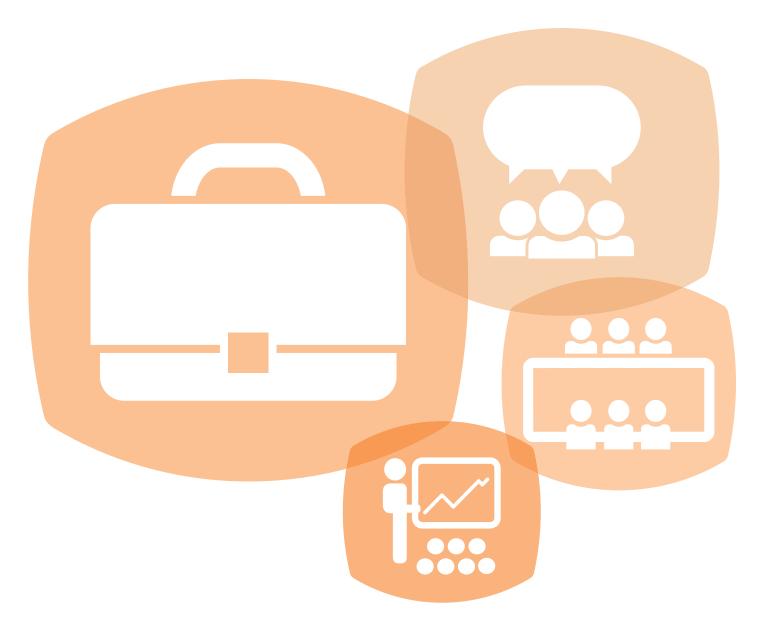


# Partnership Returns Line Item Estimates 2015



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## Department of the Treasury Internal Revenue Service

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# Partnership Returns Line Item Estimates 2015

#### **Publication 5035 (Rev 10-2017)**

The 2015 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 <a href="http://www.irs.gov/taxstats">http://www.irs.gov/taxstats</a>. 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, acts as a liaison between requesters and IRS analysts on technical questions, and answers questions on the availability of SOI data. The SIS staff can be reached by e-mail at sis@irs.gov.

#### **Suggested Citation**

Statistics of Income—2015 Partnership Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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## 2015 Partnership Returns

### **Line Item Estimates**

Estimates 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 2015 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. The table below 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 2015 sample.

SOI 2015 1065 Line Count Table Estimates (Amounts in 000's)

Variable	Total	CV (%)	Lower Bound	Upper Bound
Business Receipts	4,877,414,510	0.19	4,858,822,611	4,896,006,409
Cost of Goods Sold	2,695,613,646	0.29	2,680,159,389	2,711,067,902
Depreciation	176,033,137	0.90	172,922,396	179,143,878
Interest Paid	85,496,044	0.95	83,896,946	87,095,142
Interest Income	155,005,964	1.00	151,967,816	158,044,113
Net Income	780,504,367	1.05	764,378,886	796,629,848
Net Rental Real Estate Loss	(96,438,628)	3.12	(102,333,991)	(90,543,266)
Net Rental Real Estate Income	150,848,414	1.91	145,211,610	156,485,217
Number of Partners	27,093	2.07	25,992	28,194
Number of Returns	3,715	0.82	3,656	3,775
Ordinary Business Loss	(292,381,361)	1.38	(300,312,474)	(284,450,248)
Ordinary Business Income	672,317,946	0.63	663,978,739	680,657,154
Other Net Rental Real Estate Loss	(5,792,742)	10.13	(6,942,703)	(4,642,780)
Other Net Rental Real Estate Income	7,691,425	7.34	6,584,333	8,798,518
Portfolio Income Dist to Partners	995,539,608	0.69	982,154,572	1,008,924,643
Taxes & Licenses	87,315,881	0.66	86,187,638	88,444,124
Total Income Minus Deductions	1,607,284,297	1.42	1,562,630,430	1,651,938,164
Total Assets	27,366,266,830	0.14	27,292,901,880	27,439,631,780
Total Deductions	4,915,397,618	0.23	4,893,077,071	4,937,718,166
Total Income	5,295,334,204	0.22	5,272,773,682	5,317,894,725
Total Receipts	7,144,498,577	0.32	7,100,387,734	7,188,609,419

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. 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]. SOI does not force all forms to balance; however, if a disclosed field could be calculated by subtraction from a total, SOI deleted a second value. 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 should use these values in conjunction with other data sources due to the small sample size.

