22 250 0 | | | (loss) (Analys | | | | 50,055,205 |
| 5 | Add lines 1 through | h 4 | <u>23,350,0</u> 304,727,8 | | | ine 1). Subtract | | | | 265,894,611 |
| | | alysis of Partners | | 20 | - /, • | , | | | | , |
| 1 | | ng of year | | | stribu | tions: a Cash | | | | 5,027,204,578 |
| 2 | _ | 1: a Cash | | 32 | | b Prope | rtv | | | 283,266,203 |
| - | Supital Contributed | b Property | | 97 7 Ot | her d | ecreases (item | ize): | • • | • | 200,200,200 |
| 3 | Net income (loss) r | ber books | | 85 | | | | | | 760,139,034 |
| 4 | Other increases (ite | emize): | 661,715,6 | | | es 6 and 7 . | | | | 6,070,609,815 |
| | | - / | | /10 | ~ | | | | • | 0,010,000,010 |

| SCHEDULE B-1 (Form 1065) |
|-----------------------------|
| (Rev. December 2011) |
| Department of the Treasury |
| Internal Revenue Service |

Name of partnership

Information on Partners Owning 50% or More of the Partnership

OMB No. 1545-0099

Attach to Form 1065. See instructions on back.

Employer identification number (EIN)

TOTAL SCHEDULE B1'S FILED: 2,379,688

TOTAL SCHEDULE B1'S E-FILED: 1.987.110

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|----------------------------------------------------|-----------------------|---------------------------------|-------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | 708,112 _{1/} | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|-------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|
| | | |
| | | |
| | 3,667,778 1/ | |
| | | |
| | | |
| | | |
| | | |
| | (ii) Identifying Number (if any) | (if any) (if any) 3,667,778 1/ |

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Cat. No. 49842K

Schedule B-1 (Form 1065) (Rev. 12-2011)

1/The counts on this page represent the sum of the number of rows filed rather than the number of forms which have Part I or Part II completed.

| SCHEDULE B-1 (Form 1065) |
|--------------------------------------------------------------------------------|
| (Rev. December 2011) Department of the Treasury Internal Revenue Service |
| Name of partnership |

Information on Partners Owning 50% or More of the Partnership

OMB No. 1545-0099

Attach to Form 1065. See instructions on back.

Employer identification number (EIN)

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|----------------------------------------------------|----------------------|---------------------------------|-------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **No money | amounts are prese | nt on this form** | | |
| | | | | |
| | | | | |

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|----------------------------------------------------------|-------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| For Demonstral, Deskration, Act Nation, and the Instance | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Cat. No. 49842K

Schedule B-1 (Form 1065) (Rev. 12-2011)

| | EDULE C n 1065) | Additional l | nformation for S | chedule M-3 | Filers | | | | | |
|--------|-----------------------------------------|-----------------------------------------------------------------|-----------------------------|----------------------|----------------|---------|----------------|----------|--------------|------|
| | cember 2014) | ► Atta | ch to Form 1065. See sepa | arate instructions. | | | OMB No. | 1545-0 | 123 | |
| | nent of the Treasury Revenue Service | Information about Schedu | le C (Form 1065) and its ir | structions is at www | v.irs.gov/form | 1065. | | | | |
| Name o | f partnership | | | | | Employ | er identificat | tion nur | nber | |
| То | tal Schedule | C's Filed: 151,492 | Total Sched | ule C's E-Filed: | 117,821 | | | | | |
| | | | | | | | | Yes | No | |
| 1 | • | iring the tax year, were ther | - | | • | - | | | | |
| | disclosure req | uirements of Regulations sec | ction 1.707-8? | | | | | 369 | <u> </u> | ,471 |
| 2 | | unt reported on Schedule M partnership of income, gain, | | | | | • | | | |
| | share of capita | I in that partnership or its rat | tio for sharing other item | s of that partnershi | o? | | 5 | 5,936 | 140, | ,785 |
| 3 | | ring the tax year, did the par on as defined in sections 267 | | | | | | 114 | <u> </u> | ,714 |
| 4 | | uring the tax year, did the ned in sections 267(b) and 7 | | | | | | 124 | <u> </u> | 705 |
| 5 | | during the tax year, did the rposes? See instructions for | | | | | | ,290 | <u>1</u> 45, | 489 |
| 6 | At any time du tax purposes? | ring the tax year, did the pa | | | | | | 3,186 | 128,0 | 616 |
| For Pa | perwork Reduct | ion Act Notice, see the Instruc | tions for Form 1065. | Cat. No. 49945S | Sch | edule C | (Form 1065) | (Rev. 12 | | |

| SCHEDULE C |
|--------------------------------------------------------|
| (Form 1065) |
| (Rev. December 2014) |
| Department of the Treasury Internal Revenue Service |
| Name of partnership |

Additional Information for Schedule M-3 Filers

► Attach to Form 1065. See separate instructions.

▶ Information about Schedule C (Form 1065) and its instructions is at www.irs.gov/form1065.

OMB No. 1545-0123

Employer identification number

| | | Yes | No |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| 1 | At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? | | |
| 2 | Does any amount reported on Schedule M-3, Part II, lines 7 or 8, column (d), reflect allocations to this partnership from another partnership of income, gain, loss, deduction, or credit that are disproportionate to this partnership's share of capital in that partnership or its ratio for sharing other items of that partnership? | | |
| 3 | At any time during the tax year, did the partnership sell, exchange, or transfer any interest in an intangible asset to a related person as defined in sections 267(b) and 707(b)(1)? | | |
| 4 | At any time during the tax year, did the partnership acquire any interest in an intangible asset from a related person as defined in sections 267(b) and 707(b)(1)? | | |
| 5 | At any time during the tax year, did the partnership make any change in accounting principle for financial accounting purposes? See instructions for a definition of change in accounting principle | | |
| 6 | At any time during the tax year, did the partnership make any change in a method of accounting for U.S. income tax purposes? | | |
| For Pa | aperwork Reduction Act Notice, see the Instructions for Form 1065. Cat. No. 49945S Schedule C (Form 1065) | (Rev. 12 | 2-2014) |

No money amounts are present on this form.

SCHEDULE D (Form 1065)

Capital Gains and Losses

OMB No. 1545-0123

2014

39,641

83,467

43,945

32,714

3,818

65,976

193,013

[d]

Attach to Form 1065 or Form 8865.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Department of the Treasury ▶ Information about Schedule D (Form 1065) and its separate instructions is at www.irs.gov/form1065. Internal Revenue Service

Name of partnership

Total Schedule D's Filed: 343,488

Total Schedule D's E-Filed: 274,393

| Employer | identification | number |
|----------|----------------|--------|
| | | |

7

| Part I Short-Term Capital Gains and Losses—Asse | ets Held One Ye | ear or Less | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|---------------------------------------------------------------|------------------------------------------------------------------|
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | to gain or loss fro Form(s) 8949, Pau line 2, column (g | rt I, combine the result with |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | 39,64 |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | 83,46 |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | 43,94 |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 32,71 |
| 4 Short-term capital gain from installment sales from Forr | m 6252, line 26 or | 37 | 4 | 3,818 |
| 5 Short-term capital gain or (loss) from like-kind exchange | 5 | [d | | |

| 6 | Partnership's share of net short-term capital gain (loss), including specially allocated short-term | |
|---|-----------------------------------------------------------------------------------------------------|---|
| | capital gains (losses), from other partnerships, estates, and trusts | 6 |

| 7 | Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and | |
|------|--------------------------------------------------------------------------------------------------------|--|
| | on Form 1065, Schedule K, line 8 or 11; or Form 8865, Schedule K, line 8 or 11 | |
| Part | t II Long-Term Capital Gains and Losses—Assets Held More Than One Year | |

| Long-Term Capital Gains and Lo | sses—Assets Held More Than One Year |
|--------------------------------|-------------------------------------|
|--------------------------------|-------------------------------------|

| See instructions for how to figure the amounts to enter on the lines below. | | (d) Proceeds | | | (g) Istments or loss fro | (h) Gain or (loss) Subtract column (e) from column (d) and | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|--------|--------------------------------|------------------------------------------------------------------|--|--|
| This form may be easier to complete if you round off cents to whole dollars. | | (sales price) | | | 8949, Parl column (g | II, combine the result with | | |
| 1099-B which y Howeve | or all long-term transactions reported on Form for which basis was reported to the IRS and for ou have no adjustments (see instructions). er, if you choose to report all these transactions n 8949, leave this line blank and go to line 8b. | | | | | 49,138 | | |
| | 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | | | |
| | | | | | | 90,554 | | |
| 10 Totals f Box F c | | | 71,926 | | | | | |
| 11 Long- | term capital gain from installment sales from Forn | n 6252, line 26 or 3 | 37 | | 11 | 15,937 | | |
| 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | | | | | |
| | 13 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts 13 | | | | | | | |
| 14 Capita | al gain distributions (see instructions) | | 14 | 85,542 | | | | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Enter here and on Form 1065, Schedule K, line 9a or 11; or Form 8865, Schedule K, line 9a or 11 | | | | | | | | |
| For Paperwor | k Reduction Act Notice, see the Instructions for Forr | n 1065. | Cat. No. 11393G | | Sch | edule D (Form 1065) 2014 | | |

SCHEDULE D (Form 1065)

Capital Gains and Losses

OMB No. 1545-0123

2014

Department of the Treasury Internal Revenue Service Attach to Form 1065 or Form 8865.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

▶ Information about Schedule D (Form 1065) and its separate instructions is at www.irs.gov/form1065.

Name of partnership

| Employer | identification | number |
|----------|----------------|--------|

| Part | I Short-Term Capital Gains and Losses—Asse | ets Held One Ye | ar or Less | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------|------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| lines b | structions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | | (g) ustment or loss 8949, I | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with | |
| | dollars. | (| (| | colum | | column (g) |
| ۱ | Fotals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | 303,086 |
| | Fotals for all transactions reported on Form(s) 8949 with Box A checked | | | | | | 5,759,324 |
| | Fotals for all transactions reported on Form(s) 8949 with Box B checked | | | | | | 2,408,478 |
| | Fotals for all transactions reported on Form(s) 8949 with Box C checked | | | | | | 53,775,372 |
| 4 | Short-term capital gain from installment sales from Forr | n 6252, line 26 or 3 | 37 | | 4 | | 1,153,683 |
| 5 | Short-term capital gain or (loss) from like-kind exchange | es from Form 8824 | l | | 5 | | [d] |
| 6 | Partnership's share of net short-term capital gain (loss) capital gains (losses), from other partnerships, estates, | , including specia | | | 6 | | 30,168,345 |
| 7 | Net short-term capital gain or (loss). Combine lines 1 on Form 1065, Schedule K, line 8 or 11; or Form 8865, 9 | a through 6 in col | | | 7 | | 93,599,166 |
| Part | II Long-Term Capital Gains and Losses—Asse | ts Held More TI | han One Year | | | | |
| lines to This fo | structions for how to figure the amounts to enter on the below. orm may be easier to complete if you round off cents to dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | to gain Form(s) | (g) ustment or loss 8949, F columr | from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| ۰ ۱ | Fotals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | | 2,130,059 |
| | Fotals for all transactions reported on Form(s) 8949 with Box D checked | | | | | | 23,089,576 |
| | Fotals for all transactions reported on Form(s) 8949 with Box E checked | | | | | | 55,979,653 |
| | Fotals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | | 266,410,952 |
| 11 | Long-term capital gain from installment sales from Forn | n 6252, line 26 or 3 | 37 | | 11 | | 51,054,618 |
| | Long-term capital gain or (loss) from like-kind exchange | 12 | | 125,316 * | | | |
| 13 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts 13 298,886,80 13 13 298,886,80 | | | | | | | 298,886,863 |
| | Capital gain distributions (see instructions) | | | | 14 | | 12,151,171 |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on Form 1065, Schedule K, line 9a or 11; or Form 8865, | | | | 15 | | 710,690,582 |
| For Pa | perwork Reduction Act Notice, see the Instructions for Form | n 1065. | Cat. No. 11393G | | S | chedu | le D (Form 1065) 2014 |

Frequency Counts (in Whole Numbers)

Total Schedule F's Filed: 113,448 Total Schedule F's E-Filed: 93,802

| SCHEDULE | F |
|-------------|---|
| (Form 1040) | |

Profit or Loss From Farming

Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 20 Δ

| Department of the Treasury | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|
| Internal Revenue Service (99) | | | | | | | | |
| Name of proprietor | | | | | | | | |

▶ Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

Attachment Sequence No. 14 Social security number (SSN)

| | | | - | | | | | | | | | |
|------------|------------------------------------------|----------|---------------------------------------|----------|----------|----------|---------|-------------------------|----------|-----------------|-----------------------|------------|
| A Prir | ncipal crop or activity | | B Enter code | from P | art IV | | CA | accounting method: | D | Employe | er ID number (EIN), (| see instr) |
| | | | | | | | | Cash Accrual | | | | |
| E Did | you "materially participate" in the op | eration | of this business du | uring 20 | 14? lf ' | "No," | see in | structions for limit or | n passi | ve losse | es 🗌 Yes 🗌 | No |
| | you make any payments in 2014 that | | | • • • | | • | | , | | | | No |
| | es," did you or will you file required | | | | | | | | | | | No |
| Part | | | • | | | | | d. Complete Parts | s II an | d III, ar | nd Part I, line 9 | .) |
| 1 a | Sales of livestock and other resale | | . , | | | | 1a | | | - | | |
| b | Cost or other basis of livestock or | other if | tems reported on li | ine 1a . | • | | 1b | | | - | | |
| С | | | | | • | | | | • | 1c | | |
| 2 | Sales of livestock, produce, grains | - | | raised | • | | | | • | 2 | | |
| 3a | Cooperative distributions (Form(s) | | · · · · · · · · · · · · · · · · · · · | | | | | 3b Taxable amo | unt | 3b | | |
| 4a | Agricultural program payments (se | | | | | | | 4b Taxable amo | unt | 4b | | |
| 5a | Commodity Credit Corporation (C | , | · · · | election | n. | | | | | 5a | | |
| b | CCC loans forfeited | | 5b | | | | | 5c Taxable amo | unt | 5c | | |
| 6 | Crop insurance proceeds and fede | | | nts (see | instruc | ctions |) | 1 | | | | |
| а | Amount received in 2014 | • • | 6a | | | | | 6b Taxable amo | unt | 6b | | |
| С | If election to defer to 2015 is attac | hed, ch | neck here 🕨 | | | 6d | Amou | int deferred from 20 | 13 | 6d | | |
| 7 | Custom hire (machine work) incon | ne . | | | | | | | | 7 | | |
| 8 | Other income, including federal ar | nd state | gasoline or fuel ta | ax credi | t or ref | fund (| see ins | structions) | • | 8 | | |
| 9 | Gross income. Add amounts in t | he righ | t column (lines 1c, | 2, 3b, 4 | 4b, 5a | , 5c, 6 | b, 6d, | , 7, and 8). If you use | e the | | 400.00 | |
| | accrual method, enter the amount | | | | | | | | | 9 | 108,68 | 9 |
| Part | II Farm Expenses—Cash a | nd Ac | crual Method. D | Do not i | includ | le pe | rsona | l or living expense | es (see | <u>ə instru</u> | ictions). | |
| 10 | Car and truck expenses (see | | | | 23 | | | nd profit-sharing pla | | 23 | | |
| | instructions). Also attach Form 4562 | 10 | | | 24 | | | ase (see instructions | , | | | |
| 11 | Chemicals | 11 | | | а | Veh | icles, | machinery, equipme | nt | 24a | | |
| 12 | Conservation expenses (see instructions) | 12 | | | b | Oth | er (lan | d, animals, etc.) . | • | 24b | | |
| 13 | Custom hire (machine work) . | 13 | | | 25 | Rep | airs a | nd maintenance . | • | 25 | | |
| 14 | Depreciation and section 179 | | 07.000 | | 26 | | | d plants | | 26 | | |
| | expense (see instructions) . | 14 | 87,866 | | 27 | Sto | rage a | nd warehousing . | • | 27 | | |
| 15 | Employee benefit programs | | | | 28 | Sup | plies | | • | 28 | | |
| | other than on line 23 | 15 | | | 29 | | | | | 29 | | |
| 16 | Feed | 16 | | | 30 | | | | | 30 | | |
| 17 | Fertilizers and lime | 17 | | | 31 | | | , breeding, and medic | cine | 31 | | |
| 18 | Freight and trucking | 18 | | | 32 | Oth | er exp | enses (specify): | | | | |
| 19 | Gasoline, fuel, and oil | 19 | | | а | | | | | 32a | | |
| 20 | Insurance (other than health) | 20 | | | b | | | | | 32b | | |
| 21 | Interest: | | 17,271 | | С | | | | | 32c | | |
| а | Mortgage (paid to banks, etc.) | 21a | - | | d | | | | | 32d | | |
| b | Other | 21b | 42,077 | | е | | | | | 32e | | |
| 22 | Labor hired (less employment credits) | 22 | | | f | | | | | 32f | | |
| 33 | Total expenses. Add lines 10 thr | - | - | | | | | | | 33 | 113,327 | 7 |
| 34 | Net farm profit or (loss). Subtract | | | | | | | | | 34 | | |
| | If a profit, stop here and see instru | | | | | | | | | | | _ |
| 35 | Did you receive an applicable sub | | `` | , | | | | | | | . 🗌 Yes 🗌 | No |
| 36 | Check the box that describes your | | _ | | | | | where to report you | ır loss. | | | |
| <u>a</u> | All investment is at risk. | | Some inves | | s not a | at risk. | | | | | | |
| | norwork Doduction Act Nation | | aanavata inatuvati | | | | 0-+ | | | Caba | dula E (Eauna 10 | 40) 0044 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11346H

Schedule F (Form 1040) 2014

SCHEDULE F (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Profit or Loss From Farming

Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 20Δ Attachment Sequence No. 14

| Name | of | prop | prietor |
|------|----|------|---------|

▶ Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

Social security number (SSN)

| A Pri | ncipal crop or activity | | B Enter code from | n Part IV | CA | Accounting method: | D Employ | ver ID number (EIN), (see i | instr) |
|---------|------------------------------------------|--------------------|-----------------------------|----------------|------------|----------------------------|--------------|-----------------------------|--------|
| | | | | | | Cash Accrual | | | |
| E Did | you "materially participate" in the op | eration | of this business during | 2014? If "No, | ," see in | structions for limit on p | assive loss | ses 🗌 Yes 🗌 N | 0 |
| F Did | you make any payments in 2014 that | t would | require you to file Form | n(s) 1099 (see | instruct | ions)? | | . 🗌 Yes 🗌 Ne | 0 |
| G If "Y | Yes," did you or will you file required | Forms ⁻ | 1099? | | | | | . 🗌 Yes 🗌 Ne | 0 |
| Part | Farm Income – Cash Met | thod. | Complete Parts I an | d II (Accrual | l metho | d. Complete Parts I | l and III, a | and Part I, line 9.) | |
| 1a | Sales of livestock and other resale | items | (see instructions) | | 1a | | | | |
| b | Cost or other basis of livestock or | other it | ems reported on line 1 | а | 1b | | | | |
| с | Subtract line 1b from line 1a | | | | | | 1c | | |
| 2 | Sales of livestock, produce, grains | s, and o | ther products you rais | ed | | | 2 | | |
| 3a | Cooperative distributions (Form(s) | 1099-F | PATR) . 3a | | | 3b Taxable amoun | t 3b | | |
| 4a | Agricultural program payments (se | e instruc | tions) . 4a | | | 4b Taxable amoun | t 4b | | |
| 5a | Commodity Credit Corporation (C | CC) loa | ns reported under elec | ction | | | 5a | | |
| b | CCC loans forfeited | | 5b | | | 5c Taxable amoun | t 5c | | |
| 6 | Crop insurance proceeds and fed | eral cro | p disaster payments (s | ee instructior | ns) | | | | |
| а | Amount received in 2014 | | 6a | | | 6b Taxable amoun | t 6b | | |
| с | If election to defer to 2015 is attac | hed, ch | neck here 🕨 🗌 | 6d | Amou | int deferred from 2013 | 6d | | |
| 7 | Custom hire (machine work) incon | ne. | | | | | 7 | | |
| 8 | Other income, including federal ar | nd state | gasoline or fuel tax cr | edit or refund | l (see ins | structions) | 8 | | |
| 9 | Gross income. Add amounts in t | he righ | t column (lines 1c, 2, 3 | b, 4b, 5a, 5c, | , 6b, 6d, | , 7, and 8). If you use tl | he | | |
| | accrual method, enter the amount | from P | art III, line 50 (see instr | ructions). | | | 9 | 106,963,196 | |
| Part | II Farm Expenses – Cash a | nd Ac | crual Method. Do n | ot include p | ersona | l or living expenses | (see instr | uctions). | |
| 10 | Car and truck expenses (see | | | 23 Pe | ension a | nd profit-sharing plans | 23 | | |
| | instructions). Also attach Form 4562 | 10 | | 24 Re | ent or le | ase (see instructions): | | | |
| 11 | Chemicals | 11 | | a Ve | ehicles, | machinery, equipment | 24a | | |
| 12 | Conservation expenses (see instructions) | 12 | | b O | ther (lan | d, animals, etc.) | 24b | | |
| 13 | Custom hire (machine work) . | 13 | | 25 Re | epairs a | nd maintenance | 25 | | |
| 14 | Depreciation and section 179 | | | 26 Se | eeds and | d plants | 26 | | |
| | expense (see instructions) . | 14 | 6,835,710 | 27 St | torage a | nd warehousing | 27 | | |
| 15 | Employee benefit programs | | | 28 Su | upplies | | 28 | | |
| | other than on line 23 | 15 | | 29 Ta | axes . | | 29 | | |
| 16 | Feed | 16 | | 30 Ut | tilities . | | 30 | | |
| 17 | Fertilizers and lime | 17 | | 31 Ve | eterinary | , breeding, and medicine | e 31 | | |
| 18 | Freight and trucking | 18 | | 32 Of | ther exp | enses (specify): | | | |
| 19 | Gasoline, fuel, and oil | 19 | | а | | | 32a | | |
| 20 | Insurance (other than health) | 20 | | b | | | 32b | | |
| 21 | Interest: | | | с | | | 32c | | |
| а | Mortgage (paid to banks, etc.) | 21a | 1,233,734 | d | | | 32d | | |
| b | Other | 21b | 1,629,133 | e | | | 32e | | |
| 22 | Labor hired (less employment credits) | 22 | | f | | | 32f | | |
| 33 | Total expenses. Add lines 10 thr | ough 32 | 2f. If line 32f is negative | e, see instruc | tions . | | 33 | 102,561,106 | |
| 34 | Net farm profit or (loss). Subtrac | - | - | | | | 34 | | |
| | If a profit, stop here and see instru | | | | | | | | |
| 35 | Did you receive an applicable sub | | | | | | | . 🗌 Yes 🗌 N | 0 |
| 36 | Check the box that describes you | | | | | | | | |
| а | All investment is at risk. | | Some investme | | | | | | |
| | | | | - | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11346H

Schedule F (Form 1040) 2014

| | (Form | DULE M-3 1065) eent of the Treasury | | Net Income (Loss) for Certain Pa ► Attach to Form 1065 | rtnerships | | | | B No. 1545-0123 |
|---------|----------|-------------------------------------------|----------------------|-------------------------------------------------------------------------|---------------------------------------|-------------|------------|----------|-------------------------|
| | Internal | Revenue Service | Information about | ut Schedule M-3 (Form 1065) and | l its instructions is at www | v.irs.gov/ | | | |
| | Name of | f partnership Total Schedu | Ile M-3's Filed 294 | ,177 Total S | Schedule M-3's E- Filed | 249,613 | Employe | r identi | fication number |
| | This S | chedule M-3 i | s being filed beca | use (check all that apply): | | | | | |
| 165,886 | | | - | p's total assets at the end of th | ne tax year is equal to \$1 | 0 millior | n or more. | | |
| 203,973 | 3 B | | | p's adjusted total assets for th total assets for the tax year | e tax year is equal to \$1 203,391 | 0 million | or more. I | f box l | B is checked, |
| 23,829 | C | | nt of total receipts | for the tax year is equal to \$35 | | C is che | cked, ente | r the t | total receipts for |
| 117,075 | 5 D | • | | e entity partner with respect t ership's capital, profit, or loss, o | | | | | |
| | | Nar | me of Reportable E | ntity Partner | Identifying Numbe | r N | | | itage Owned or Owned |
| | | | 115,7 | 99 | 115,840 | | | | 114,358 |
| | | | 19,0 | 59 | 19,069 | | | | 18,991 |
| 19,39 | | Voluntary | | | | | | | |
| | Part | | | and Net Income (Loss) Re | | | | | |
| | | | | n 10-K for its income statemer | | | | ? | |
| | | | | d complete lines 2 through 11 | - | | | | |
| 4 | | | | ctions if multiple non-tax-basis | | | | | |
| | | | | rtified audited non-tax-basis in | | - | | | |
| | | No. Go to | | ete lines 2 through 11 with resp | ect to that income state | ment. | | | |
| 2 | | | | n-tax-basis income statement | for that pariod? | | | | |
| | | | | h 11 with respect to that incon | | | | | |
| | | | | and enter the partnership's net | | ke and r | records on | line / | 2 |
| | 20,322 | - | me statement perio | | / 171,972 Ending | ns and i | | 171,9 | |
| | | | | atement been restated for the i | Ŭ | on line f | | | |
| | | | | ment and the amount of each it | | | <u> </u> | | |
| 1 | | □ No. | | | | | | | |
| | - | | | ement been restated for any of | the five income statement | t periods | immediate | ely pre | ceding the |
| | 1,303 | • | | ment and the amount of each it | em restated.) | | | | |
| 1 | | □ No. | | | | | | | |
| | 4a | | nsolidated net inco | ome (loss) from income stateme | ent source identified in P | art I. line | e 1 | 4a | 290,939 |
| | b | | | ed for line 4a (see instructions) | | , | | | 230,333 |
| 153 | 8,609 | | · | IFRS 6,675 3 | 704(b) | | | | |
| 72 | 2,722 | 4 🗌 Tax-I | Dasis11,4375 | Other: (Specify) ► 11,228 | | | | | |
| | 5a | Net income fro | om nonincludible f | preign entities (attach statemer | nt) | | | 5a (| 1,138) |
| | b | | | gn entities (attach statement a | | | | 5b | 801 |
| | 6a | Net income fro | om nonincludible L | J.S. entities (attach statement) | | | [| 6a (| 4,243) |
| | b | Net loss from | nonincludible U.S. | entities (attach statement and | enter as a positive amou | unt) | [| 6b | 2,973 |
| | 7a | Net income (lo | oss) of other foreig | n disregarded entities (attach s | tatement) | | [| 7a | 179 |
| | b | Net income (lo | oss) of other U.S. d | isregarded entities (attach stat | ement) | | · · [| 7b | 383 |
| | 8 | | | transactions between includil | | | | 8 | 1,912 |
| | 9 | | | statement period to tax year (a | | | | 9 | 2,303 |
| | 10 | | | o amount on line 11 (attach sta | , | | | 10 | 2,750 |
| | 11 | Net income (| oss) per income s | statement of the partnership. | Combine lines 4a throug | gh 10 . | [| 11 | 291,783 |
| | | Note. Part I, I | ine 11, must equal | Part II, line 26, column (a) or S | chedule M-1, line 1 (see | instruct | ions). | | |
| | 12 | Enter the total a | amount (not just the | partnership's share) of the assets | | | | d on th | e following lines: |
| | | | | Total Assets | Total | Liabilities | S | | |
| | а | Included on P | | 271,969 | | ,082 | | | |
| | b | Removed on I | Part I, line 5 | 1,302 | 1 | ,258 | | | |

dIncluded on Part I, line 7356For Paperwork Reduction Act Notice, see the Instructions for your return.

c Removed on Part I, line 6

Schedule M-3 (Form 1065) 2014

4,450

330

Cat. No. 39669D

4,580

SCHEDULE M-3 (Form 1065)

Department of the Treasury

Net Income (Loss) Reconciliation for Certain Partnerships

OMB No. 1545-0123

| Att | ach | to | Form | 106 | 5 0 | r For | m | 1065-B. | |
|-----|-----|----|------|-----|-----|-------|---|---------|--|

Information about Schedule M-3 (Form 1065) and its instructions is at www.irs.gov/form1065.

Internal Revenue Service Name of partnership

| Employer | identification | number |
|----------|----------------|--------|
|----------|----------------|--------|

Maximum Percentage Owned or Deemed Owned

| This Schedule M-3 is being | filed because | (check all that apply): |
|----------------------------|---------------|-------------------------|
|----------------------------|---------------|-------------------------|

Name of Reportable Entity Partner

- **B** The amount of the partnership's adjusted total assets for the tax year is equal to \$10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year 31,058,808,018
- C The amount of total receipts for the tax year is equal to \$35 million or more. If box C is checked, enter the total receipts for the tax year 5,958,182,853.
- **D** An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50 percent or more in the partnership's capital, profit, or loss, on any day during the tax year of the partnership.

Identifying Number

| Е | Voluntary Filer. | | |
|---------|-----------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| Part | | | |
| 1a | Did the partnership file SEC Form 10-K for its income statement period ending with or within this ta | 2 | |
| | Yes. Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K. | | |
| | No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared. | | |
| b | Did the partnership prepare a certified audited non-tax-basis income statement for that period? | | |
| | Yes. Skip line 1c and complete lines 2 through 11 with respect to that income statement. | | |
| | No. Go to line 1c. | | |
| С | Did the partnership prepare a non-tax-basis income statement for that period? | | |
| | Yes. Complete lines 2 through 11 with respect to that income statement. | | |
| | No. Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and reco | ords on line | 4a. |
| 2 | Enter the income statement period: Beginning / / Ending / | / | |
| 3a | Has the partnership's income statement been restated for the income statement period on line 2? | | |
| | Yes. (If "Yes," attach a statement and the amount of each item restated.) | | |
| | □ No. | | |
| b | Has the partnership's income statement been restated for any of the five income statement periods imm | nediately pr | eceding the |
| | period on line 2? | | |
| | \Box Yes. (If "Yes," attach a statement and the amount of each item restated.) \Box No. | | |
| 4a | Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1 | 4a | 1,900,230,862 |
| ча b | Indicate accounting standard used for line 4a (see instructions): | 44 | 1,900,230,802 |
| D | 1 GAAP 2 IFRS 3 704(b) | | |
| | 4 ☐ Tax-basis 5 ☐ Other: (Specify) ► | | |
| 5a | Net income from nonincludible foreign entities (attach statement) | 5a | 39,549,018) |
| b | Net loss from nonincludible foreign entities (attach statement and enter as a positive amount) | | 9,368,691 |
| 6a | Net income from nonincludible U.S. entities (attach statement) | | 198,196,241) |
| b | Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount) | | 35,450,040 |
| 7a | Net income (loss) of other foreign disregarded entities (attach statement) | | 231,607 |
| b | Net income (loss) of other U.S. disregarded entities (attach statement) | | 4,392,625 |
| 8 | Adjustment to eliminations of transactions between includible entities and nonincludible entit | ties | |
| | (attach statement) | . 8 | 7,139,707 |
| 9 | Adjustment to reconcile income statement period to tax year (attach statement) | . 9 | -888,094 |
| 10 | Other adjustments to reconcile to amount on line 11 (attach statement) | | -15,159,323 |
| 11 | Net income (loss) per income statement of the partnership. Combine lines 4a through 10 | | 1,703,053,778 |
| | Note. Part I, line 11, must equal Part II, line 26, column (a) or Schedule M-1, line 1 (see instructions | | |
| 12 | Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or r | emoved on | he following lines: |

| | | Total Assets | Total Liabilities | | | | | |
|---|----------------------------|----------------|-------------------|--|--|--|--|--|
| а | Included on Part I, line 4 | 24,930,504,516 | 9,729,538,158 | | | | | |
| b | Removed on Part I, line 5 | 318,540,711 | 78,419,732 | | | | | |
| С | Removed on Part I, line 6 | 1,229,290,178 | 496,560,518 | | | | | |
| d | Included on Part I, line 7 | 78,670,964 | 44,102,433 | | | | | |
| d | Included on Part I, line 7 | 78,670,964 | 44,102,433 | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for your return.

Cat. No. 39669D

Page 2 Employer identification number

Part II

Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

| | Return | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------------------|
| | Income (Loss) Items (Attach statements for lines 1 through 10) | (a) Income (Loss) per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Income (Loss) per Tax Return |
| 1 | Income (loss) from equity method foreign corporations | 675 | 528 | 169 | |
| | Gross foreign dividends not previously taxed | 5,426 | | | 5.005 |
| 2 | | 0,120 | 2,285 | 429 | 5,885 |
| 3 | Subpart F, QEF, and similar income inclusions | | 3,004 | 358 | 3,297 |
| 4 | Gross foreign distributions previously taxed | 115 | 106 | 9* | |
| 5 | Income (loss) from equity method U.S. corporations | 1,010 | 638 | 261 | |
| 6 | U.S. dividends | 30,598 | 7,912 | 6,601 | 31,262 |
| 7 | Income (loss) from U.S. partnerships | 69,282 | 43,135 | 38.649 | 78,160 |
| 8 | Income (loss) from foreign partnerships | 9,326 | 10,732 | 3,165 | 12,424 |
| 9 | Income (loss) from other pass-through entities | 4,115 | 2,430 | 1,106 | 4,641 |
| 10 | Items relating to reportable transactions | 783 | 384 | 150 | 1,144 |
| 11 | Interest income (see instructions) | 130,391 | 8,911 | 13,365 | 129,261 |
| 12 | Total accrual to cash adjustment | 2,303 | 3,496 | 178* | 2,732 |
| 13 | Hedging transactions | 1,281 | 1,013 | 30* | 694 |
| 14 | Mark-to-market income (loss) | 3,892 | 3,400 | 96 | 1,048 |
| 15 | Cost of goods sold (see instructions) | (27,575) | 12,399 | 2,429 | (27,751) |
| 16 | Sale versus lease (for sellers and/or lessors) | 14 | 32 | 0 | 31 |
| 17 | Section 481(a) adjustments | | 4,941 | 260 | 5,100 |
| 18 | Unearned/deferred revenue | 8,081 | 15,858 | 270 | 13,128 |
| 19 | Income recognition from long-term contracts | 601 | 451 | 36 | 598 |
| 20 | Original issue discount and other imputed interest . | 679 | 606 | 61 | 1,066 |
| 21a | Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities | 69,538 | 63,190 | 6,054 | |
| b | Gross capital gains from Schedule D, excluding amounts from pass-through entities | | 30,515 | 3,927 | 33,762 |
| С | Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses | - | 14,576 | 2,393 | 17,279 |
| d | Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses | - | 21,136 | 1,450 | 22,563 |
| | Abandonment losses | | 856 | 176 | 1,030 |
| f | Worthless stock losses (attach statement) | _ | 425 | 50 ^ | 477 |
| g | Other gain/loss on disposition of assets other than inventory | | 19,537 | 1,177 | 20,513 |
| 22 | Other income (loss) items with differences (attach statement) | 60,465 | 57,793 | 10,858 | 39,887 |
| 23 | Total income (loss) items.Combine lines 1 through22 | 208,580 | 127,651 | 61,216 | 211,926 |
| 24 | Total expense/deduction items. (from Part III, line | | | | |
| | 31) (see instructions) | 190,812 | 117,135 | 82,807 | 191.891 |
| 25 | Other items with no differences | 213,123 | | | 213,277 |
| 26 | Reconciliation totals. Combine lines 23 through 25 | 241,350 | 162,469 | 118,780 | 243,052 |
| | 5 | | | | |

Note. Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

Page 2 Employer identification number

Part II

Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

| | Return | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------------------|
| | Income (Loss) Items (Attach statements for lines 1 through 10) | (a) Income (Loss) per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Income (Loss) per Tax Return |
| 1 | Income (loss) from equity method foreign corporations | 8,162,319 | -7.061.385 | -911,504 | |
| 2 | Gross foreign dividends not previously taxed | 31,788,641 | 4,916,012 | 2,427,115 | 39,132,097 |
| 3 | Subpart F, QEF, and similar income inclusions | | 14,450,482 | 1,199,189 | 15,649,672 |
| 4 | Gross foreign distributions previously taxed | 451,184 | -80,560 | -357,737 | 101010101 |
| 5 | Income (loss) from equity method U.S. corporations | | -8,278,104 | | |
| 6 | | <u>9,497,958</u> 54,005,695 | 7,803,485 | -1,392,028 | 61.858.940 |
| 7 | Income (loss) from U.S. partnerships | 376,025,511 | -24,945,760 | 49.783 | 346.944.511 |
| 8 | Income (loss) from foreign partnerships | 150.072.762 | 14,716,053 | <u>-4.076.131</u> 1.529.142 | 166,427,161 |
| 9 | Income (loss) from other pass-through entities | 33,720,836 | -308,779 | -185,312 | 33,226,745 |
| 10 | Items relating to reportable transactions | -8,610,123 | -10,630,628 | | |
| 11 | Interest income (see instructions) | 129,418,164 | -2,445,400 | -538,974 | <u>-19,779,725</u> 122,513,546 |
| 12 | Total accrual to cash adjustment | 23.517.927 | -3,125,402 | -4,374,927 -967 * | |
| 13 | Hedging transactions | 10,894,901 | -8,539,997 | -115,291* | 20.320.487 |
| 14 | Mark-to-market income (loss) | 35,598,497 | -13,608,661 | | 2,209,046 |
| 15 | Cost of goods sold (see instructions) | (2,464,682,246) | 271,578 | 468.792 -471.133 | 22.525.580 2,465,221,098) |
| 16 | Sale versus lease (for sellers and/or lessors) | 760,203 | 455,231 | -471,133 | 1,215,560 |
| 17 | Section 481(a) adjustments | 100,203 | -4,947,557 | - | -4,900,014 |
| 18 | Unearned/deferred revenue | 28.865.641 | 1,836,850 | -53,386 -163,977 | 30,537,835 |
| 19 | Income recognition from long-term contracts | 48.555.933 | 28,314 | 857 | 48,585,104 |
| 20 | Original issue discount and other imputed interest | 2,670,300 | 296,481 | -59,604 | 2,907,176 |
| 21a | Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities | 588.027.330 | -536.338.643 | -49.177.542 | |
| | Gross capital gains from Schedule D, excluding amounts from pass-through entities | - | 591.529.561 | 53,105,731 | 646,488,533 |
| | Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses | - | -197,274,343 | -14,391,416 | -211.963.054 |
| d | Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses . | | 41,404,444 | 4.060.902 | 45.896.781 |
| е | Abandonment losses | | -2,014,695 | -29,857 | -2,004,916 |
| f | Worthless stock losses (attach statement) | | -3,272,850 | -2,041,738* | -5.314.984 |
| g | Other gain/loss on disposition of assets other than inventory | | 72,637,798 | 1,716,727 | 74,669,652 |
| 22 | Other income (loss) items with differences (attach statement) | 944,578,573 | -81,320,675 | -11,496,804 | 851,164,785 |
| 23 | Total income (loss) items.Combine lines 1 through22 | 3,097,211 | -154,168,840 | -25,311,914 | -177,067,994 |
| 24 | Total expense/deduction items. (from Part III, line | | | | |
| | 31) (see instructions) | -1.029.605.958 | -65,886,933 | 37,214,164 | -1.057.956.830 |
| 25 | Other items with no differences | 2,672,677,720 | | | 2,672,593,248 |
| 26 | Reconciliation totals. Combine lines 23 through 25 | 1,648,298,859 | -220,055,486 | 11,775,285 | 1,439,875,523 |