SOI excluded eight attachments to Form 1065, *U.S. Return of Partnership Income*, that were included in the 2015 Partnership Returns Study because 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 8874, New Markets 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	10	65		U.S. Ret	turn of Partners					OMB No.	1545-01	23
		the Treasury le Service		ndar year 2015, or tax year mation about Form 100	beginning 178,107 , 65 and its separate instruc	2015, e tions i	s at www	5,187 , 20 .irs.gov/form10		20	15	)
A Prir		iness activity		Name of partnership						D Employer ide	ntification	number
		715,187		3,715,187	NUMBER OF PARTI	NERS	HIPS				3,715,	
<b>B</b> Prin	cipal prod	uct or service	Type	, ,	or suite no. If a P.O. box, see the					E Date busine	ess starte	∍d
			Or Drint		NUMBER OF E-FILE						<u>3,715,</u>	187
C Bu	C Business code number City or town, state or province, country, and ZIP or foreign postal code  3,715,120 NUMBER OF FORM 1065'S					F Total assets	•					
										instructions)	)	ı
	3,709,108 67 NUMBER OF FORM 1065-B'S									\$		
G H	Check	accounting	<b>27,546</b> method:	(6) Technical termin	244,892 Final return (3)	Other (s	specify) ▶		4	6,102	mended	return
	Olavala	r or scried	ules K-1. A	Attach one for each person	on who was a partner at any	time c	auring the	tax year	3,71	5,187	44 420	
_J_	Check	if Schedule	s C and N	1-3 are attached 2,74	4,929 884,738					1	44,438	5 📙
Caut	ion. Inc	lude <b>only</b>	trade or b	usiness income and ex	penses on lines 1a through	1 22 be	elow. See	the instruction	s for n	าore informa	ation.	
	1a	Gross red	eints or	sales		1a	1 :	377,146				
	b		•	ances		1b	-	126,448	-			
	C								1c	1.37	7,099	
	2				Α)				2	-	6,688	
	3								3		3,370	-
4	4	-			erships, estates, and trus				4	,	0,062	
Income	5	-		ss) (attach Schedule F	·			*	5		8,647	$\vdash$
Ō	6			orofit (loss) (attach Schedule F (Form 1040))							0,832	$\vdash$
<u>=</u>	7								7		5,377	$\vdash$
	8				nrough 7				8		3,969	
(S)	9	Salaries a	and wage	es (other than to partn	ers) (less employment cre	edits)			9		)2,562	
(see the instructions for limitations)	10								10		9,959	-
mita	11								11		7,405	-
for li	12								12		1,293	
ons	13								13		1,693	
ucti	14								14		3,899	
inst	15								15		3,927	
the	16a			quired, attach Form 4		16a		02,364			,	
es)	b		•	•	A and elsewhere on return	16b		350,313	16c	77	5,580	
S	17			deduct oil and gas					17		1,079	
Deductions	18	•	-	etc	•				18		4,131	
<u>ct</u>	19			programs					19		4,565	
ğ	20								20		9,666	
صّ	21				nown in the far right colur			hrough 20.	21	-	1,423	_
	22	Ordinary	busines	s income (loss). Sub	tract line 21 from line 8				22		5,073	
Sig		knowled	lge and beli		examined this return, including mplete. Declaration of preparer as any knowledge.				liability	company men	nber man	
Hei	re						<b>k</b>			reparer shown below structions)?	vw (see	] No
		Sig	gnature of g	eneral partner or limited liab	pility company member manager	r	Date	<b>;</b>				
Paid	d	Print/Ty	pe preparer	's name	Preparer's signature			Date	Chool	k 🗌 if	TIN	
	<sub>u</sub> parer			3,406,230					1	mployed		
	-	I ,	ame 🕨							EIN ►		
Use Only Firm's name Firm's address ►								Phone no.				

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11390Z

Form **1065** (2015)

Form	100	<b>65</b>	For colo		turn of Partnersl	-				OMB N	lo. 1545-01	123
Depart	tment of that Revenue	ne Treasury	► Info	rmation about Form 10	r beginning 65 and its separate instruc	tions i	s at www	.irs.gov/form10	)65.	2	<b>015</b>	
		ness activity		Name of partnership	·					D Employer	identification	n number
<b>B</b> Prince	cipal produ	ıct or service	Type or	Number, street, and room	n or suite no. If a P.O. box, see th	ne instri	uctions.			E Date bus	siness start	ted
C Bus	siness cod	de number	Print	City or town, state or prov	vince, country, and ZIP or foreign	n posta	l code			F Total ass	ets (see the	<b>)</b>
										\$		
G H I	Check a		method:	(6) Technical termin (1) Cash (2)	Final return (3)	Other (s	specify) <b>&gt;</b>		-			
J	Check if	f Schedule	s C and M	1-3 are attached								. 🗆
Caut	1a	Gross red	eipts or	sales	penses on lines 1a through		4,971,	918,805 504,295	s for n	nore infori	nation.	
	1								1c	4 877 4	114,510	
					A)				2		613,646	
	1	_		·	C				3		300,864	
a)	1				erships, estates, and trus				4		372,651	_
Income	1	-		ss) (attach Schedule F	-				5		43,254	
8	1			, ,	line 17 (attach Form 4797				6		24,629	
드	1	_							7		53,601	_
	1		Total income (loss). Combine lines 3 through 7								95,000	
(su		Salaries and wages (other than to partners) (less employment credits)							9		746,711	
ation	10	Guarante	ed paym	nents to partners					10		46,214	
<u>E</u>	11	Repairs a	ınd main	tenance					11	32,8	338,705	
s for	12	Bad debt	s						12	17,1	86,398	
tions	13	Rent							13	101,2	279,145	
struc	14	Taxes an	d license	es					14	87,3	315,881	
e ins									15	85,4	196,044	
(see the instructions for limitations)	1		•	•	562)	16a 16b		671,134 637,997	16c		33,137	
JS	17	Depletion	(Do not	t deduct oil and gas	depletion.)				17		917,603	
<u>.</u>	18	Retireme	nt plans,	etc					18		175,978	
Deductions	19	Employee	e benefit	programs					19	41,0	003,456	
ed									20	923,3	319,143	
Δ					hown in the far right colur	mn for	r lines 9 t	hrough 20.	21	2,123,7	<mark>758,415</mark>	
	22				tract line 21 from line 8				22		<u>36,585</u>	
Sigı Her		knowled is based	lge and bel I on all infoi	ief, it is true, correct, and co rmation of which preparer ha	, ,	(other t	han general	partner or limited	liability Market		nember mai	,
				· · · · · · · · · · · · · · · · · · ·	bility company member manager	r	Date				DTIN	
Paic	k	Print/Ty	oe preparei	r s name	Preparer's signature			Date	Checl		PTIN	
Pre	parer									mployed		
Use	Only	Firm's n								EIN ►		
		Firm's a	ddress ►						Phone	e no.		

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Cat. No. 11390Z

Form **1065** (2015)