Note. Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

Page **3** Employer identification number

Part III

Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return – Expense/Deduction Items

| | Return—Expense/Deduction Items | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------|
| | Expense/Deduction Items | (a) Expense per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Deduction per Tax Return |
| 1 | State and local current income tax expense | 34,804 | 4,108 | 816 | 35,158 |
| 2 | State and local deferred income tax expense | 645 | 509 | 99 | 120 |
| 3 | Foreign current income tax expense (other than foreign withholding taxes) | 11,834 | 1,359 | 527 | 12.660 |
| 4 | Foreign deferred income tax expense | 336 | 173 | 154 | 42 |
| 5 | Equity-based compensation | 1,033 | 783 | 516 | 481 |
| 6 | Meals and entertainment | 51,157 | 616 | 51,182 | 51.330 |
| 7 | Fines and penalties | 8.640 | 514 | 8,163 | 585 |
| 8 | Judgments, damages, awards, and similar costs | 184 | 67 | 20 | 174 |
| 9 | Guaranteed payments | 16,797 | 852 | 16,596 | 5,882 |
| 10 | Pension and profit-sharing | 11,712 | 1,068 | 194 | 11,799 |
| 11 | Other post-retirement benefits | 1,205 | 252 | 77 | 1,218 |
| 12 | Deferred compensation | 1,764 | 1,829 | 51 | 1,561 |
| 13 | Charitable contribution of cash and tangible property | 30,813 | 920 | 1,711 | 30,723 |
| 14 | Charitable contribution of intangible property | 235 | 6* | 55 | 238 |
| 15 | Organizational expenses as per Regulations section 1.709-2(a) | 4,252 | 7,820 | 274 | 7,454 |
| 16 | Syndication expenses as per Regulations section 1.709-2(b) | 579 | 273 | 314 | 16* |
| 17 | Current year acquisition/reorganization investment banking fees | 266 | 234 | 21 | 82 |
| 18 | Current year acquisition/reorganization legal and accounting fees | 791 | 617 | 140 | 492 |
| 19 | Amortization/impairment of goodwill | 2,682 | 5,150 | 851 | 6,226 |
| 20 | Amortization of acquisition, reorganization, and start-up costs | 5,999 | 11,140 | 266 | 12,940 |
| 21 | Other amortization or impairment write-offs | 84,733 | 39,090 | 736 | 90,164 |
| 22 | Reserved | 04,733 | 33,030 | / 30 | 30,104 |
| 23a | Depletion—Oil & Gas | 1,652 | 947 | 804 | |
| b | Depletion – Other than Oil & Gas | 140 | 231 | 73 | 283 |
| 24 | Intangible drilling & development costs | 795 | 752 | 27* | 1,524 |
| 25 | | 126,607 | 78,441 | 1,865 | 128,925 |
| 26 | Bad debt expense | 30,970 | 18,379 | 177 | 29,335 |
| 27 | Interest expense (see instructions) | 125,397 | 13.761 | 1,315 | 124,865 |
| 28 | Purchase versus lease (for purchasers and/ or lessees) | 59 | 75 | [d] | 99 |
| 29 | Research and development costs | 598 | 291 | 186 | 767 |
| 30 | Other expense/deduction items with differences (attach statement) | 74,256 | 56.273 | 35,056 | 57.605 |
| 31 | Total expense/deduction items. Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive | 190,811 | 117,119 | 82,805 | 191,876 |

Page **3** Employer identification number

Part III

Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return – Expense/Deduction Items

| | Return—Expense/Deduction items | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------|
| | Expense/Deduction Items | (a) Expense per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Deduction per Tax Return |
| 1 | State and local current income tax expense | 2,177,635 | 108,743 | 42,620 | 2,328,130 |
| 2 | State and local deferred income tax expense | 213,348 | -129.882 | -70,916 | 12,550 |
| 3 | Foreign current income tax expense (other than foreign withholding taxes) | 11,628,299 | 1,263,806 | 252,489 | 13,144,251 |
| 4 | Foreign deferred income tax expense | 156,053 | 20,188 | -87,603 | 88,637 |
| 5 | Equity-based compensation | 5,380,742 | -927,568 | -365,530 | 4,087,644 |
| 6 | Meals and entertainment | 5,348,831 | -3,478 | -2,296,019 | 3,092,675 |
| 7 | Fines and penalties | 323,717 | -58.662 | -213,213 | 28,383 |
| 8 | Judgments, damages, awards, and similar costs . | 634,396 | 130,508 | -27,346 | 722,958 |
| 9 | Guaranteed payments | 24,944,591 | -24,580 | -25,334,015 | -250,906 |
| 10 | Pension and profit-sharing | 8,949,263 | 225,049 | 1,010,244 | 10.023.314 |
| 11 | Other post-retirement benefits | 1,885,737 | 4,358,996 | 316,003 | 6.560.636 |
| 12 | Deferred compensation | 10.681.336 | -917.035 | -11,813 | 9,752,468 |
| 13 | Charitable contribution of cash and tangible | | 011,000 | 11,010 | 3 |
| 10 | property | 2,667,377 | 62.793 | 79,834 | 2,810,062 |
| 14 | Charitable contribution of intangible property | 161,247 | -36* | 26,176 | 187,387 |
| 15 | Organizational expenses as per Regulations | 101,247 | -30 | 20,170 | 101,001 |
| | section 1.709-2(a) | 415,692 | -191,841 | -41,111 | 182,740 |
| 16 | Syndication expenses as per Regulations section 1.709-2(b) | 389.028 | -52,470 | -329,100 | 7,459* |
| 17 | Current year acquisition/reorganization investment banking fees | 359,676 | -130.787 | -34,888 | 194,001 |
| 18 | Current year acquisition/reorganization legal and accounting fees | 1,567,028 | -766.793 | -171,370 | 625,005 |
| 19 | Amortization/impairment of goodwill | 6,215,797 | 3,835,053 | -1,284,961 | 8,766,199 |
| 20 | Amortization of acquisition, reorganization, and start-up costs | 1,654,529 | 132,089 | 445,122 | 2,236,296 |
| 21 | Other amortization or impairment write-offs | 49,376,079 | -9,167,045 | -534,300 | 39,716,983 |
| 22 | Reserved | | | -554,500 | |
| 23a | Depletion—Oil & Gas | 11,512,907 | -9.901.179 | -1,463,261 | |
| b | Depletion—Other than Oil & Gas | 549,507 | -65,439 | 740,785 | 1,059,534 |
| 24 | Intangible drilling & development costs | 20,028,651 | 36.913.940 | 673,699 | 57,616,290 |
| 25 | | 176.856.275 | 50,459,505 | 200,440 | 227,461,215 |
| 26 | Bad debt expense | 15,657,961 | -2,198,781 | 45,928 | 13,504,494 |
| 27 | Interest expense (see instructions) | 189,978,272 | -2,100,061 | -1,704,747 | 186,173,468 |
| 28 | Purchase versus lease (for purchasers and/ | 100,010,212 | -2,100,001 | 111041141 | 100,110,400 |
| | or lessees) | 34,870 | 394,810 | [d] | 441,924 |
| 29 | Research and development costs | 4,141,956 | 1,908,923 | 21,361 | 6,072,240 |
| 30 | Other expense/deduction items with differences (attach statement) | 470,641,722 | -7.038.064 | -5,500,389 | 457.986.318 |
| 31 | Total expense/deduction items. Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive | 1,024,724,747 | 66,151,531 | -35,805,968 | 1,054,640,421 |

1125-4 Form

(Rev. December 2012)

Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Department of the Treasury Internal Revenue Service Name Employer identification number TOTAL FORM 1125-A's FILED: 724.967 TOTAL FORM 1125-A'S E-FILED: 585,301 318,034 1 1 540,557 2 2 3 127,759 3 29,218 Additional section 263A costs (attach schedule) 4 4 319,729 5 5 6 6 724.966 7 7 323,250 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the 8 Check all methods used for valuing closing inventory: 9a 299.196 (i) Cost 95.397 (ii) Lower of cost or market 6.424(iii)
Other (Specify method used and attach explanation.) 5,986 С If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed d 1.524 9d

If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . 1 Yes

39,207 481,274 Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," 🗌 No 🗌 Yes 385,421

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S. 1065. or 1065-B. must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpavers. If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below), vou can adopt or change your accounting method to account for inventoriable items in the same manner as materials and supplies that are not incidental.

Under this accounting method, inventory costs for raw materials purchased for use in producing finished goods and merchandise purchased for resale are deductible in the year the finished goods or merchandise are sold (but not before the year you paid for the raw materials or merchandise, if you are also using the cash method).

If you account for inventoriable items in the same manner as materials and supplies that are not incidental, you can currently deduct expenditures for direct labor and all indirect costs that would otherwise be included in inventory costs. See the instructions for lines 2 and 7.

For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on adopting or changing to this method of accounting, see Form 3115, Application for Change in Accounting Method, and its instructions.

Qualifying taxpayer. A qualifying taxpayer is a taxpayer that, (a) for each prior tax year ending after December 16, 1998, has average annual gross receipts of \$1 million or less for the 3 prior tax years and (b) its business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2001-10, 2001-2 I.R.B. 272.

Qualifying small business taxpayer. A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448 (d)(3)). See Rev. Proc. 2002-28, 2002-18 I.R.B. 815.

OMB No. 1545-2225

No

987

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

• The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.

• Real property or personal property (tangible and intangible) acquired for resale.

• The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for profit.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

1125-4 Form

(Rev. December 2012) Department of the Treasury Internal Revenue Service Ν

Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

| lame | | Employer identification number | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|--|--|
| 1 | Inventory at beginning of year | 292,403,115 | | | | |
| 2 | Purchases | 2,207,221,054 | | | | |
| 3 | Cost of labor | 148,468,563 | | | | |
| 4 | Additional section 263A costs (attach schedule) | 16,654,461 | | | | |
| 5 | Other costs (attach schedule) | 703,725,166 | | | | |
| 6 | Total. Add lines 1 through 5 | 3,368,472,359 | | | | |
| 7 | Inventory at end of year | 302,480,098 | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) | | | | | |
| 9a | Check all methods used for valuing closing inventory: (<i>i</i>) □ Cost (<i>ii</i>) □ Lower of cost or market (<i>iii</i>) □ Other (Specify method used and attach explanation.) ► | | | | | |
| b | | | | | | |
| с | Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) | _ | | | | |
| d | | | | | | |
| е | If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions | s)? 🗌 Yes 🗌 No | | | | |

If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . Yes

Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," Yes attach explanation

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

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Qualifying small business taxpayer. A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448 (d)(3)). See Rev. Proc. 2002-28, 2002-18 I.R.B. 815.

No No

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

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• Real property or personal property (tangible and intangible) acquired for resale.

• The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for profit.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

| Form 4562 Depreciation and Amortization (Including Information on Listed Property) | B No. 1545-0172 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|--|--|
| ► Attach to your tax return | 2014 | | | | | |
| Department of the Treasury All | Attachment | | | | | |
| | quence No. 179 | | | | | |
| Name(s) shown on return Business or activity to which this form relates Identifyit TOTAL FORM 4562'S FILED: 1,587,132 TOTAL FORM 4562'S E-FILED: 1,307,091 1,307,091 | ng number | | | | | |
| 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) | | | | | | |
| 2 Total cost of section 179 property placed in service (see instructions) | 304,800 | | | | | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | | | | | | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 | | | | | | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing | | | | | | |
| separately, see instructions | | | | | | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 Listed property. Enter the amount from line 29 | 000.004 | | | | | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 303,884 | | | | | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | E0.004 | | | | | |
| 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 50,094 | | | | | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 296,262 | | | | | |
| 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ 13 | 230,202 | | | | | |
| 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 ins | tructions.) | | | | | |
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service | / | | | | | |
| during the tax year (see instructions) | 354,894 | | | | | |
| 15 Property subject to section 168(f)(1) election 15 15 | 317 | | | | | |
| 16 Other depreciation (including ACRS) 16 | 237,627 | | | | | |
| 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 | 1,066,773 | | | | | |
| 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 | 2 | | | | | |
| (a) Classification of property (b) Month and year (c) Basis for depreciation (d) Recovery (a) Convention (d) Monthad year (c) Basis for depreciation (d) Recovery (a) Convention (d) Recovery (c) Conv | 1 | | | | | |
| (a) Classification of property placed in (business/investment use period period period (g) Deput | (g) Depreciation deduction | | | | | |
| service only-see instructions) pond 19a 3-year property 25,270 | 25,288 | | | | | |
| b 5-year property 313,099 50-yr basis: 0 | 313,811 | | | | | |
| c 7-year property 276,366 50-yr deduction: 0 | 276,423 | | | | | |
| d 10-year property 29,593 | 29,671 | | | | | |
| e 15-year property 166,482 | 166,514 | | | | | |
| f 20-year property 9,507 | 9,517 | | | | | |
| g 25-year property 488 | 488 | | | | | |
| h Residential rental | | | | | | |
| property 158,149 | 158,303 | | | | | |
| i Nonresidential real | | | | | | |
| property 164,449 | 167,345 | | | | | |
| Section C – Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System | | | | | | |
| | 6,088 | | | | | |
| 20a Class life 6,063 | | | | | | |
| 20a Class life 6,063 b 12-year 712 | 712 | | | | | |
| 20a Class life 6,063 b 12-year 712 c 40-year 3,417 | | | | | | |
| 20a Class life 6,063 b 12-year 712 c 40-year 3,417 Part IV Summary (See instructions.) | 712 3,427 | | | | | |
| 20a Class life 6,063 b 12-year 712 c 40-year 3,417 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 28 | 712 | | | | | |
| 20a Class life 6,063 b 12-year 712 c 40-year 3,417 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 | 712 3,427 191,006 | | | | | |
| 20a Class life 6,063 b 12-year 712 c 40-year 3,417 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 28 | 712 3,427 | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

| Depreciation | and | Amortization |
|--------------|-----|-----------------|
| Depression | ana | AIIIOICIZACIOII |

(Including Information on Listed Property)

| Attach | to vour | tax return. |
|--------|---------|-------------|

| | , maan to your tax rote | |
|---------------------------|-----------------------------|----------------------------------|
| Information about Form 45 | 62 and its separate instruc | tions is at www.irs.gov/form4562 |

| 2014 | | | | |
|---------------------------------------|--|--|--|--|
| Attachment Sequence No. 179 | | | | |
| ntifving number | | | | |

OMB No. 1545-0172

| Name(s) snown on return | | | Busine | ss or activity | to which thi | s form rela | ates | | | Identif | ying number |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|----------------|---------------------|-------------|------------------|-------------------|----------|----------------------------|--------------------------------|
| Par | t Election T | o Expense Ce | rtain Property I In | der Sec | tion 179 | | | | | | |
| 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 | | | | | | | | | | 1 | |
| 2 | | Iaximum amount (see instructions) | | | | | | | 2 | 31,619,358 | |
| 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 | | | | | ling [| | | | | |
| | separately, see instructions | | | | | • | 5 | | | | |
| 6 | (a) [| Description of proper | ty | (b) Cost | (business us | e only) | | (c) Elected co | st | | |
| | | | | | | | | | | _ | |
| | Listed property. Enter the amount from line 29 | | | | | | | | | | |
| - | | | | | | 7 | | | 527, | | |
| 8 | | | property. Add amoun | | | | | | | 8 | 13,977,018 |
| 9 | | | aller of line 5 or line | | | | | | | 9 | 4 000 007 |
| 10 11 | - | | from line 13 of your smaller of business in | | | | | | | 10 11 | 1,290,927 |
| | | | dd lines 9 and 10, b | · · | | ' | , | | " | 12 | 12,648,234 |
| | | | to 2015. Add lines 9 | | | | 13 | | • | 12 | 12,040,234 |
| | | | w for listed property. | - | | | 10 | | | | |
| Par | | | wance and Other | | | | lude li | sted proper | tv.) (S | See in | structions.) |
| 14 | | | or qualified propert | | | | | | <u> </u> | | / |
| | during the tax yea | | | | | | | | . | 14 | 82,319,121 |
| 15 | Property subject t | o section 168(f)(| 1) election | | | | | | . [| 15 | 268,013 |
| | Other depreciation | | | | | | | | | 16 | 14,996,392 |
| Par | t III MACRS De | epreciation (D | o not include liste | d proper | ty.) (See i | nstruct | tions.) | | | | |
| | | | | Section | n A | | | | | | |
| | | | ced in service in tax | | | | | | | 17 | 173,384,935 |
| 18 | | | ssets placed in serv | | • | · | | • | eral | | |
| | asset accounts, cl | | | | | | | | | <u> </u> | |
| | Section | B —ASSETS Place | c) Basis for depreciation | 1 | | sing the | e Gene | eral Deprecia | ation | Syste | em |
| (a) 🤇 | Classification of property | | (business/investment use | (d) Reco | | Conventio | ntion (f) Method | | | (g) Depreciation deduction | |
| 10- | 0 | service | only-see instructions) | | | | _ | | | | 4 704 070 |
| <u>19a</u> | , , , , , | - | 7,198,202 | | 50-yr ba | hasia | | | <u> </u> | | 1,791,079 |
| b c | | - | 75,079,467 70,515,925 | | 0-yr ded | | | | 0 | | <u>11,222,751</u> 8,080,173 |
| | 10-year property | - | 9,039,303 | | u-yi ucu | | | | • + | | 483,251 |
| | 15-year property | - | 56,713,250 | _ | | | | | | | 2,150,967 |
| - | 20-year property | - | 10,092,209 | | | | | | | | 247,763 |
| | 25-year property | | 299,861 | | | | | | | | 2,453 |
| | Residential rental | | | | | | | | | | , |
| | property | | 128,242,114 | 1 | | | | | | | 2,221,036 |
| i | Nonresidential rea | al | | | | | | | | | |
| | property | | 179,860,080 | | | | | | | | 2,199,147 |
| | | -Assets Place | d in Service During | | (Year Us | ng the | Altern | ative Depred | ciatio | n Sys | |
| | Class life | | 23,729,01 | | | | | | | | 982,626 |
| | 12-year | | 2,485,28 | | | | | | | | 64,507 |
| | 40-year | (Coo instruct) - | 78,430,724 | 4 | | | | | | | 869,400 |
| | t IV Summary | | , | | | | | | | 01 | 0.447.050 |
| | Listed property. E | | n line 28 , lines 14 through 17 | linee 10 | and 20 in | | . (n) ar | nd line 21 Er | hter | 21 | 2,117,959 |
| 22 | | | of your return. Partne | | | | | | | 22 | 304,098,946 |
| 23 | | | ed in service during | - | | | | | | ~~ | 507,030,340 |
| | | | section 263A costs | | | | 23 | 705 | 971 | | |

For Paperwork Reduction Act Notice, see separate instructions.

4562

Department of the Treasury

Internal Revenue Service (99)

Form

| | 4562 (2014) | Duonout | w (lookud | | abilaa | oortoi | a ath ar | wahia | | orte | | oroft | oortoi | | | and n | Page 2 |
|-------------|------------------------------------------|---------------------------|------------------|-------------------------|--------------|--------------|--------------------|------------|----------------|--------|------------------|----------------|-----------------------------|------------------------|----------|---------------------|-----------------|
| Pa | | d Propert for enterta | | | | | | venic | ies, c | erta | am aire | cran, | certai | n com | puters, | and pi | openy |
| | | For any ve | | | | | , | rd mile | eage ra | ate o | or ded | uctina | lease | expens | e. com | plete or | ilv 24a. |
| | | olumns (a) | | | | | | | | | | | | | ., | | |
| | Section A | -Depreci | iation and | Other In | formati | ion (Ca | ution: | See the | e instr | ucti | ons foi | r limits | for pa | ssenge | r autom | obiles.) | |
| 2 4a | Do you have ev | vidence to su | pport the bu | siness/inve | stment us | se claime | ed? | Yes | No | 24 | 4b If " | Yes," i | s the ev | vidence | written? | Yes | 🗌 No |
| | (a) | (b) | (c) Business/ | | (d) | Basis | (e) for depre | ciation | (f) | | (9 | g) | | (h) | | (i) | |
| | e of property (list /ehicles first) | Date placed in service | investment us | | other basi | | ness/inves | | Recov perio | | | hod/ ention | | preciation eduction | n El | ected sec cost | |
| | , | | percentage | | | | use only) | | | | | | | eduction | _ | | |
| 25 | Special dep the tax year | | | | | | | | | | | | | | | | |
| | | | | | | | | e (see | Instru | CTIOI | ns). | 25 | | 24, | 974 | | |
| 26 | Property use | ed more the | | 1 | d busin | ess use | e: | | | | | | | | | | |
| | | | % | | | | | | | | | | | | | | |
| | | | 90 | | | | | | | | | | | | | | |
| 27 | Property use | d 50% or | | - | usiness | | | | | | | | | | | | |
| | Troperty use | | % | | 0011000 | | | | | | S/L - | | | | | | |
| | | | % | | | | | | | | 5/L - | | | | | | |
| | | | % | | | | | | | | S/L - | | | | | | |
| 28 | Add amount | s in colum | n (h), lines | 25 throug | gh 27. E | Inter he | re and o | on line | 21, pa | age | 1. | 28 | | | | | |
| 29 | Add amount | | | | - | | | | | - | | | | | 29 | | |
| | | | | Se | ction B | -Infor | mation | | | | | | | | | | |
| | plete this secti | | | | | | | | | | | | | | | | rehicles |
| to yo | our employees, | first answe | er the quest | ons in Se | ction C | to see if | you me | et an e | xceptio | on to | o comp | leting | this sec | tion for | those v | ehicles. | |
| | | | | | | a) | | b) | | (c) | | | d) | | (e) | | f) |
| 30 | Total business the year (do n | | | 0 | Veh | icle 1 | Vehi | cle 2 | | ehicle | 93 | Veh | icle 4 | Ver | nicle 5 | Vehi | cle 6 |
| 31 | Total commut | | • | , | | | | | | | | | | | | | |
| | Total other miles driven | personal | • | | | | | | | | | | | | | | |
| 33 | Total miles | | rina the ve | ar. Add | | | | | | | | | | | | | |
| | lines 30 thro | | | | | | | | | | | | | | | | |
| 34 | Was the ve | hicle avai | lable for p | oersonal | Yes | No | Yes | No | Yes | 6 | No | Yes | No | Yes | No | Yes | No |
| | use during o | off-duty hou | urs? | | | ine 42 | + Amortiza | ation of | f Costs | s by | Sectio | n | 1 | | | | |
| 35 | Was the veh than 5% own | | | | Dptional W | | -111011120 | | 10031 | з, юу | ocone | ,,,, | 42 [*] | | | | |
| 36 | Is another veh | nicle availab | le for persor | nal u 167h | -Geologica | I & Geoph | ysical Exp | | | | | | 289 | | | | |
| | | | n C—Ques | | Pollution Co | ontrol Faci | lities | | | | | | 0 | ployee | es | | |
| Ansv | wer these que | stions to d | letermine i | yol 174-F | lesearch ai | nd Experin | nental Proc | cedures | | | | | | | | who ar | e not |
| more | e than 5% ow | ners or rela | ated perso | ns (<mark>178-0</mark> | Cost of Acq | uiring a Lo | ease | | | | | | 103 | | | | |
| 37 | Do you mair | | | stat 194-0 | Qualified Fo | prestation | and Refore | estation C | osts | | | | 90 | ommutir | ng, by | Yes | No |
| | your employ | | | 195-E | Business S | tart-Un Ex | penditures | | | | | 11 | 000 | | • • | | |
| 38 | Do you mair | | | sta | | | | | | | | | , | uting, b | | | |
| ~~ | employees? | | | | /arious Inta | | | | | | | 54 | ,627 d 16 [*] . | owners | • • | | |
| 39 | Do you treat | | | | Taxable Bo | | | | | | | - | | | | | |
| 40 | Do you prov use of the ve | | | | Corporate C | Organizatio | onal Exp | | | | | | ,200 | es abo | ut the | | |
| 11 | Do you mee | | | 709-0 | Organizatio | nal Expen | ditures | | | | | 9 | , <mark>814</mark> _ | · · · | • • | | |
| 41 | Note: If you | | | 1400 | L-Qual. Re | vitalizatior | n/Renewal | Exp. | | | | | 0 | hicles. | • • | | |
| Pa | rt VI Amor | | 0 07, 00, 0 | Othe | r | | | | | | | 115 | ,503 ⁻ | 1110103. | | | |
| | | | | (b) | 1 | | | | | | | | (e) | | | | |
| | | a) on of costs | | (D) Date amortiz | ation | Amo | (c) rtizable ar | nount | | Cod | (d) e section | n | Amortiz period | | Amortiz | (f) ation for th | ie voar |
| | Descriptic | 01 01 00313 | | begins | | AIIIO | i lizadie di | nount | | 000 | - 3501101 | " | percen | | AMUTUZ | | no year |
| 42 | Amortization | of costs t | hat begins | during ye | our 2014 | 4 tax ye | ear (see | instruc | ctions) | : | | I | | | | 20 |)4,864 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 43 | | | • | | | | | | | | | | | 43 | | | 7,656 |
| 44 | Total. Add | amounts ir | n column (f | . See the | e instruc | tions fo | or where | e to rep | oort . | | | | | 44 | | 52 | 29,940 |

Form **4562** (2014)

| | 4562 (2014) | | 4 | | | | | | | | | | | | | | Page 2 |
|----------|-----------------------------------------|---------------------------|------------------------------------------|--------------------------------------|--------------------|--------------|--------------------------------------|--------------|----------|--------|-----------------|------------------|--------------------------|------------------------|-----------|----------------------------|-----------------|
| Pa | | d Property for enterta | | | | | | vehic | cles, c | erta | ain air | craft, | certai | n com | puters, | and pr | operty |
| | | For any ve | , | | , | | , | rd mil | oogo r | ata / | or doc | luctin | a looso | ovpop | | nloto or | W 240 |
| | | olumns (a) | | | | | | | | | | | y lease | expens | | | ily 24a, |
| | | – Depreci | | | | | | | | | | | s for na | ssenae | r autom | ohiles) | |
| 24a | Do you have ev | | | | | | | | | _ | | | | - | written? | - | No |
| | (a) | (b) | (c) | | | | (e) | | (f) | | | g) | | (h) | | (i) | |
| | e of property (list vehicles first) | | Business/ investment us percentage | | (d) other basis | | for depre ness/inves use only) | stment | Recov | | Met | thod/ vention | | preciation eduction | n El | ected sect cost | |
| 25 | Special dep the tax year | | | | | | | | | | | 25 | | 637, | 095 | | |
| 26 | Property use | ed more that | an 50% in | a qualifie | d busin | ess use | e: | | | | | | | | | | |
| | | | % | 6 | | | | | | | | | | | | | |
| | | | 9 | ó | | | | | | | | | | | | | |
| | | | % | | | | | | | | | | | | | | |
| 27 | Property use | ed 50% or | | | usiness | use: | | | | | | | _ | | | | |
| | | | % | _ | | | | | | | S/L – | | | | | | |
| | | | 9 | | | | | | | | 5/L - | | | | | | |
| | | | 9 | | aub 07 5 | | wa awal | a na llina a | 01 - | | 5/L - | 00 | | | _ | | |
| | Add amount Add amount | | | | | | | | | | | 28 | | | 29 | | |
| 29 | Auu amouni | | ii (i), iii e 20 | | ction B. | | | | | | | | | | 29 | | |
| Com | plete this sect | ion for vehic | cles used b | | | | | | | | | er," or | related p | person. | If you pr | ovided v | ehicles |
| | our employees, | | | | | | | | | | | | | | | | |
| | | | | | (4 | a) | (| b) | | (c) | | | (d) | | (e) | (| f) |
| 30 | Total busines the year (do n | | | • | | cle 1 | | icle 2 | V | ehicle | 93 | | nicle 4 | Vel | nicle 5 | | cle 6 |
| 31 | Total commut | ting miles dr | iven during | the year | | | | | | | | | | | | | |
| 32 | Total other miles driven | | l (noncon | nmuting) | | | | | | | | | | | | | |
| 33 | Total miles lines 30 thro | | | | | | | | | | | | | | | | |
| 34 | Was the ve use during o | | | | Yes | No | Yes | No | Yes | | No | Yes | No | Yes | No | Yes | No |
| 35 | Was the veh than 5% ow | | | | L Optional Wr | | Amortiza | ation o | of Costs | s, by | Sectio | | ,868 * | | | | |
| 36 | Is another veh | nicle availabl | le for perso | nal u 167h | -Geologica | I & Geoph | ysical Exp | | | | | 87 | ,811 ⁻ | | | | |
| | | | n C-Ques | | Pollution Co | ontrol Faci | lities | | | | | | 0 | ployee | es | | |
| Ansv | ver these que | estions to d | letermine i | f yo <mark>i 174-</mark> | Research ar | nd Experin | nental Proc | cedures | | | | 284 | | | | who ar | e not |
| more | e than 5% ow | ners or rela | ated perso | ns (<mark>178-0</mark> | Cost of Acq | uiring a Lo | ease | | | | | | ,395 | | | | |
| 37 | Do you mair | | | stat 194-0 | Qualified Fo | restation | and Refore | estation (| Costs | | | | ,690 | ommutii | ng, by | Yes | No |
| | your employ | | | 195-6 | Business St | art-Up Ex | penditures | | | | | | 070 | | • • | | |
| 38 | Do you main employees? | | | sta | /arious Inta | | | | | | | | | uting, b owners | y your | | |
| 20 | | | | | Faxable Bor | | - | | | | | | 3,281 * | Jwners | • • | | |
| 39 40 | Do you treat Do you prov | | | | | | | | | | | | | | ut the | | |
| 70 | use of the ve | | | e inf | Corporate C | | | | | | | | , | | | | |
| 41 | _ | | | 709-0 | Organizatio | nal Expen | ditures | | | | | 63 | 3,576 | | | | |
| | Note: If you | | | 1400 | L-Qual. Rev | /italizatior | n/Renewal | Exp. | | | | | 0 | hicles. | | | |
| Pa | | tization | , , , . | Othe | r | | | | | | | 2,832 | | | | | |
| | | a) on of costs | [| (b) Date amortiz begins | | Amo | (c) rtizable ar | nount | | Cod | (d) e sectic | on | (e) Amortiz period | ation d or | Amortiza | (f) ation for th | iis year |
| 40 | Amortization | | hat begins | | | 1 tox | orlage | inotra | otione | | | | percen | laye | | 6.64 | 0.070 |
| 42 | Amortization | I OI COSIS II | | ouring y | | + idx ye | ai (See | mstru | | | | | | | | 0,04 | 19,070 |
| | | | | | | | | | | | | | | | | | |
| 43 | Amortization | of costs t | hat began | before v | our 2014 | l tax ve | ar . | | | | | | | 43 | | 48 68 | 32,311 |
| | Total. Add | | - | | | - | | | | | | | | 44 | | | 81,382 |
| | | | | | | | | | | | | | | | | | |

Form **4562** (2014)

| | TOTAL FORM 4797'S FI | | nership Line Item F Frequency Co | Publication (Estimate unts (in Whole Num TOTAL FORI | ed for SOI Sample) bers) VI 4797'S E-FILED | : 309,863 | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|-------------|-------------------------------------------------------------------|--|
| | 4707 | ç | | isiness Proj | | 1 | OM | B No. 1545-0184 | |
| Form | 4797 | (Also Invo | oluntary Conve | rsions and Reca 179 and 280F(| pture Amounts | - | 2014 | | |
| | tment of the Treasury | | Attach t | to your tax return. | is is at www.irs.gov | /form4797. | Att Sec | achment quence No. 27 | |
| Nam | e(s) shown on return | | | • | | Identifying | | | |
| | | | | | | | | | |
| 1 | Enter the gross proceeds substitute statement) that | | | | | | 1 | 22,193 | |
| Ра | rt I Sales or Exchar | | | | | | sions | From Other | |
| | Than Casualty of | or Theft-Most | Property Hele | d More Than 1 | Year (see instru | ctions) | | | |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or o basis, plu improvement expense of | us s and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) | |
| | | | | | | g | ain | 105,966 | |
| | | | | | | lo | DSS | 135,055 | |
| | | | | | | | | | |
| | | | | | | | 1 | | |
| 3 | Gain, if any, from Form 468 | | | | | | 3 | [d] | |
| 4 | Section 1231 gain from ins | | - | | | | 4 | <u>28,015</u> 1,310 | |
| 5 6 | 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | | 87,120 | |
| 7 | Combine lines 2 through 6. | | • | | | | 6 7 | 306,398 | |
| | Partnerships (except ele | - , | | | | | | | |
| | instructions for Form 1065, Individuals, partners, S co line 7 on line 11 below and losses, or they were recap Schedule D filed with your | d skip lines 8 and 9 otured in an earlier | blders, and all oth 9. If line 7 is a gai year, enter the g | hers. If line 7 is zero n and you did not h gain from line 7 as | or a loss, enter the nave any prior year s | amount from section 1231 | | | |
| 8 | Nonrecaptured net section | 1231 losses from p | rior years (see inst | tructions) | | | 8 | [d] | |
| 9 | Subtract line 8 from line 7. | If zero or less, ente | r -0 If line 9 is ze | ro, enter the gain fro | om line 7 on line 12 k | pelow. If line | | | |
| | 9 is more than zero, enter | | | | • | • | | | |
| Der | capital gain on the Schedu | | | | | | 9 | 0 | |
| Par 10 | t II Ordinary Gains Ordinary gains and losses r | | | | 1 year or less): | | | | |
| 10 | Grundry gains and 103503 1 | | | | | gai | n | 37,766 | |
| | | | | | | los | | 36,404 | |
| | | | | | | .00 | - | | |
| | | | | | | | | | |
| 11 | Loss, if any, from line 7. | | | | | | 11 | (415)* | |
| 12 | Gain, if any, from line 7 or a | amount from line 8, | if applicable . | | | | 12 | 10* | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | 87,731 | |
| 14 | Net gain or (loss) from Forn | | | | | | 14 | 703 | |
| 15 | Ordinary gain from installm | | | | | | 15 | 110 | |
| 16 | Ordinary gain or (loss) from | | | | | | 16 | 338 | |
| 17 10 | Combine lines 10 through | | | | | | 17 | 145,706 | |
| 18 | For all except individual ret and b below. For individual | | | | ne of your return and | t skip lines a | | | |
| а | If the loss on line 11 include | | | | | | | | |
| | of the loss from income-pro | • • • • | | | • | | | | |
| h | used as an employee on Sch Redetermine the gain or (lo | | | | | | 18a | | |
| <u> </u> | redetermine the gain of (10 | | ung ine 1055, 11 all | y, on me roa. Enter | | 070, III C 14 | 18b | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13086I

Form **4797** (2014)

| 2014 Partnership Line Item Publication (Estimated for SOI Sample) |
|-------------------------------------------------------------------|
| Amounts (in 000's) |



Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

2014 Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

| Nam | lame(s) shown on return | | | | | Identifying h | ying number | | | |
|-----|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------|--------------------------------------|-------------|-------------------------------------------------------------------|--|--|
| 1 | Enter the gross procee substitute statement) t | | | | | | 1 | 36,783,711 | | |
| Pa | rt I Sales or Exch | anges of Property or Theft—Most | ty Used in a T | rade or Busine | ess and Involunt | ary Convers | sions | From Other | | |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | or basis, plus since improvements | | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) | | |
| | | | | | | ga | ain | 85,679,400 | | |
| | | | | | | lo | SS | 26,913,126 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3 | Gain, if any, from Form 4 | 684, line 39 | | | | | 3 | [d] | | |
| 4 | Section 1231 gain from i | nstallment sales from | Form 6252, line 26 | 6 or 37 | | | 4 | 5,700,482 | | |
| 5 | Section 1231 gain or (los | s) from like-kind exch | anges from Form 8 | 8824 | | | 5 | 1,752,283 | | |
| 6 | Gain, if any, from line 32 | , from other than casu | alty or theft | | | | 6 | 73,587,082 | | |
| 7 | Combine lines 2 through | 6. Enter the gain or (lo | oss) here and on th | ne appropriate line | as follows: | | 7 | 161,182,876 | | |
| | Partnerships (except e instructions for Form 106 | | | | | | | | | |
| | Individuals, partners, S line 7 on line 11 below a losses, or they were rea Schedule D filed with you | and skip lines 8 and 9 captured in an earlier | If line 7 is a gain year, enter the g | n and you did not jain from line 7 as | have any prior year | section 1231 | | | | |
| 8 | Nonrecaptured net section | on 1231 losses from p | rior years (see inst | tructions) | | | 8 | [d] | | |
| 9 | Subtract line 8 from line | 7. If zero or less, enter | r -0 If line 9 is ze | ro, enter the gain fr | rom line 7 on line 12 l | below. If line | | | | |
| | 9 is more than zero, en | | | | | | | | | |
| _ | capital gain on the Sche | | | | | | 9 | 0 | | |
| Par | | s and Losses (se | | / | | | | | | |
| 10 | Ordinary gains and losse | s not included on lines | s 11 through 16 (in | Iclude property hel | d 1 year or less): | | | 442.026.404 | | |
| | | | | | | gair | | 113,036,401 | | |
| | | | | | | los | s | 17,102,807 | | |
| | | | | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 | (4,934) | | |
| 12 | Gain, if any, from line 7 c | | | | | | 12 | <u>,,,,,,,,,</u> 11 | | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | 16,276,200 | | |
| 14 | Net gain or (loss) from Fo | | | | | | 14 | -20,626 | | |
| 15 | Ordinary gain from instal | | | | | | 15 | 619,357 | | |
| 16 | Ordinary gain or (loss) fro | | <i>,</i> | | | | 16 | 293,854 | | |
| 17 | Combine lines 10 throug | - | | | | | 17 | 113,090,493 | | |
| 18 | For all except individual and b below. For individu | returns, enter the amo | ount from line 17 o | on the appropriate I | | | | , , | | |
| ~ | | | | | out of the lass have 5 | ator the new | | | | |
| a | If the loss on line 11 inclu of the loss from income- | | | | | | | | | |
| | used as an employee on S | 0117 | `` | ,, , | | | 18a | | | |
| b | Redetermine the gain or | , , | • | | | | 18b | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13086l

Form 4797 (2014)

*



Internal Revenue Service

N

Work Opportunity Credit

OMB No. 1545-0219

Attach to your tax return.