Form 1065 (2015) Page 2 Schedule B Other Information TOTAL SCHEDULE B'S FILED 3,715,187 TOTAL SCHEDULE B'S E-FILED 3,180,386 What type of entity is filing this return? Check the applicable box: Yes No 582,338 a Domestic general partnership **b** Domestic limited partnership 406,996 2.515.073 c Domestic limited liability company **d** Domestic limited liability partnership 8.082 ☐ Foreign partnership f Other ▶ 30.640 e At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including Y: 1.020.414 an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? N: 2,669,734 At the end of the tax year: Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or taxexempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, Y: 578,819 loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule N: 3,128,238 Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of Y: 2,087,761 the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information 1,625,983 At the end of the tax year, did the partnership: Own directly 20% or more, or 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 N: 3,686,331 (ii) Employer Identification (iii) Country of (iv) Percentage (i) Name of Corporation Owned in Voting Stock Number (if anv) Incorporation Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, 147.130 or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. 3,550,772 N: (ii) Employer (v) Maximum (iii) Type of (iv) Country of Percentage Owned in (i) Name of Entity Entity Organization Number (if any) Profit, Loss, or Capital Yes No 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 Does the partnership satisfy **all four** of the following conditions? The partnership's total receipts for the tax year were less than \$250,000. The partnership's total assets at the end of the tax year were less than \$1 million. 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. 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. **Y**: 1,849,889 N: 1,864,876 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? . . . . . . Y: . . 4,750 . N: 3,620,411 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? . . . . . . . . . . . . . . Y: . 12,813 . N: 3.507.854 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide 9 3.579.460 10 At any time during calendar year 2015, 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," 26,642 enter the name of the foreign country. Y: 26,641 N: 3,664,481

Sch	edule B Other Information							
1	What type of entity is filing this return? Check the ap	oplica	ble box:				Yes	No
а	· · · · · · · · · · · · · · · · · · ·			ed partnership				
С	Domestic limited liability company d			ed liability par	tnership			
e 2	Foreign partnership <b>f</b>		ther >	diaragardad	antitu a nautnavahir	/including		
2	At any time during the tax year, was any partner in an entity treated as a partnership), a trust, an S corp or a nominee or similar person?	oratio	on, an estate	(other than an	estate of a decease	ed partner),		
3	At the end of the tax year:							
а	Did any foreign or domestic corporation, partnersh							
	exempt organization, or any foreign government ow loss, or capital of the partnership? For rules of consB-1, Information on Partners Owning 50% or More	struct of the	ive ownership Partnership	o, see instruct	ions. If "Yes," attacl	n Schedule		
b	Did any individual or estate own, directly or indirect the partnership? For rules of constructive ownersh on Partners Owning 50% or More of the Partnership	ip, se	e instructions	s. If "Yes," atta		nformation		
4	At the end of the tax year, did the partnership:		500/					
а	Own directly 20% or more, or own, directly or indi stock entitled to vote of any foreign or dome:							
	instructions. If "Yes," complete (i) through (iv) below							
	(i) Name of Corporation			r Identification er (if any)	(iii) Country of Incorporation	(iv) Pero Owned in Vo		ock
b	Own directly an interest of 20% or more, or own, directly	rectly	or indirectly,	an interest of	50% or more in the	profit, loss,		
	or capital in any foreign or domestic partnership (in interest of a trust? For rules of constructive ownership)							
	(i) Name of Entity	Ìc	i) Employer lentification Imber (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) M Percenta Profit, Los		ed in
		1			<u> </u>		Yes	No
5	Did the partnership file Form 8893, Election of Parsection 6231(a)(1)(B)(ii) for partnership-level tax treemore details	atme	nt, that is in	effect for this	tax year? See Form	m 8893 for		
6	Does the partnership satisfy <b>all four</b> of the following							
а	The partnership's total receipts for the tax year were	,		00.				
b	The partnership's total assets at the end of the tax y	/ear w	ere less than	1 \$1 million.				
С	Schedules K-1 are filed with the return and furrextensions) for the partnership return.	ished	to the part	ners on or b	efore the due date	(including		
d	The partnership is not filling and is not required to fil							
	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 o							
8	During the tax year, did the partnership have ar modified so as to reduce the principal amount of the							
9	Has this partnership filed, or is it required to file, information on any reportable transaction?							
10	At any time during calendar year 2015, did the partnersh			•	•			
	account in a foreign country (such as a bank account, se exceptions and filing requirements for FinCEN Form 11							
	enter the name of the foreign country.	7, 110		Dain and FIII	anoiai Accounts (FBA	119.11 163,		