Information about Form 5884 and its instructions is at www.irs.gov/form5884.

| ` | TOTAL FORM 5884'S FILED: 13,481 TOTAL FORM 5884'S E-FILED: 11,152 | Identify | ving number |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|
| 1 | Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. | | |
| а | Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$ × 25% (.25) | 1a | |
| b | Qualified first-year wages of employees who worked for you at least 400 hours | 1b | |
| с | Qualified second-year wages of employees certified as long-term family assistance recipients | 1c | |
| 2 | Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages | 2 | 6,110 |
| 3 | Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) | 3 | 7,446 |
| 4 | Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4b | 4 | 13,481 |
| 5 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | 5 | |
| 6 | Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b | 6 | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 5884 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form5884*.

What's New

• The work opportunity credit has been extended to cover employees who began work in 2014. Do not report wages paid or incurred to employees who begin work after 2014 on Form 5884 unless the credit is extended.

• Empowerment zone designations have been extended to cover 2014. Wages paid or incurred for services performed after 2014 by a designated community resident or summer youth employee who lives in an empowerment zone may no longer qualify for the work opportunity credit unless the designation is extended. See *Qualified Wages* for details.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first- and/or second-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone or rural renewal county to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

Partnerships, S corporations, cooperatives, estates, and trusts must file this form to claim the credit. All other taxpayers are not required to complete or file this form if their only source for this credit is a partnership, S corporation, cooperative, estate, or trust. Instead, they can report this credit directly on Form 3800, General Business Credit.

How To Claim the Credit

You must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must either:



Name(s) shown on return

Work Opportunity Credit

Attach to your tax return.

▶ Information about Form 5884 and its instructions is at www.irs.gov/form5884.



Identifying number

| 1 | Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|--|
| а | Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$90,678 × 25% (.25) | 1a | | |
| b | Qualified first-year wages of employees who worked for you at least 400 hours | 1b | | |
| С | Qualified second-year wages of employees certified as long-term family assistance recipients $\dots \dots \dots$ | 1c | | |
| 2 | Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages | 2 | 197,988 | |
| 3 | Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) | 3 | 78,044 | |
| 4 | Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4b | 4 | 276,040 | |
| 5 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | 5 | 270,040 | |
| 6 | Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b | 6 | | |
| | | | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 5884 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form5884*.

What's New

• The work opportunity credit has been extended to cover employees who began work in 2014. Do not report wages paid or incurred to employees who begin work after 2014 on Form 5884 unless the credit is extended.

• Empowerment zone designations have been extended to cover 2014. Wages paid or incurred for services performed after 2014 by a designated community resident or summer youth employee who lives in an empowerment zone may no longer qualify for the work opportunity credit unless the designation is extended. See *Qualified Wages* for details.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first- and/or second-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone or rural renewal county to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

Partnerships, S corporations, cooperatives, estates, and trusts must file this form to claim the credit. All other taxpayers are not required to complete or file this form if their only source for this credit is a partnership, S corporation, cooperative, estate, or trust. Instead, they can report this credit directly on Form 3800, General Business Credit.

How To Claim the Credit

You must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must either:



Credit for Increasing Research Activities

Attach to your tax return.

▶ Information about Form 6765 and its separate instructions is at www.irs.gov/form6765.

20**14** Attachment Sequence No. **81**

Identifying number

OMB No. 1545-0619

| Internal Revenue Service |
|--------------------------|
| Name(s) shown on return |

TOTAL FORM 6765'S FILED: 16,759

TOTAL FORM 6765'S E-FILED: 14,181

Section A-Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

| 1 | Certain amounts paid or incurred to energy consortia (see instructions) . | | | | 1 | [d] | |
|----|------------------------------------------------------------------------------------------|------|---------------|-----|----|-------|--|
| 2 | Basic research payments to qualified organizations (see instructions) . | 2 | [d] | | | | |
| 3 | Qualified organization base period amount | 3 | [d] | | | | |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0 | | | | 4 | [d] | |
| 5 | Wages for qualified services (do not include wages used in figuring the | | | | | | |
| | work opportunity credit) | 5 | 2,083 | | | | |
| 6 | Cost of supplies | 6 | 1,114 | | | | |
| 7 | Rental or lease costs of computers (see instructions) | 7 | 52 | * | | | |
| 8 | Enter the applicable percentage of contract research expenses (see | | | | | | |
| | instructions) | 8 | 1,357 | | | | |
| 9 | Total qualified research expenses. Add lines 5 through 8 | 9 | 2,283 | | | | |
| 10 | Enter fixed-base percentage, but not more than 16% (see instructions) . | 10 | 1,648 | % | | | |
| 11 | Enter average annual gross receipts (see instructions) | 11 | 1,456 | | | | |
| 12 | Multiply line 11 by the percentage on line 10 | 12 | 1,388 | | | | |
| 13 | Subtract line 12 from line 9. If zero or less, enter -0 | 13 | 2,267 | | | | |
| 14 | Multiply line 9 by 50% (.50) | 14 | 2,282 | | | | |
| 15 | Enter the smaller of line 13 or line 14 | | | | 15 | 2,267 | |
| 16 | Add lines 1, 4, and 15 | | | | 16 | 2,270 | |
| 17 | Are you electing the reduced credit under section 280C? \blacktriangleright Yes \Box | No | | | | | |
| | If "Yes," multiply line 16 by 13% (.13). If "No," multiply line 16 by a | 20% | (.20) and see | the | | | |
| | instructions for the statement that must be attached. Members of controlle | | | | | | |
| | under common control: see instructions for the statement that must be att | ache | d | | 17 | 2,253 | |

Section B-Alternative Simplified Credit. Skip this section if you are completing Section A.

| Certain amounts paid or incurred to energy consortia (see the line 1 instru | uction | s) | | 18 | 7* | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Basic research payments to qualified organizations (see the line 2 | | | | | | |
| instructions) | 19 | [d] | | | | |
| Qualified organization base period amount (see the line 3 instructions) . | 20 | [d] | | | | |
| Subtract line 20 from line 19. If zero or less, enter -0 | | | | 21 | 0 | |
| Add lines 18 and 21 | | | | 22 | 7* | |
| Multiply line 22 by 20% (.20) | | | | 23 | [d] | |
| Wages for qualified services (do not include wages used in figuring the | | | | | | |
| work opportunity credit) | 24 | 2,485 | | | | |
| Cost of supplies | 25 | 1,591 | | | | |
| Rental or lease costs of computers (see the line 7 instructions) | 26 | 19 | * | | | |
| Enter the applicable percentage of contract research expenses (see the | | | | | | |
| line 8 instructions) | 27 | 2,779 | | | | |
| Total qualified research expenses. Add lines 24 through 27 | 28 | 3,779 | | | | |
| Enter your total qualified research expenses for the prior 3 tax years. If | | | | | | |
| you had no qualified research expenses in any one of those years, skip | | | | | | |
| lines 30 and 31 | 29 | 2,300 | | | | |
| Divide line 29 by 6.0 | 30 | 2,035 | | | | |
| Subtract line 30 from line 28. If zero or less, enter -0 | 31 | 2,024 | | | | |
| Multiply line 31 by 14% (.14). If you skipped lines 30 and 31, multiply line | 28 by | 6% (.06) | | 32 | 3,734 | |
| perwork Reduction Act Notice, see separate instructions. | Cat | . No. 13700H | | | Form 6765 (20 | 014) |
| | Basic research payments to qualified organizations (see the line 2 instructions)Qualified organization base period amount (see the line 3 instructions)Subtract line 20 from line 19. If zero or less, enter -0- Add lines 18 and 21Add lines 18 and 21Multiply line 22 by 20% (.20)Wages for qualified services (do not include wages used in figuring the work opportunity credit)Cost of suppliesRental or lease costs of computers (see the line 7 instructions)Enter the applicable percentage of contract research expenses (see the line 8 instructions)Total qualified research expenses. Add lines 24 through 27Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31Divide line 29 by 6.0Subtract line 30 from line 28. If zero or less, enter -0- | Basic research payments to qualified organizations (see the line 2 instructions)19Qualified organization base period amount (see the line 3 instructions)20Subtract line 20 from line 19. If zero or less, enter -0Add lines 18 and 21.Multiply line 22 by 20% (.20).Wages for qualified services (do not include wages used in figuring the work opportunity credit)24Cost of supplies.Enter the applicable percentage of contract research expenses (see the line 8 instructions)26Total qualified research expenses. Add lines 24 through 2728Enter your total qualified research expenses in any one of those years, skip lines 30 and 3129Divide line 29 by 6.0Subtract line 30 from line 28. If zero or less, enter -0Multiply line 31 by 14% (.14). If you skipped lines 30 and 31, multiply line 28 by | Basic research payments to qualified organizations (see the line 2 instructions) | instructions)19[d]Qualified organization base period amount (see the line 3 instructions)20[d]Subtract line 20 from line 19. If zero or less, enter -0-20[d]Add lines 18 and 21Multiply line 22 by 20% (.20)Wages for qualified services (do not include wages used in figuring the work opportunity credit)242,485Cost of supplies251,591Rental or lease costs of computers (see the line 7 instructions)2619*Total qualified research expenses. Add lines 24 through 27283,779Total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31292,300Divide line 29 by 6.0302,035312,024Multiply line 31 by 14% (.14). If you skipped lines 30 and 31, multiply line 28 by 6% (.06) | Basic research payments to qualified organizations (see the line 2 instructions) | Basic research payments to qualified organizations (see the line 2 instructions) |

| Form | 6765 | | | | | | |
|--------------------------------------------------------|------|--|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | | | | | | | |

Credit for Increasing Research Activities

Attach to your tax return.
 Information about Form 6765 and its separate instructions is at www.irs.gov/form6765.

OMB No. 1545-0619 2 Δ Attachment Sequence No. 81

Name(s) shown on return

Identifying number

| Section A-Regular Credit. | kip this section and go to Section B if you are electing or previously elected (and are not revoking) the |
|--------------------------------|-----------------------------------------------------------------------------------------------------------|
| alternative simplified credit. | |

| 1 | Certain amounts paid or incurred to energy consortia (see instructions) | | | | 1 | [d] | |
|----|---------------------------------------------------------------------------|-------|-----------------|-----|----|-----------|--|
| 2 | Basic research payments to qualified organizations (see instructions) . | 2 | [d] | | | | |
| 3 | Qualified organization base period amount | 3 | [d] | | | | |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0 | | | | 4 | [d] | |
| 5 | Wages for qualified services (do not include wages used in figuring the | | | | | | |
| | work opportunity credit) | 5 | 3,190,746 | | | | |
| 6 | Cost of supplies | 6 | 509,958 | | | | |
| 7 | Rental or lease costs of computers (see instructions) | 7 | 19,878 | * | | | |
| 8 | Enter the applicable percentage of contract research expenses (see | | | | | | |
| | instructions) | 8 | 685,218 | | | | |
| 9 | Total qualified research expenses. Add lines 5 through 8 | 9 | 4,405,801 | | | | |
| 10 | Enter fixed-base percentage, but not more than 16% (see instructions) | 10 | | % | | | |
| 11 | Enter average annual gross receipts (see instructions) | 11 | 199,094,678 | | | | |
| 12 | Multiply line 11 by the percentage on line 10 | 12 | 710,011 | | | | |
| 13 | Subtract line 12 from line 9. If zero or less, enter -0 | 13 | 3,711,060 | | | | |
| 14 | Multiply line 9 by 50% (.50) | 14 | 2,198,771 | | | | |
| 15 | Enter the smaller of line 13 or line 14 | | | | 15 | 2,160,762 | |
| 16 | Add lines 1, 4, and 15 | | | . [| 16 | 2,161,134 | |
| 17 | Are you electing the reduced credit under section 280C? Yes | No | | | | | |
| | If "Yes," multiply line 16 by 13% (.13). If "No," multiply line 16 by | 20% | (.20) and see | the | | | |
| | instructions for the statement that must be attached. Members of controll | ed gr | oups or busines | ses | | | |
| | under common control: see instructions for the statement that must be att | ache | d | . [| 17 | 236,041 | |

Section B-Alternative Simplified Credit. Skip this section if you are completing Section A.

| 18 | Certain amounts paid or incurred to energy consortia (see the line 1 instru | ictions | s) | | 18 | 4,712 | |
|--------|------------------------------------------------------------------------------|---------|------------|-----|----|--------------------|-------|
| 19 | Basic research payments to qualified organizations (see the line 2 | | | | | | |
| | instructions) | 19 | [d] | | | | |
| 20 | Qualified organization base period amount (see the line 3 instructions). | 20 | [d] | | | | |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0 | | | | 21 | 0 | |
| 22 | Add lines 18 and 21 | | | . [| 22 | 4,712 * | ۲ |
| 23 | Multiply line 22 by 20% (.20) | | | . [| 23 | [d] | |
| 24 | Wages for qualified services (do not include wages used in figuring the | | | | | | |
| | work opportunity credit) | 24 | 9,708,222 | | | | |
| 25 | Cost of supplies | 25 | 2,873,684 | | | | |
| 26 | Rental or lease costs of computers (see the line 7 instructions) | 26 | 9,901 * | | | | |
| 27 | Enter the applicable percentage of contract research expenses (see the | | | | | | |
| | line 8 instructions) | 27 | 2,665,422 | | | | |
| 28 | Total qualified research expenses. Add lines 24 through 27 | 28 | 15,263,228 | | | | |
| 29 | Enter your total qualified research expenses for the prior 3 tax years. If | | | | | | |
| | you had no qualified research expenses in any one of those years, skip | | | | | | |
| | lines 30 and 31 | 29 | 38,111,477 | | | | |
| 30 | Divide line 29 by 6.0 | 30 | 6,258,545 | | | | |
| 31 | Subtract line 30 from line 28. If zero or less, enter -0 | 31 | 8,712,616 | | | | |
| 32 | Multiply line 31 by 14% (.14). If you skipped lines 30 and 31, multiply line | 28 by | 6% (.06) | .] | 32 | 1,232,101 | |
| For Pa | perwork Reduction Act Notice, see separate instructions. | Cat. | No. 13700H | | | Form 6765 (| 2014) |

Section B-Alternative Simplified Credit. (continued) 33 Add lines 23 and 32 33 3,762 . Yes 34 Are you electing the reduced credit under section 280C? No If "Yes," multiply line 33 by 65% (.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached 3,811 34 Section C-Summary 35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also 35 0 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-. 36 36 6,055 37 Credit for increasing research activities from partnerships, S corporations, estates, and trusts . . . 37 10,726 38 Add lines 36 and 37. Estates and trusts, go to line 39. Partnerships and S corporations, stop here

 and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1c
 38

 39
 Amount allocated to beneficiaries of the estate or trust (see instructions)
 39

 40
 Estates and trusts, subtract line 39 from line 38. Report the amount on Form 3800, Part III, line 1c.
 40

Form 6765 (2014)

16,676

Form 6765 (2014)

Section B-Alternative Simplified Credit. (continued) 33 1,239,019 33 Add lines 23 and 32 Are you electing the reduced credit under section 280C? Yes 🗌 No 🗌 34 If "Yes," multiply line 33 by 65% (.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached 34 471,289 Section C-Summary 35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also 35 0 36 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-. 36 652,623

| 37 | Credit for increasing research activities from partnerships, S corporations, estates, and trusts | 37 | 198,094 | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|--|
| 38 | Add lines 36 and 37. Estates and trusts, go to line 39. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, | | | |
| | Part III, line 1c | 38 | 849,100 | |
| 39 | Amount allocated to beneficiaries of the estate or trust (see instructions) | 39 | | |
| 40 | Estates and trusts, subtract line 39 from line 38. Report the amount on Form 3800, Part III, line 1c. | 40 | | |

Form 6765 (2014)



Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.
 Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

| OMB No. 1545-1190 |
|-------------------|
| 2014 |
| Attachment |
| Sequence No. 109 |

Identifying number

Name(s) shown on tax return TOTAL FORM 8824'S FILED: 23,767 [15,197] TOTAL FORM 8824'S E-FILED: 20,652 [14,009]

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

| 1 | Description of like-kind property given up: | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|--------------------------------------------------------|
| 2 | Description of like-kind property received: | | | |
| 3 | Date like-kind property given up was originally acquired (month, day, year) | · · · · · · | 3 | MM/DD/YYYY |
| 4 | Date you actually transferred your property to other party (month, day, year) | | 4 | MM/DD/YYYY |
| 5 | Date like-kind property you received was identified by written notice to anot day, year). See instructions for 45-day written identification requirement | | 5 | MM/DD/YYYY |
| 6 | Date you actually received the like-kind property from other party (month, day, ye | ar). See instructions | 6 | MM/DD/YYYY |
| 7 | Was the exchange of the property given up or received made with a related p (such as through an intermediary)? See instructions. If "Yes," complete Part I | | | Y: 411 [268] ectly N: 23,298 [14,950] □ Yes □ No |
| Parl | II Related Party Exchange Information | | | |
| 8 | Name of related party Bela | tionship to you | Relate | d party's identifying number |

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

| 9 | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property? |

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- **11** If one of the exceptions below applies to the disposition, check the applicable box:
 - \mathbf{a} \Box The disposition was after the death of either of the related parties.
 - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
 - c 🗌 You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation (see instructions).

For Paperwork Reduction Act Notice, see the instructions.