Sch	edule B Other Information <i>(continued)</i>		
		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:	3,636,738
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? Y: 212,391 See instructions for details regarding a section 754 election.	N:	3,409,982
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes,"	Y:	30,46
	attach a statement showing the computation and allocation of the basis adjustment. See instructions	N:	3,589,06
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:	1,774
	734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	N:	3,615,742
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:	8,17
	undivided interest in partnership property?	N:	3,458,578
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ► 5,326		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's	Y:	101,733
	Information Statement of Section 1446 Withholding Tax, filed for this partnership. ► 68,426	N:	3,579,243
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► 11,909		
18a	Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions Y: 1,240,161	N:	2,222,504
b		N:	463,793
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► 14.492		
20	Enter the number of partners that are foreign governments under section 892. ► 3,280		
	nation of Tax Matters Partner (see instructions)		
_	below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:		
Name desigr TMP	L L		
entity,	TMP is an name Phone number of TMP		
Addre desigr TMP			

Form **1065** (2015)

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		
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		
	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," attach a statement showing the computation and allocation of the basis adjustment. See instructions		
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 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 Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ► 23		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's		
	Information Statement of Section 1446 Withholding Tax, filed for this partnership. ► 312		
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 34		
18a	Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions		
b	If "Yes," did you or will you file required Form(s) 1099?		
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► 32		
20	Enter the number of partners that are foreign governments under section 892. ▶ 6		
Enter b	nation of Tax Matters Partner (see instructions) selow 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 name Phone number of TMP		
Addre desigr TMP			

Form **1065** (2015)

Form 1065 (2015) TOTAL SCHEDULE K'S FILED 3,710,306

TOTAL SCHEDULE K'S E-FILED

3,175,593 Page 4

Sched	lule K	Partners' Distributive Share Items		Total amount
Conoa	1	Ordinary business income (loss) (page 1, line 22)	1	2,135,073
	2	Net rental real estate income (loss) (attach Form 8825)	2	1,635,402
	3a	Other gross rental income (loss)		1,000,102
	b	Expenses from other rental activities (attach statement)  3b 34,481		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	63,922
(S	4	Guaranteed payments	4	334,862
SC	5	Interest income	5	928,372
Income (Loss)	6	Dividends: a Ordinary dividends	6a	249,245
ne		b Qualified dividends 6b 200,732		240,240
Ö	7	Royalties	7	82,479
<u>n</u>	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	187,262
_	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	283,560
	b	Collectibles (28%) gain (loss)	-	203,300
	C	Unrecaptured section 1250 gain (attach statement) 9c 108,422	-	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	317,751
	11		11	172,981
S	12	Other income (loss) (see instructions) Type Section 179 deduction (attach Form 4562)	12	266,171
Deductions	13a	Contributions	13a	410,079
CŦ.	b	Investment interest expense	13b	137,311
ㅋ	C		13c(2)	40,931
Ö	d	Other deductions (see instructions) Type	13d	660,933
	14a	Net earnings (loss) from self-employment	14a	
Employ- ment	b	Gross farming or fishing income	14b	1,543,313
in me	C		14c	102,630
шс	15a	Gross nonfarm income	15a	947,841
	b	Low-income housing credit (section 42(j)(5))	15a	2,761
its		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	22,758
Credits	d	Other rental real estate credits (see instructions)  Type	15d	919
င်		Other rental credits (see instructions)  Type	15a	105 89
	e f	Other credits (see instructions)  Type	15e	
	16a	Name of country or LLC pagespains	131	71,487
	b	Gross income from all sources	16b	106,999
SL		Gross income sourced at partner level	16c	55,053
nsactions	С	Foreign gross income sourced at partner level	100	55,055
ਤੂ	ام ا		166	2 207
JSG	a	Passive category ▶ 99,015 e General category ▶ 32,955 f Other ▶ Deductions allocated and apportioned at partner level	16f	3,307
Tra			4.Ch	44 000
_	g	Interest expense   48,549 h Other	16h	41,602
Foreign		Deductions allocated and apportioned at partnership level to foreign source income	401	4.400
<u>re</u>		Passive category ► 47,364 j General category ► 25,527 k Other ► Total foreign taxes (check one): ► Paid □ Accrued □	16k	4,192
ĭ			161	127,333
	m	Reduction in taxes available for credit (attach statement)	16m	1,606
<u> </u>	170	Other foreign tax information (attach statement)	17-	4.070.040
Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	1,078,043
L u	b	Adjusted gain or loss	17b	112,444
ĔŽ	C	Depletion (other than oil and gas)	17c	6,311
ĘĘ.	d	Oil, gas, and geothermal properties—gross income	17d	48,202
₹₹	e	Oil, gas, and geothermal properties—deductions	17e	47,158
	f	Other AMT items (attach statement)	17f	78,260
on	18a	Tax-exempt interest income	18a	83,326
ati	b	Other tax-exempt income	18b	59,916
Ĕ	С	Nondeductible expenses	18c	1,014,744
ξ	19a	Distributions of cash and marketable securities	19a	1,530,192
<u></u>	b	Distributions of other property	19b	60,410
ē	20a	Investment income	20a	1,031,533
Other Information	b	Investment expenses	20b	305,147
	С	Other items and amounts (attach statement)		