Cat. No. 12311A

Form **8824** (2014)

Partnerships can file multiple Form 8824's. The number in brackets [] represents the frequency of 1065's rather than the frequency of 8824's. For example, in 2014, 23,767 8824's were attached to 15,197 Form 1065's.

Page 39

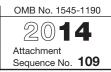


Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.

▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.



Identifying number

| · · · | | | |
|-------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

| Part | I Information on the Like-Kind Exchange | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| 1 | Note: If the property described on line 1 or line 2 is real or personal property located outside the United Description of like-kind property given up: | | |
| 2 | Description of like-kind property received: | | |
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | MM/DD/YYYY |
| 4 | Date you actually transferred your property to other party (month, day, year) | 4 | MM/DD/YYYY |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | 5 | MM/DD/YYYY |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | MM/DD/YYYY |
| 7 | Was the exchange of the property given up or received made with a related party, either directly o (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part I | r indii II . | rectly 🗌 Yes 🗌 No |
| Part 8 | Related Party Exchange Information Name of related party Relationship to you | Relate | ed party's identifying number |
| 9 | Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) During this tax year (and before the date that is 2 years after the last transfer of property that was the exchange), did the related party sell or dispose of any part of the like-kind property received f (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (s | rom y such | /ou as |
| 10 | through an intermediary), that became your replacement property? | part | of |
| | If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 ar the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies. | | |
| 11 | If one of the exceptions below applies to the disposition, check the applicable box: | | |
| а | ☐ The disposition was after the death of either of the related parties. | | |
| b | The disposition was an involuntary conversion, and the threat of conversion occurred after the | e exc | hange. |
| С | ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition lits principal purposes. If this box is checked, attach an explanation (see instructions). | had ta | ax avoidance as one of |
| For Pa | perwork Reduction Act Notice, see the instructions. Cat. No. 12311A | | Form 8824 (2014) |

There are no amounts present on this form

| Form 8 | 824 (2014) | | Pa | ge 2 |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|
| Name(s |) shown on tax return. Do not enter name and social security number if shown on other side. | Your se | ocial security number | |
| Part | Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Re | ceive | d | |
| 12 | Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. OtherwiseFair market value (FMV) of other property given up12233 [152] | sset ex | changes Y: 87 | '4 [730] |
| 13 14 | Adjusted basis of other property given up 13 113 [67] Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale 1 | 14 | 198 [124] | |
| | Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. | | | |
| 15 | Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions) | 15 | 2,451 [1,598] | |
| 16 17 | FMV of like-kind property you received | 16 17 | 20,958 [13,819] 21,067 [13,868] | |
| 18 | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions) | 18 | 22,829 [14,819] | |
| 19 20 21 | Realized gain or (loss). Subtract line 18 from line 17 | 19 20 21 | 22,579 [14,854] 2,367 [1,567] 933 [307] | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions) | | 1,699 [1,482] | |
| 23 24 | Recognized gain. Add lines 21 and 22 | 23 24 | 2,422 [1,597] 22,452 [14,797] | |
| 25 Part | Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 . IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales | 25 | 22,913 [14,892] | |
| 26 27 | Note: This part is to be used only by officers or employees of the executive branch of the Federal officers of the Federal Government (including certain spouses, minor or dependent children, and a section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to c conflict-of-interest requirements. This part can be used only if the cost of the replacement proper the divested property. Enter the number from the upper right corner of your certificate of dives copy of your certificate. Keep the certificate with your records.) Partnerships can file min brackets [] represents than the frequency of 823,767 8824's were attered. | ty is m ultiple 324's. | s as described in with the ore than the basis of Form 8824's. The requency of 1065's For example, in 2 | numbe s rather 2014, |
| 28 | Description of replacement property ► | | | |
| 29 | Date divested property was sold (month, day, year) | 29 | MM/DD/YYY | <u></u> |
| 30 | Sales price of divested property (see instructions) | - | | |
| 31 | Basis of divested property | - | | |
| 32 33 | Realized gain. Subtract line 31 from line 30 | 32 | | |
| 34 | Subtract line 33 from line 30. If zero or less, enter -0 | 34 | | |
| 35 36 | Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions) | 35 36 | | |
| 37 | Deferred gain. Subtract the sum of lines 35 and 36 from line 32 | 37 | | |

Form 8824 (2014)

38

.

Basis of replacement property. Subtract line 37 from line 33

38

|)14) | |
|------|--|
|------|--|

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Page 2

Your social security number

| Part | II Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec | eive | d |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|
| | Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other | her (no | ot like-kind) property, |
| | see Reporting of multi-asset exchanges in the instructions. | | |
| | Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, | go to | line 15. |
| 12 | Fair market value (FMV) of other property given up 1 197,625 | | |
| 13 | Adjusted basis of other property given up . . . 13 57,435 | | |
| 14 | Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the | | |
| | gain or (loss) in the same manner as if the exchange had been a sale | 14 | 139,656 |
| | Caution: If the property given up was used previously or partly as a home, see Property used as | | |
| | home in the instructions. | | |
| 15 | Cash received, FMV of other property received, plus net liabilities assumed by other party, | | |
| | reduced (but not below zero) by any exchange expenses you incurred (see instructions) | 15 | 3,041,874 |
| 16 | FMV of like-kind property you received | 16 | 65,736,733 |
| 17 | Add lines 15 and 16 | 17 | 68,778,607 |
| 18 | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any | | |
| | exchange expenses not used on line 15 (see instructions) | 18 | 36,145,596 |
| 19 | Realized gain or (loss). Subtract line 18 from line 17 | 19 | 36,413,389 |
| 20 | Enter the smaller of line 15 or line 19, but not less than zero | 20 | 2,566,129 |
| 21 | Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) | 21 | 271,740 |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on | | |
| | Schedule D or Form 4797, unless the installment method applies (see instructions) | 22 | 2,333,021 |
| 23 | Recognized gain. Add lines 21 and 22 | 23 | 2.604.762 |
| 24 | Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions | 24 | 33,808,627 |
| 25 | Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 | 25 | 38,124,112 |
| Part | V Deferral of Gain From Section 1043 Conflict-of-Interest Sales | | <u> </u> |
| 26 | conflict-of-interest requirements. This part can be used only if the cost of the replacement property the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) | | |
| 27 | Description of divested property | | |
| 28 | | | |
| 20 | Description of replacement property | | |
| | | | |
| 29 | Date divested property was sold (month, day, year) | 29 | MM/DD/YYYY |
| | | | |
| 30 | Sales price of divested property (see instructions) | _ | |
| | | | |
| 31 | Basis of divested property | | |
| | | | |
| 32 | Realized gain. Subtract line 31 from line 30 | 32 | |
| 33 | Cost of replacement property purchased within 60 days after date | | |
| | of sale | - | |
| | | 0.4 | |
| 34 | Subtract line 33 from line 30. If zero or less, enter -0 | 34 | |
| 05 | | 0.5 | |
| 35 | Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) | 35 | |
| 36 | Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on | 00 | |
| | Schedule D or Form 4797 (see instructions) | 36 | |
| 07 | Deferred rate. Subtract the sum of lines 25 and 20 from line 20 | 07 | |
| 37 | Deferred gain. Subtract the sum of lines 35 and 36 from line 32 | 37 | |
| 38 | Basis of replacement property. Subtract line 37 from line 33 | 38 | |

| 2014 Partnership Line Item Publication (Estimated for SOI Sample) |
|-------------------------------------------------------------------|
| Frequency Counts (in Whole Numbers) |

| epartn | December 2010) nent of the Treasury Revenue Service | Par | tnership oı ► See instr | recome and Experience an S Corporati ructions on back. Form 1065-B, or Form 11 | on | | OMB No. 1545-1 | 186 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|-----------------------------------------------------------------------------------------|-----------------|--------------|----------------------|----------|
| ame | tal Form 9925's Filodi 1 | 614,408 | | n 8825's E-Filed: | 1,352,577 | Employe | r identification num | ber |
| 1 | Show the type and address of each of the type and address of each of the type and address of the type address | | | | | e numbe | r of days rented | at fai |
| 1 | rental value and days with person | | | | | enumbe | of days refiled | aria |
| | Physical address of each state, ZIP code | proper | ty-street, city | ,Type—Enter code 1-8; see page 2 for list | Fair Rental D | ays | Personal Use D | ays |
| Α | | | | | | | | |
| В | | | | | | | | |
| С | | | 1.47 | Number of Re 0,590 more Broporti | | oorted 1 | or | |
| D | | | -, | more Properti | es | 1 | | |
| 0 | | | | | | | | |
| | | | | | perties | | | |
| | Rental Real Estate Income | | Α | В | С | | D | |
| 2 | Gross rents | 2 | | | | | 1,369,602 | |
| | Rental Real Estate Expenses | | | | | | | |
| | Advertising | 3 | | | | | 235,431 | |
| 4 | Auto and travel | 4 | | | | | 259,537 | |
| 5 | Cleaning and maintenance | 5 | | | | | 618,033 | |
| 6 | Commissions | 6 | | | | | 116,998 | |
| | Insurance | 7 | | | | | 1,009,745 | <u> </u> |
| | Legal and other professional fees | 8 | | uch 17 are a total for | , all proportio | | 1,119,256 | |
| | Interest | 9 | Lines 2 thro | ugh 17 are a total for | r all propertie | s | 846,634 | |
| | Repairs | 10 | | | | | 898,931 | |
| | | 11 | | | | | 1,034,885 | |
| | Utilities | 12 | | | | | 835,115 | |
| | Wages and salaries | 13 14 | | | | | 140,674 | |
| | | 14 | | | | | 1,257,991 | |
| 15 | Other (list) ► | | | | | | 1,216,109 | |
| | | 15 | | | | | 1,210,105 | + |
| | | | | | | | | - |
| | Total expenses for each property.Add lines 3 through 15 | 16 | | | | | 1,437,522 | |
| | Income or (Loss) from each property. Subtract line 16 from line 2 | 17 | | | | | 1,454,203 | |
| 8a | Total gross rents. Add gross rents | from lin | e 2, columns A tl | nrough H | | 18a | 1,369,602 | |
| | Total expenses. Add total expense | | | | | 18b (| 1,437,522 | |
| | Net gain (loss) from Form 4797, estate activities | | | | | 19 | 19,056 | |
| | Net income (loss) from rental real this partnership or S corporation i | | | | | 20a | 230,599 | |
| | Identify below the partnerships, es Attach a schedule if more space is r | | trusts from which | n net income (loss) is sho | wn on line 20a | | | |
| | (1) Name | | (2) Em | ployer identification nun | nber | | | |
| | | | | | | | | |
| 1 | Net rental estate income (loss). Co | ombine li | ines 18a through | 20a. Enter the result he | re and on: | 21 | 1,606,436 | |

| 2014 Partnership Line Item Publication (Estimated for SOI Sample) |
|-------------------------------------------------------------------|
| Amounts (in 000's) |



Rental Real Estate Income and Expenses of a Partnership or an S Corporation See instructions on back. Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Employer identification number

| 1 | Show the type and address of ea rental value and days with person Physical address of each | nal us | e. See instructions. | | tional properties. | numbe | er of days rented at fa |
|-----|--------------------------------------------------------------------------------------------------|--------|----------------------|---------------------------|--------------------|-------|----------------------------------|
| | state, ZIP code | prop | berty—street, city | see page 2 for list | Fair Rental Da | ys | Personal Use Days |
| Α | Total Number of | Pro | perties Reported | 2,533 | | | |
| в | | | | | | | |
| С | | | | | | | |
| D | | | | | | | |
| | | | | Pro | operties | | |
| | Rental Real Estate Income | | Α | B | C | | D |
| 2 | Gross rents | 2 | | | | | 535,076,299 |
| 3 | Rental Real Estate Expenses | 3 | | | | | 2,666,291 |
| | Auto and travel | 4 | | | | | 966,592 |
| 5 | Cleaning and maintenance | 5 | | | | | 19,134,911 |
| 6 | Commissions | 6 | | | | | 1,832,557 |
| | Insurance | 7 | | | | | 12,672,679 |
| | Legal and other professional fees Interest | 8 9 | Lines 2 thro | ugh 17 are a total fo | or all properties. | . — | 29,980,906 |
| 10 | Repairs | 10 | | | | | <u>116,033,088</u> 26,587,798 |
| 11 | Taxes | 11 | | | | | 52,669,483 |
| 12 | Utilities | 12 | | | | | 31,322,457 |
| 13 | Wages and salaries | 13 | | | | | 20,081,141 |
| | Depreciation (see instructions) | 14 | | | | | 112,045,757 |
| 15 | Other (list) ► | | | | | | |
| | | 15 | | | | | 67,342,188 |
| | | | | | | | |
| | Total expenses for each property. Add lines 3 through 15 | 16 | | | | | 493,335,849 |
| 17 | Income or (Loss) from each property. Subtract line 16 from line 2 | 17 | | | | | 41,740,450 |
| 18a | Total gross rents. Add gross rents | from | line 2, columns A t | hrough H | | 18a | 535,076,299 |
| | Total expenses. Add total expense | | | | | 18b | (493,335,849 |
| 19 | Net gain (loss) from Form 4797, | Part I | I, line 17, from the | disposition of property | y from rental real | | |
| | estate activities | - | | | | 19 | 2,422,169 |
| 20a | Net income (loss) from rental real this partnership or S corporation is | | | | | 20a | -1,320,673 |
| b | Identify below the partnerships, est Attach a schedule if more space is r | | | n net income (loss) is sh | own on line 20a. | | |
| | (1) Name | | (2) Em | nployer identification nu | ımber | | |
| 21 | Net rental estate income (loss). Co • Form 1065 or 1120S: Schedule | | | 20a. Enter the result h | ere and on: | 21 | 42,841,947 |

| orm 8 | 3844 | | Emp | owerment | Zone I | Employme | ent Credit | | 0 | MB No. 1545-144 |
|-------------|-----------------------------------------|-----------|---------------|-------------------|-------------|------------------------------------|--------------------------------------------|-----------|----|-----------------------------|
| | ient of the Treasury Revenue Service | ► Info | rmation abou | | | r tax return. e instructions is | s at www.irs.gov/form | n8844. | At | ttachment equence No. 99 |
| | shown on return | | | | | | | Identifyi | _ | |
| Fota | I Form 8844's | Filed: | 3,065 | Total F | orm 884 | 4's E-Filed | 2,658 | | | |
| 1 | | | | | | | nly (see instructions |) | | |
| а | | | | | | | × 20% (.20) | 1a | | |
| b | Reserved | | | | | | | 1b | | |
| 2 3 | wages | | | | | | t make to salaries a | · 2 | | 1,108 |
| | | | | | | | | | _ | 1,962 |
| 4 | stop here and | report th | is amount o | n Schedule K. Al | l others, s | stop here and | os and S corporation report this amount | on | | 3,065 |
| 5 | | | | | | | estate or trust (s | | | |
| 6 | | | | | | | mount on Form 380 | | | |
| or Pa | perwork Reduc | tion Act | Notice, see s | eparate instructi | ons. | C | Cat. No. 16145S | | | Form 8844 (2 |

| Form 8844 |
|--------------------------------------------------------|
| Department of the Treasury Internal Revenue Service |
| Name(s) shown on return |

Empowerment Zone Employment Credit

Attach to your tax return.

▶ Information about Form 8844 and its separate instructions is at *www.irs.gov/form8844*.

| OMB No. 1545-1444 |
|--------------------------------------|
| 2014 |
| Attachment Sequence No. 99 |

Identifying number

| 1 | Enter the total qualified wages paid or incurred during calendar year 2014 only (see instructions) | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------|
| а | Qualified empowerment zone wages | 1a | |
| b | | 1b | |
| 2 | Enter the amount from line 1a. See instructions for the adjustment you must make to salaries and wages | 1 1 | 22,511 |
| | | 2 | 22,511 |
| 3 | Empowerment zone employment credit from partnerships, S corporations, cooperatives, estates and trusts | · | 7,568 |
| 4 | Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations stop here and report this amount on Schedule K. All others, stop here and report this amount or Form 3800, Part III, line 3 | n | 30,079 |
| 5 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | | |
| 6 | Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800 Part III, line 3 | | |
| For P | aperwork Reduction Act Notice, see separate instructions. Cat. No. 16145S | | Form 8844 (2014) |

Attach to your tax return.

Department of the Treasury Internal Revenue Service ▶ Information about Form 8845 and its separate instructions is at www.irs.gov/form8845.

8845

Form

Attachment Sequence No. **113** Identifying number

20

OMB No. 1545-1417

Δ

| Name(s) | shown on return | Identify | ing number | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|-------|
| Tota | I Form 8845's Filed: 777 Total Form 8845's E-Filed: 664 | | | |
| 1 | Total of qualified wages and qualified employee health insurance costs paid or incurred during t | he | | |
| | tax year | . 1 | 520 | 1 |
| 2 | Calendar year 1993 qualified wages and qualified employee health insurance costs (s | ee | | |
| | instructions). If none, enter -0 | . 2 | 14 | |
| 3 | Incremental increase. Subtract line 2 from line 1. If zero or less, enter -0 | . 3 | | |
| 4 | Multiply line 3 by 20% (.20). See instructions for the adjustment you must make to salaries a | nd | | |
| | wages | · 4 | | |
| 5 | Indian employment credit from partnerships, S corporations, cooperatives, estate | es, | | |
| | and trusts | . 5 | | |
| 6 | Add lines 4 and 5. Cooperatives, estates, and trusts, go to line 7. Partnerships and S corporation stop here and report this amount on Schedule K. All others, stop here and report this amount | · · | | |
| | Form 3800, Part III, line 1g | · 6 | 777 | |
| 7 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (s | ee | | |
| | instructions) | . 7 | | |
| 8 | Cooperatives, estates, and trusts, subtract line 7 from line 6. Report this amount | | | |
| | Form 3800, Part III, line 1g | · 8 | | |
| For Pa | perwork Reduction Act Notice, see separate instructions. Cat. No. 16146D | | Form 8845 | (2014 |



Indian Employment Credit

Attach to your tax return.

Information about Form 8845 and its separate instructions is at www.irs.gov/form8845.

20**14** Attachment Sequence No. **113**

OMB No. 1545-1417

| | | | | _ |
|---------|-------|----|--------|---|
| Name(s) | shown | on | return | |

_

Identifying number

| 1 | Total of qualified wages and qualified employee health insurance costs paid or incurred during the | | | |
|---|------------------------------------------------------------------------------------------------------|---|--------|---------|
| | tax year | 1 | 46,506 | |
| 2 | Calendar year 1993 qualified wages and qualified employee health insurance costs (see | | | |
| | instructions). If none, enter -0 | 2 | 815 | |
| 3 | Incremental increase. Subtract line 2 from line 1. If zero or less, enter -0 | 3 | | |
| 4 | Multiply line 3 by 20% (.20). See instructions for the adjustment you must make to salaries and | | | |
| | wages | 4 | | |
| 5 | Indian employment credit from partnerships, S corporations, cooperatives, estates, | | | |
| | and trusts | 5 | | |
| 6 | Add lines 4 and 5. Cooperatives, estates, and trusts, go to line 7. Partnerships and S corporations, | | | |
| | stop here and report this amount on Schedule K. All others, stop here and report this amount on | | | |
| | Form 3800, Part III, line 1g | 6 | 9,574 | |
| 7 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see | | | |
| | instructions) | 7 | | |
| 8 | Cooperatives, estates, and trusts, subtract line 7 from line 6. Report this amount on | | | |
| | Form 3800, Part III, line 1g | 8 | | |
| | | | - 0015 | (004.4) |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16146D

Form 8845 (2014)

| | | Credit for Employer Social Security and Medicare Tax | es | OMB No. 1545-14 | 14 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|----|
| Form | 8846 | Paid on Certain Employee Tips | | 2014 | |
| | nent of the Treasury Revenue Service | Attach to your tax return. Information about Form 8846 and its instructions is at www.irs.gov/form8846. | | Attachment Sequence No. 98 | |
| Name(s) shown on return Total Form 8846's Filed: 26,955 Total Form 8846's E-Filed: 22,324 | | Ident | entifying number | | |
| | Note. Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1. | | | | |
| 1 | | d by employees for services on which you paid or incurred employer social Medicare taxes during the tax year (see instructions) | 1 | 20,029 | |
| 2 | Tips not subj | ject to the credit provisions (see instructions) | 2 | 10,601 | |
| 3 | Creditable tip | os. Subtract line 2 from line 1.................... | 3 | | |
| 4 | | 3 by 7.65% (.0765). If you had any tipped employees whose wages s) exceeded \$117,000, see instructions and check here ▶ □ | 4 | | |
| 5 | | nployer social security and Medicare taxes paid on certain employee tips ships and S corporations | 5 | | |
| | | | | | |

6 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 16148Z

Form 8846 (2014)

26,948

6

Form **8846**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips Attach to your tax return.

20**14** Attachment Sequence No. **98**

OMB No. 1545-1414

Information about Form 8846 and its instructions is at www.irs.gov/form8846.

Identifying number

Note. Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

| For Pa | aperwork Reduction Act Notice, see instructions. Cat. No. 16148Z | | Form 8846 | (2014) |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------|--------|
| 6 | Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f | 6 | 624,750 | |
| 5 | Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations | 5 | | |
| 4 | Multiply line 3 by 7.65% (.0765). If you had any tipped employees whose wages (including tips) exceeded \$117,000, see instructions and check here \blacktriangleright | 4 | | |
| 3 | Creditable tips. Subtract line 2 from line 1 | 3 | | |
| 2 | Tips not subject to the credit provisions (see instructions) | 2 | 675,684 | |
| 1 | Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions) | 1 | 7,203,902 | |

2014 Partnership Line Item Publication (Estimated for SOI Sample)

Frequency Counts (in Whole Numbers) TOTAL FORM 8874'S E-FILED: 455

New Markets Credit

466

OMB No. 1545-1804



► Attach to your tax return.

▶ Information about Form 8874 and its instructions is at www.irs.gov/form8874.

Attachment Sequence No. **127**

Identifying number

| | (a) Name and address of the qualified community development entity (CDE) | (b) Employer identification number of CDE | (c) Date of initial investment | (d) Amount of qualified equity investment | (e) Credit rate | | (f) Credit ((d) × (e)) | | |
|--------|--------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|------------------------------|----|----------------------------------|---------|----|
| 1 | | | | | % | | | | |
| | | | | | % | | | | |
| | | | | | % | | | | |
| | | | | | % | | | | |
| | | | | | % | | | | |
| | | | | | % | | 231 | (Total) |)* |
| 2 | New markets credit from partner | | | | | 2 | 235 | | |
| 3 | Add lines 1 and 2. Partnerships report this amount on Form 3800 | | | | | 3 | 466 | | |
| For Pa | aperwork Reduction Act Notice, see | instructions. | Cat. | No. 31663N | | Fo | orm 8874 (Rev. 12 | 2-2012) | |



New Markets Credit

OMB No. 1545-1804

► Attach to your tax return.

▶ Information about Form 8874 and its instructions is at www.irs.gov/form8874.

Attachment Sequence No. **127**

*

Identifying number

| | (a) Name and address of the qualified community development entity (CDE) | (b) Employer identification number of CDE | (c) Date of initial investment | (d) Amount of qualified equity investment | (e) Credit rate | | (f) Credit ((d) × (e)) | |
|--------|--------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------|------------------------------|----|----------------------------------|---------|
| 1 | | | | | % | 6 | | |
| | | | | | % | | | |
| | | | | | % | | | |
| | | | | | % | | | |
| | | | | | % | | | |
| | | | | | % | | 245,929 | (Total) |
| 2 3 | New markets credit from partners Add lines 1 and 2. Partnerships a | | | t on Schedule K; all c | others, | 2 | 84,083 | |
| | report this amount on Form 3800 | , line 1i | | | | 3 | 330,012 | |
| For Pa | aperwork Reduction Act Notice, see i | nstructions. | Cat. | No. 31663N | | Fc | orm 8874 (Rev. 12 | -2012) |

2014 Partnership Line Item Publication (Estimated for SOI Sample) Frequency Counts (in Whole Numbers) TOTAL FORM 8882'S E-FILED: 98 108 TOTAL FORM 8882'S FILED: **Credit for Employer-Provided Childcare**

| Form 8882 | |
|----------------------|--|
| (Rev. December 2013) | |

Facilities and Services

OMB No. 1545-1809

| Attachment | |
|--------------|-----|
| Sequence No. | 131 |

| Attach | to your tax | return. |
|--------|-------------|---------|

| Department of the Treasury | |
|----------------------------|------------------------------------------------------------------------------|
| | |
| Internal Revenue Service | Information about Form 8882 and its instructions is at www.irs.gov/form8882. |

| Name | ame(s) shown on return | | ifying r | number | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|--------|--|
| 1 | Qualified childcare facility expenditures paid or incurred | | | | |
| 2 | Enter 25% (.25) of line 1 | | 2 | 82 | |
| 3 | Qualified childcare resource and referral expenditures paid or incurred 3 6 | | | | |
| 4 | Enter 10% (.10) of line 3 | | 4 | 6* | |
| 5 | Credit for employer-provided childcare facilities and services from partnerships, S corporation estates, and trusts | · · · · | 5 | 23 | |
| 6 | Add lines 2, 4, and 5 | | 6 | 108 | |
| 7 | Enter the smaller of line 6 or \$150,000. Estates and trusts, go to line 8. Partnerships and corporations, stop here and report this amount on Schedule K. All others, stop here and report t amount on Form 3800, line 1k | his | 7 | 108 | |
| 8 | Amount allocated to beneficiaries of the estate or trust (see instructions) | Γ | 8 | | |
| 9 | Estates and trusts. Subtract line 8 from line 7. Report this amount on Form 3800, line 1k | | 9 | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Employers use Form 8882 to claim the credit for qualified childcare facility and resource and referral expenditures. The credit is part of the general business credit. You may claim the credit any time within 3 years from the due date of your return on either an original or amended return.

Taxpayers, other than partnerships, S corporations, estates, or trusts, whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on Form 3800.

How To Figure the Credit

The credit is 25% of the qualified childcare facility expenditures plus 10% of the qualified childcare resource and referral expenditures paid or incurred during the tax year. The credit is limited to \$150,000 per tax year.

Qualified childcare expenditures are amounts paid or incurred:

 To acquire, construct, rehabilitate, or expand property that:

- 1. Is to be used as part of a qualified childcare facility of the taxpayer,
- 2. Is depreciable (or amortizable) property, and
- **3.** Is not part of the principal residence of the taxpayer or any employee of the taxpayer;

• For the operating expenses of a qualified childcare facility of the taxpayer, including expenses for training of employees, scholarship programs, and providing

increased compensation to employees with higher levels of childcare training; or

 Under a contract with a qualified childcare facility to provide childcare services to employees of the taxpayer.

Note. Any expenses for childcare included in qualified childcare facility expenditures may not exceed the fair market value of such care.

A *qualified childcare facility* is a facility that meets the requirements of all applicable laws and regulations of the state or local government in which it is located, including the licensing of the facility as a childcare facility. The following conditions must also be met.

• The principal use of the facility must be to provide childcare (unless the facility is also the personal residence of the person operating the facility).

• Enrollment in the facility must be open to employees of the taxpayer during the tax year.

 If the facility is the principal trade or business of the taxpayer, at least 30% of the enrollees of the facility must be dependents of employees of the taxpayer.

• The use of the facility (or the eligibility to use the facility) must not discriminate in favor of highly compensated employees.

Qualified childcare resource and referral expenditures are amounts paid or incurred under a contract to provide childcare resource and referral services to employees of the taxpayer. The provision of the services (or the eligibility to use the services) must not discriminate in favor of highly compensated employees.

| Credit for Employer-Provided Childcare | e |
|-----------------------------------------------|---|
| Facilities and Services | |

OMB No. 1545-1809

| Attachment | |
|--------------|-----|
| Sequence No. | 131 |

Attach to your tax return.

► Information about Form 8882 and its instructions is at www.irs.gov/form8882.

| Name | (s) shown on return | Identi | tying r | lumber |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| 1 | Qualified childcare facility expenditures paid or incurred 1 20,839 | | | |
| 2 | Enter 25% (.25) of line 1 | | 2 | 5,210 |
| 3 | Qualified childcare resource and referral expenditures paid or incurred 3 2,700 * | 4 | | |
| 4 | Enter 10% (.10) of line 3 | . [| 4 | 270 * |
| 5 | Credit for employer-provided childcare facilities and services from partnerships, S corporation estates, and trusts | · · - | 5 | 148 |
| 6 | Add lines 2, 4, and 5 | | 6 | 5,628 |
| 7 | Enter the smaller of line 6 or \$150,000 . Estates and trusts, go to line 8. Partnerships and corporations, stop here and report this amount on Schedule K. All others, stop here and report to mount on Form 2000 line 1k. | his | 7 | 4 459 |
| 8 | amount on Form 3800, line 1k <td< td=""><th></th><td>_</td><td>4,458</td></td<> | | _ | 4,458 |
| 9 | Estates and trusts. Subtract line 8 from line 7. Report this amount on Form 3800, line 1k | | 9 | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

(Rev. December 201

Department of the Treasury

Internal Revenue Service

Employers use Form 8882 to claim the credit for qualified childcare facility and resource and referral expenditures. The credit is part of the general business credit. You may claim the credit any time within 3 years from the due date of your return on either an original or amended return.

Taxpayers, other than partnerships, S corporations, estates, or trusts, whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on Form 3800.

How To Figure the Credit

The credit is 25% of the qualified childcare facility expenditures plus 10% of the qualified childcare resource and referral expenditures paid or incurred during the tax year. The credit is limited to \$150,000 per tax year.

Qualified childcare expenditures are amounts paid or incurred:

• To acquire, construct, rehabilitate, or expand property that:

- 1. Is to be used as part of a qualified childcare facility of the taxpayer,
- 2. Is depreciable (or amortizable) property, and
- **3.** Is not part of the principal residence of the taxpayer or any employee of the taxpayer;

• For the operating expenses of a qualified childcare facility of the taxpayer, including expenses for training of employees, scholarship programs, and providing

increased compensation to employees with higher levels of childcare training; or

• Under a contract with a qualified childcare facility to provide childcare services to employees of the taxpayer.

Note. Any expenses for childcare included in qualified childcare facility expenditures may not exceed the fair market value of such care.

A *qualified childcare facility* is a facility that meets the requirements of all applicable laws and regulations of the state or local government in which it is located, including the licensing of the facility as a childcare facility. The following conditions must also be met.

• The principal use of the facility must be to provide childcare (unless the facility is also the personal residence of the person operating the facility).

• Enrollment in the facility must be open to employees of the taxpayer during the tax year.

• If the facility is the principal trade or business of the taxpayer, at least 30% of the enrollees of the facility must be dependents of employees of the taxpayer.

• The use of the facility (or the eligibility to use the facility) must not discriminate in favor of highly compensated employees.

Qualified childcare resource and referral expenditures are amounts paid or incurred under a contract to provide childcare resource and referral services to employees of the taxpayer. The provision of the services (or the eligibility to use the services) must not discriminate in favor of highly compensated employees.



Domestic Production Activities Deduction

OMB No. 1545-1984

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

Attachment Sequence No. **143**

| | (s) as shown on return FAL FORM 8903'S FILED: 13,011 TOTAL FORM 8903'S E-FILED: 11,623 | Ident | inying number | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------|----|
| | Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.(a) Oil-related production activities | ivities | (b) All activities | |
| 1 | Domestic production gross receipts (DPGR) | | 12,270 | |
| 2 | Allocable cost of goods sold. If you are using the small business | | | |
| | simplified overall method, skip lines 2 and 3 | | 5,997 | |
| 3 | Enter deductions and losses allocable to DPGR (see instructions) . 3 | | 8,485 | |
| | If you are using the small business simplified overall method, enter the | | | |
| | amount of cost of goods sold and other deductions or losses you | | | |
| | ratably apportion to DPGR. All others, skip line 4 | | 3,123 | |
| 5 | Add lines 2 through 4 | | 12,260 | |
| 6 | Subtract line 5 from line 1 | | | |
| 7 | Qualified production activities income from estates, trusts, and | | | |
| | certain partnerships and S corporations (see instructions) 7 | | 881 | |
| 8 | Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line | | | |
| | 9 and go to line 10 | | | |
| 9 | Amount allocated to beneficiaries of the estate or trust (see | | | |
| | instructions) | | | |
| 10 a | Oil-related qualified production activities income. Estates and | | | |
| | trusts, subtract line 9, column (a), from line 8, column (a), all others, | | | |
| | enter amount from line 8, column (a). If zero or less, enter -0- here . 10a 78 | 2 | | |
| b | Qualified production activities income. Estates and trusts, subtract | | | |
| | line 9, column (b), from line 8, column (b), all others, enter amount | | | |
| | from line 8, column (b). If zero or less, enter -0- here, skip lines 11 | | | |
| | through 21, and enter -0- on line 22 | | 9,993 | |
| 11 | Income limitation (see instructions): | | | |
| | • Individuals, estates, and trusts. Enter your adjusted gross income figured without the | | | |
| | domestic production activities deduction | | | |
| | • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) | 11 | 206 | * |
| 12 | Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, | | | |
| | and enter -0- on line 22 | 12 | 205 | * |
| 13 | Enter 9% of line 12 | 13 | 205 | * |
| 14a | Enter the smaller of line 10a or line 12 | | | |
| | Reduction for oil-related qualified production activities income. Multiply line 14a by 3% | 14b | 0 | |
| 15 | Subtract line 14b from line 13 | 15 | 205 | * |
| 16 | Form W-2 wages (see instructions) | 16 | 7,545 | |
| 17 | Form W-2 wages from estates, trusts, and certain partnerships and S corporations | | | |
| | (see instructions) | 17 | 1,203 | |
| | Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 | 18 | | |
| 19 | Amount allocated to beneficiaries of the estate or trust (see instructions) | 19 | | |
| 20 | Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18 | 20 | | |
| 21 | Form W-2 wage limitation. Enter 50% of line 20 | 21 | | |
| 22 | Enter the smaller of line 15 or line 21 | 22 | 205 | * |
| 23 | Domestic production activities deduction from cooperatives. Enter deduction from Form | | | |
| | 1099-PATR, box 6 | 23 | 15 | * |
| | Expanded affiliated group allocation (see instructions) | 24 | 0 | |
| 25 | Domestic production activities deduction. Combine lines 22 through 24 and enter the result have and an Form 1040, line 25: Form 1120, line 25: or the applicable line of your return | | | Ju |
| | here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return | 25 | 205 | ~ |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form 8903 (Rev. 12-2010)

4



Domestic Production Activities Deduction

OMB No. 1545-1984

Attach to your tax return. See separate instructions.

Attachment Sequence No. 143

(b)

All activities

Identifying number

(a)

Oil-related production activities

| Name(s) a | as shown | on returr |
|-----------|----------|-----------|
|-----------|----------|-----------|

Note. Do not complete column (a), unless you have oil-related

including oil-related production activities.

production activities. Enter amounts for all activities in column (b),

| 1 | Domestic production gross receipts (DPGR) | 1 | | | 115,452,076 |
|-----|---------------------------------------------------------------------------------------------------------------------------------|-----|---------------|-----------|--------------|
| 2 | Allocable cost of goods sold. If you are using the small business | - | | | |
| _ | simplified overall method, skip lines 2 and 3 | 2 | | | 73,974,102 |
| 3 | Enter deductions and losses allocable to DPGR (see instructions). | 3 | | | 22,733,078 |
| 4 | If you are using the small business simplified overall method, enter the | | | | |
| | amount of cost of goods sold and other deductions or losses you | | | | |
| | ratably apportion to DPGR. All others, skip line 4 | 4 | | | 9,375,523 |
| - | Add lines 2 through 4 | 5 | | | 106,232,905 |
| 6 | Subtract line 5 from line 1 | 6 | | | |
| 7 | Qualified production activities income from estates, trusts, and | _ | | | |
| | certain partnerships and S corporations (see instructions) | 7 | | | 294,628 |
| 8 | Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line | - | | | |
| • | 9 and go to line 10 | 8 | | | |
| 9 | Amount allocated to beneficiaries of the estate or trust (see | - | | | |
| | instructions) | 9 | | | |
| 10a | a Oil-related qualified production activities income. Estates and | | | | |
| | trusts, subtract line 9, column (a), from line 8, column (a), all others, | | 402.000 | | |
| | enter amount from line 8, column (a). If zero or less, enter -0- here . | 10a | 493,680 | | |
| k | Qualified production activities income. Estates and trusts, subtract | | | | |
| | line 9, column (b), from line 8, column (b), all others, enter amount | | | | |
| | from line 8, column (b). If zero or less, enter -0- here, skip lines 11 | | | | 44 750 700 |
| | through 21, and enter -0- on line 22 | 10b | | | 11,753,768 |
| 11 | Income limitation (see instructions): | | | | |
| | • Individuals, estates, and trusts. Enter your adjusted gross income fig domestic production activities deduction | | | | |
| | | | s s | | 440.000 * |
| | • All others. Enter your taxable income figured without the domestic pro deduction (tax-exempt organizations, see instructions) | | | 11 | 112,389 * |
| 40 | Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip | | | | |
| 12 | | | • | 10 | * |
| 40 | and enter -0- on line 22 | | | 12 | 92,260 * |
| | Enter 9% of line 12 | | 1 1 | 13 | 8,303 * |
| | | 14a | - | 146 | 0 |
| | Reduction for oil-related qualified production activities income. Multiply Subtract line 14b from line 13 | | | 14b 15 | 0 8,303 * |
| | Form W-2 wages (see instructions) | | | 16 | 12,161,976 |
| | Form W-2 wages from estates, trusts, and certain partnerships and S co | | | 10 | 12,101,970 |
| ., | (see instructions) | | | 17 | 584,012 |
| 18 | Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line | | | 18 | 304,012 |
| 19 | Amount allocated to beneficiaries of the estate or trust (see instructions) | | | 19 | |
| 20 | Estates and trusts, subtract line 19 from line 18, all others, enter amount | | | 20 | |
| 21 | Form W-2 wage limitation. Enter 50% of line 20 | | | 21 | |
| 21 | Enter the smaller of line 15 or line 21. | | | 21 | 8,303 * |
| 23 | | | | | 0,303 |
| -0 | 1099-PATR, box 6 | | | 23 | 5,601 * |
| 24 | | • • | | 23 | 0 |
| 24 | Expanded affiliated group allocation (see instructions) | | · · · · · · · | 24 | U |