Form 1065		Bartan (Birth Park all and Bartan		Page 4
Sched			4	Total amount
	1	Ordinary business income (loss) (page 1, line 22)	1	379,936,585
	2	Net rental real estate income (loss) (attach Form 8825)	2	54,409,785
	3a	Other gross rental income (loss)	-	
	b	Expenses from other rental activities (attach statement)  3b 16,445,142		
_	C	Other net rental income (loss). Subtract line 3b from line 3a	3c	1,898,684
Income (Loss)	4	Guaranteed payments	4	82,083,506
	5	Interest income	5	155,005,964
) e	6	Dividends: a Ordinary dividends	6a	159,450,074
Ē	l _	b Qualified dividends 6b 85,935,478		
ည်	7	Royalties	7	29,803,275
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	5,086,159
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	646,194,135
	b	Collectibles (28%) gain (loss)	-	
	С	Unrecaptured section 1250 gain (attach statement) 9c 48,565,728		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	208,685,578
	11	Other income (loss) (see instructions) Type ▶	11	264,325,158
Deductions	12	Section 179 deduction (attach Form 4562)	12	11,724,175
엹	13a	Contributions	13a	6,028,437
<u>ရ</u>	b	Investment interest expense	13b	93,023,460
e	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	183,717,244
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a	185,313,582
m pl	b	Gross farming or fishing income	14b	90,085,570
ŠШE	С	Gross nonfarm income	14c	556,487,652
	15a	Low-income housing credit (section 42(j)(5))	15a	896,007
Credits	b	Low-income housing credit (other)	15b	15,617,058
	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	15,901,076
	d	Other rental real estate credits (see instructions)	15d	30,955
	е	Other rental credits (see instructions)  Type ▶	15e	2,624
	f	Other credits (see instructions)  Type ►	15f	8,389,279
	16a	Name of country or U.S. possession ▶		
S	b	Gross income from all sources	16b	1 1 1
nsactions	С	Gross income sourced at partner level	16c	1,121,086,072
₽	_	Foreign gross income sourced at partnership level		
sa	d		16f	4,617,775
ä		Deductions allocated and apportioned at partner level		
Tra	g	Interest expense ► 94,753,785 h Other	16h	587,489,079
g		Deductions allocated and apportioned at partnership level to foreign source income		
Foreign	l i	Passive category ► 41,417,351 j General category ► 150,712,136 k Other ►	16k	3,653,615
P		Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	161	16,954,775
	m	Reduction in taxes available for credit (attach statement)	16m	120,390
	n	Other foreign tax information (attach statement)	4-	0.007.000
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	6,687,382
ive n T ∌m	b	Adjusted gain or loss	17b	-2,940,685
iati Lun Ite	С	Depletion (other than oil and gas)	17c	1,410,461
rij (T	d	Oil, gas, and geothermal properties—gross income	17d	81,993,587
A High	e	Oil, gas, and geothermal properties—deductions	17e	73,742,610
	f	Other AMT items (attach statement)	17f	18,461,570
on	18a	Tax-exempt interest income	18a	5,972,149
ati	b	Other tax-exempt income	18b	5,707,587
Ĕ	C	Nondeductible expenses	18c	18,737,460
ᅙ	19a	Distributions of cash and marketable securities	19a	6,007,267,827
드	b	Distributions of other property	19b	304,416,744
Jer	20a	Investment income	20a	375,075,827
Other Information	b	Investment expenses	20b	98,175,129
	С	Other items and amounts (attach statement)		Farm 1065 (2015