24 Expanded affiliated group allocation (see instructions) 24 Domestic production activities deduction. Combine lines 22 through 24 and enter the result 25 here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return 25 8.391

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form 8903 (Rev. 12-2010)

| Form 8911 A | Iternative Fuel Vehic | le Refueling Property Cre | dit | OMB No. 1545-1981 |
|--------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|-------|---------------------------------------|
| | | to your tax return. | | 2014 |
| Department of the Treasury Internal Revenue Service | | its instructions is at www.irs.gov/form89 | 11. | Attachment Sequence No. 151 |
| ame(s) shown on return | | | Ident | fying number |
| TOTAL FORM 8911'S I | | TOTAL FORM 8911'S E-FILED: 37 | 72 | |
| Part I Total Cost of R | efueling Property | | | |
| • | . | erty placed in service during the tax year | | 202 |
| (see What's New in the Part II Credit for Busi | instructions) | | 1 | 202 |
| ant in Great for Busi | ness/investment use Part of | Reideling Property | | |
| 2 Business/investment u | se part (see instructions) | | 2 | 202 |
| | | | 3 | 0 |
| | | | 4 | |
| | | | 5 | |
| | | structions) | 6 | 202 |
| | | | 7 | 202 |
| | | tnerships and S corporations (see | | 244 |
| instructions) | | | 8 | 211 |
| | | 8. Partnerships and S corporations, stop | | |
| | | port this amount on Form 3800, Part III, | 9 | 410 |
| | onal Use Part of Refueling P | | • | - |
| | - | | | |
| 0 Subtract line 2 from lin | ne 1. If zero, stop here; do not f | ile this form unless you are claiming a | | |
| | | | 10 | |
| | | | 11 | |
| | | | 12 | |
| | | | 13 | |
| - 3 · · · · · · · · · · · · · · · · · · · | sum of the amounts from Form 1 | 240 lines 44 and 46; or) | | |
| | from Form 1040NR, lines 42 and 4 | | 14 | |
| | regular tax before credits from y | | | |
| | | , | | |
| 5 Credits that reduce reg | ular tax before the alternative fue | I vehicle refueling property credit: | | |
| | | | | |
| | ts (see instructions) | 15b | | |
| c Add lines 15a and 15b | | •••••• | 15c | |
| 6 Net regular tax. Subtra | ot line 150 from line 14. If zero a | r less, enter -0- and stop here; do not | | |
| | | | 16 | |
| 7 Tentative minimum tax | 0 | | | |
| | amount from Form 6251, line 33. | J | | |
| | tentative minimum tax from your | | 17 | |
| 8 Subtract line 17 from | | e; do not file this form unless you are | | |
| claiming a credit on lir | | | 18 | |
| 1040, line 54; Form 10 | 040NR, line 51; or the appropriate | line 13 or line 18 here and on Form e line of your return. If line 18 is smaller | | |
| | otice, see instructions. | Cat. No. 37721Q | 19 | Form 8911 (20 |

| Form | 89 | 11 | |
|------|-----------|-------|---------|
| Depa | rtment of | the T | reasury |

Internal Revenue Service Name(s) shown on return

Alternative Fuel Vehicle Refueling Property Credit

Attach to your tax return.

▶ Information about Form 8911 and its instructions is at www.irs.gov/form8911.



Identifying number

| Part | I Total Cost of Refueling Property | | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------|
| 1 | Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year | | |
| | (see What's New in the instructions) | 1 | 17,702 |
| Part | II Credit for Business/Investment Use Part of Refueling Property | | |
| | | | |
| 2 | Business/investment use part (see instructions) | 2 | 17,694 |
| 3 | Section 179 expense deduction (see instructions) | 3 | 0 |
| 4 | Subtract line 3 from line 2 | 4 | |
| 5 | Multiply line 4 by 30% (.30) | 5 | 7.504 |
| 6 | Maximum business/investment use part of credit (see instructions) | 6 | 7,501 |
| 7 | Enter the smaller of line 5 or line 6 | 7 | 2,714 |
| 8 | Alternative fuel vehicle refueling property credit from partnerships and S corporations (see | | 201 |
| | instructions) | 8 | 301 |
| 9 | Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, stop | | |
| | here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, | 9 | 3,014 |
| Part | line 1s Credit for Personal Use Part of Refueling Property | 3 | -, |
| I ure | orealt for reisonal ose rait of herdening ripperty | | |
| 10 | Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a | | |
| 10 | | 10 | |
| 11 | Multiply line 10 by 30% (.30). | 11 | |
| 12 | Maximum personal use part of credit (see instructions) | 12 | |
| 13 | Enter the smaller of line 11 or line 12 | 13 | |
| 14 | Regular tax before credits: | | |
| | Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or | | |
| | the sum of the amounts from Form 1040NR, lines 42 and 44. | 14 | |
| | Other filers. Enter the regular tax before credits from your return. | | |
| | | | |
| 15 | Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: | | |
| а | Foreign tax credit | | |
| b | Certain allowable credits (see instructions) | | |
| С | Add lines 15a and 15b | 15c | |
| | | | |
| 16 | Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file this form unless you are claiming a gradit on line 0. | 16 | |
| 17 | file this form unless you are claiming a credit on line 9 | 16 | |
| 17 | Individuals. Enter the amount from Form 6251, line 33. | | |
| | Other filers. Enter the tentative minimum tax from your alternative minimum tax | 17 | |
| | form or schedule. | | |
| 18 | Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are | | |
| 10 | claiming a credit on line 9 | 18 | |
| 19 | Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form | | |
| 10 | 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller | | |
| | than line 13, see instructions | 19 | |
| For Pa | perwork Reduction Act Notice, see instructions. Cat. No. 37721Q | | Form 8911 (2014 |

| Form | 8925 Report of Employer-Owned Life Insurance Contra | cts | OMB No. 1545-2089 |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| Departm | anuary 2010) Hent of the Treasury Revenue Service (99) Attach to the policyholder's tax return—See instructions. | | Attachment Sequence No. 160 |
| | s) shown on return Fotal Form 8925's Filed: 2,996 Total Form 8925's E-Filed: 2,681 | Identify | fying number |
| Name o | of policyholder, if different from above 39 | Identifyi | ving number, if different from above 88 |
| Type of | f business 1,951 | | |
| 1 | Enter the number of employees the policyholder had at the end of the tax year | 1 | 2,912 |
| 2 | Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> on page 2 for an exception | 2 | 2,976 |
| 3 | Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 | 3 | 2,907 |
| 4a | Does the policyholder have a valid consent (see instructions) for each 2,890 18 employee included on line 2? | | |
| b | If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent | 4b | 7 * |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form 8925 to report the number of employees covered by employer-owned life insurance contracts issued after August 17, 2006, and the total amount of employer-owned life insurance in force on those employees at the end of the tax year. Policyholders must also indicate whether a valid consent has been received from each covered employee, and the number of covered employees for which a valid consent has not been received.

See sections 101(j) and 6039I, and Notice 2009-48, 2009-24 I.R.B. 1085, for more information.

Definitions

Employer-owned life insurance

contract. For purposes of Form 8925, an insurance contract is an employerowned life insurance contract if it is owned by a policyholder as defined below, and covers the life of the policyholder's employee(s) on the date the life insurance contract is issued. If you have master contracts, see section 101(j)(3) for additional information.

Policyholder. For purposes of Form 8925 and these instructions, a policyholder is an "applicable policyholder" as defined in section 101(j)(3)(B). Generally, a policyholder is the person who owns the employerowned life insurance contract, and who is (a) engaged in a trade or business that employs the person insured under the employer-owned life insurance contract and (b) the direct or indirect beneficiary of the employer-owned life insurance contract.

Related person. A related person is considered a policyholder if that person is (a) related to the policyholder (defined earlier) under sections 267(b) or 707(b) (1), or (b) engaged in a trade or business under common control with the policyholder. See sections 52(a) and (b).

Employee. Employee includes an officer, director, or highly compensated employee under section 414(q).

Insured. An individual must be a U.S. citizen or resident to be considered insured under an employer-owned life insurance contract. Both individuals covered by a contract covering the joint lives of two individuals are considered insured.

Notice and consent requirements. To qualify as an employer-owned life insurance contract, the policyholder must meet the notice and consent requirements listed below before the issuance of the contract.

1. Provide written notification to the employee stating the policyholder intends to insure the employee's life and the maximum face amount for which the employee could be insured at the time the contract was issued.

The written notification must include a disclosure of the face amount of life insurance, either in dollars or as a multiple of salary, that the policyholder reasonably expects to purchase with regard to the employee during the course of the employee's tenure. Additional notice and consent are required if the aggregate face amount of the employer-owned life insurance contracts with regard to an employee exceeds the amount of which the employee was given notice and to which the employee consented. See Q&A-9 and Q&A-12 in Notice 2009-48.

2. Provide written notification to the employee that the policyholder will be a beneficiary of any proceeds payable upon the death of the employee.

3. Receive written consent from the employee. See *Valid consent* under the instructions for line 4a.

Electronic notification and consent. The written notification and consent requirement can be met electronically only if the system for electronic notification and consent meets requirements 1 through 3, above. See Q&A-11 in Notice 2009-48 for more information.

Issue date of contract. Generally, the issue date of a life insurance contract is the date on the policy assigned by the insurance company on or after the date of application. For purposes of meeting the notice and consent requirements, the issue date of the employer-owned life insurance contract is the later of (1) the date of application of coverage, (2) the effective date of coverage, or (3) the formal issuance of the contract. See Q&A-4 in Notice 2009-48 for more information.

8925 Form **8925** (Rev. January 2010) Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Report of Employer-Owned Life Insurance Contracts

► Attach to the policyholder's tax return—See instructions.

OMB No. 1545-2089

Attachment Sequence No. **160**

Identifying number, if different from above

Identifying number

Name of policyholder, if different from above

Type of business

| 1 | Enter the number of employees the policyholder had at the end of the tax year | 1 | 414 |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 2 | Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> on page 2 for an exception | 2 | 11 |
| 3 | Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 | 3 | 17,892,410 |
| | Does the policyholder have a valid consent (see instructions) for each employee included on line 2? | | |
| b | If "No," enter the number of employees included on line 2 for whom the policyholder does | | |
| | not have a valid consent | 4b | [1]* |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form 8925 to report the number of employees covered by employer-owned life insurance contracts issued after August 17, 2006, and the total amount of employer-owned life insurance in force on those employees at the end of the tax year. Policyholders must also indicate whether a valid consent has been received from each covered employee, and the number of covered employees for which a valid consent has not been received.

See sections 101(j) and 6039I, and Notice 2009-48, 2009-24 I.R.B. 1085, for more information.

Definitions

Employer-owned life insurance

contract. For purposes of Form 8925, an insurance contract is an employerowned life insurance contract if it is owned by a policyholder as defined below, and covers the life of the policyholder's employee(s) on the date the life insurance contract is issued. If you have master contracts, see section 101(j)(3) for additional information.

Policyholder. For purposes of Form 8925 and these instructions, a policyholder is an "applicable policyholder" as defined in section 101(j)(3)(B). Generally, a policyholder is the person who owns the employerowned life insurance contract, and who is (a) engaged in a trade or business that employs the person insured under the employer-owned life insurance contract and (b) the direct or indirect beneficiary of the employer-owned life insurance contract.

Related person. A related person is considered a policyholder if that person is (a) related to the policyholder (defined earlier) under sections 267(b) or 707(b) (1), or (b) engaged in a trade or business under common control with the policyholder. See sections 52(a) and (b).

Employee. Employee includes an officer, director, or highly compensated employee under section 414(q).

Insured. An individual must be a U.S. citizen or resident to be considered insured under an employer-owned life insurance contract. Both individuals covered by a contract covering the joint lives of two individuals are considered insured.

Notice and consent requirements. To qualify as an employer-owned life insurance contract, the policyholder must meet the notice and consent requirements listed below before the issuance of the contract.

1. Provide written notification to the employee stating the policyholder intends to insure the employee's life and the maximum face amount for which the employee could be insured at the time the contract was issued.

The written notification must include a disclosure of the face amount of life insurance, either in dollars or as a multiple of salary, that the policyholder reasonably expects to purchase with regard to the employee during the course of the employee's tenure. Additional notice and consent are required if the aggregate face amount of the employer-owned life insurance contracts with regard to an employee exceeds the amount of which the employee was given notice and to which the employee consented. See Q&A-9 and Q&A-12 in Notice 2009-48.

2. Provide written notification to the employee that the policyholder will be a beneficiary of any proceeds payable upon the death of the employee.

3. Receive written consent from the employee. See *Valid consent* under the instructions for line 4a.

Electronic notification and consent. The written notification and consent requirement can be met electronically only if the system for electronic notification and consent meets requirements 1 through 3, above. See Q&A-11 in Notice 2009-48 for more information.

Issue date of contract. Generally, the issue date of a life insurance contract is the date on the policy assigned by the insurance company on or after the date of application. For purposes of meeting the notice and consent requirements, the issue date of the employer-owned life insurance contract is the later of (1) the date of application of coverage, (2) the effective date of coverage, or (3) the formal issuance of the contract. See Q&A-4 in Notice 2009-48 for more information.

| Farm | 8941 Credit for Small Employer Health Insurance Premiu | ms | OMB No. 1545-2198 | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------|-----|
| | | | 2014 | |
| | Attach to your tax return. Nent of the Treasury Revenue Service Information about Form 8941 and its separate instructions is at www.irs.gov/form8 | 941 | Attachment | |
| | shown on return | | Sequence No. 63 | — |
| | Total Form 8941's Filed:2,589Total Form 8941's E-Filed: | | 685 | |
| A 1,382 | Did you pay premiums during your tax year for employee health insurance coverage you provid Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requireme Yes. Enter Marketplace Identifier (if any): 301* | | | SS |
| 20 | * No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a cooperative, estate, or trust). | | | |
| В | Enter the employer identification number (EIN) used to report employment taxes for individuals different from the identifying number listed above 1,201 | s inclu | ded on line 1 below | if |
| Cau | tion. See the instructions and complete Worksheets 1 through 7 as needed. | | | _ |
| 1 | Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a)) | 1 | 2,549 | |
| 2 | Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 | 2 | 2,549 | |
| 3 | Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$51,000 or more, skip lines 4 through 11 and enter -0- on line 12 | 3 | 2,549 | |
| 4 | Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b)) | 4 | 2,473 | |
| 5 | Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which the employee enrolls in health insurance environment (a) | | 2,473 | |
| 6 | coverage (total from Worksheet 4, column (c)) | 5 6 | - | |
| 7 | Multiply line 6 by the applicable percentage: | 0 | 2,473 | — |
| | • Tax-exempt small employers, multiply line 6 by 35% (.35) | | 0.470 | |
| | • All other small employers, multiply line 6 by 50% (.50) | 7 | 2,473 | |
| 8 | If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 | 8 | 2,473 | |
| 9 | If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7 | 9 | 2,473 | |
| 10 | Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) | 10 | 0 | |
| 11 | Subtract line 10 from line 4. If zero or less, enter -0 | 11 | 2,473 | |
| 12 | Enter the smaller of line 9 or line 11 | 12 | 2,473 | |
| 13 | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)). | 13 | 2,285 | |
| 14 | Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3) | 14 | 2,238 | |
| 15 | Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) | 15 | 41* | |
| 16 | Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h | 16 | 2,514 | _ |
| 17 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | 17 | | |
| 18 | Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h | 18 | | |
| 19 | Enter the amount you paid in 2014 for taxes considered payroll taxes for purposes of this credit (see instructions) | 19 | | |
| 20 | Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f. | 20 | | |
| For Pa | perwork Reduction Act Notice, see separate instructions. Cat. No. 37757S | | Form 8941 (201 | 14) |

Page 61

| Form | 8941 Credit for Small Employer Health Insurance Prem | iums | OMB No. 1545-2198 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|
| ► Attach to your tax return. | | | 2014 |
| Department of the Treasury Internal Revenue Service Information about Form 8941 and its separate instructions is at www.irs.gov/form89 | | rm8941 | Attachment |
| | s) shown on return | | Sequence No. 63 |
| | | | |
| A | Did you pay premiums during your tax year for employee health insurance coverage you pr Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this require Yes. Enter Marketplace Identifier (if any): No. Stop. Do not file Form 8941 (see instructions for an exception that may apply | ment)? (se | e instructions) |
| В | cooperative, estate, or trust). Enter the employer identification number (EIN) used to report employment taxes for individ different from the identifying number listed above | uals inclue | ded on line 1 below if |
| Cau | ition. See the instructions and complete Worksheets 1 through 7 as needed. | | |
| 1 | Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a)) | | 33 |
| 2 | Enter the number of full-time equivalent employees (FTEs) you had for the tax year (fr Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 | 2 | 14 |
| 3 | Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you enter \$51,000 or more, skip lines 4 through 11 and enter -0- on line 12 | . 3 | 73,299 |
| 4 | Premiums you paid during the tax year for employees included on line 1 for health insurar coverage under a qualifying arrangement (total from Worksheet 4, column (b)) | · 4 | 41,699 |
| 5 | Premiums you would have entered on line 4 if the total premium for each employee equaled average premium for the small group market in which the employee enrolls in health insurar coverage (total from Worksheet 4, column (c)) | ce | 61,482 |
| 6 | Enter the smaller of line 4 or line 5 | | 36,144 |
| 7 | Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 35% (.35) | . 0 | |
| 8 | • All other small employers, multiply line 6 by 50% (.50) | | 17,561 |
| 9 | 5, line 6 | | 9,944 |
| 10 | Worksheet 6, line 7 | | 0 |
| 11 | Subtract line 10 from line 4. If zero or less, enter -0 | · 10 . 11 | 41,699 |
| 12 | Enter the smaller of line 9 or line 11 | | 9,944 |
| 13 | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number employees included on line 1 for whom you paid premiums during the tax year for her insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)). | of Ith | 9 |
| 14 | Enter the number of FTEs you would have entered on line 2 if you only included employed included on line 13 (from Worksheet 7, line 3) | es | 7 |
| 15 | Credit for small employer health insurance premiums from partnerships, S corporatio cooperatives, estates, and trusts (see instructions) | | 56 [*] |
| 16 | Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt sm employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop h and report this amount on Schedule K. All others, stop here and report this amount on Fc 3800, line 4h | ere rm • 16 | 10,000 |
| 17 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (sinstructions) | · 17 | |
| 18 | Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amo on Form 3800, line 4h | · 18 | |
| 19 | Enter the amount you paid in 2014 for taxes considered payroll taxes for purposes of this creater (see instructions) | · 19 | |
| 20 | Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990 line 44f. | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37757S

Form **8941** (2014)

Electronic version available at <u>http://www.irs.gov/uac/SOI-Tax-</u> <u>Stats-Partnership-Returns-Line-Item-Estimates-Publication-5035</u>