Frequency Counts (in Whole Numbers)

TOTAL SCHEDULE L'S FILED 2,781,824 TOTAL SCHEDULE L'S E-FILED 2,473,799

Form 1065 (2015) Page 5 Analysis of Net Income (Loss) Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of 3,686,688 1 Analysis by (ii) Individual (iii) Individual (v) Exempt (vi) (i) Corporate (iv) Partnership partner type: (active) (passive) Organization Nominee/Other General partners 144,784 741,320 58,139 193,869 10,454 74,290 46,827 251,950 1,174,258 Limited partners 1,632,504 513,913 465,210 Schedule L Balance Sheets per Books Beginning of tax year End of tax year (a) (b) (c) **Assets** (d) Cash . . . . . . . . . . . . . . 1 2,452,708 420,950 2a Trade notes and accounts receivable . . . 31,750 Less allowance for bad debts . . . . 33,374 3 Inventories . . . . . . . . . . . 296,303 4 U.S. government obligations 1,176 5 Tax-exempt securities . . . . . . 6,365 6,161 6 Other current assets (attach statement) . . 938,714 7a 113,736 Loans to partners (or persons related to partners) Mortgage and real estate loans . . . . 38,095 8 499,947 Other investments (attach statement) . . . Buildings and other depreciable assets . . 1.892.413 Less accumulated depreciation . . . 1,854,177 b 10a Depletable assets . . . . . . . . . 18,380 **b** Less accumulated depletion 14,039 11 Land (net of any amortization) . . . . 1,155,331 12a Intangible assets (amortizable only) . . 881,081 Less accumulated amortization 851,851 13 Other assets (attach statement) 669,602 14 Total assets . . . . . . . 2,754,726 **Liabilities and Capital** 15 Accounts payable . . . . . . . . . 541,508 16 307,110 Mortgages, notes, bonds payable in less than 1 year 1,169,699 17 Other current liabilities (attach statement) . 18 All nonrecourse loans . . . . . . . . 179,715 19a Loans from partners (or persons related to partners) 339,035 847,567 Mortgages, notes, bonds payable in 1 year or more 20 494,465 Other liabilities (attach statement) . . . . Partners' capital accounts . . . . . . 2,479,395 2,755,239 21 22 Total liabilities and capital 2,754,726 Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return Note. The partnership may be required to file Schedule M-3 (see instructions). Net income (loss) per books . . . . 1 2,772,706 6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): 2 Income included on Schedule K, lines 1, 2, 3c, Tax-exempt interest \$ 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): 82,126 167,762 Guaranteed payments (other than 3 Deductions included on Schedule K, lines health insurance) . . . . . . . 215,890 1 through 13d, and 16l, not charged against book income this year (itemize): Expenses recorded on books this year not included on Schedule K, lines 1 Depreciation \$ through 13d, and 16l (itemize): 214,051 Add lines 6 and 7 . . . . . . . Depreciation \$ 8 342,797 b Travel and entertainment \$ Income (loss) (Analysis of Net Income 9 910,093 (Loss), line 1). Subtract line 8 from line 5 . 5 Add lines 1 through 4 . . . 2,768,144 2,773,063 **Analysis of Partners' Capital Accounts** Schedule M-2 1,468,975 Balance at beginning of year Distributions: a Cash 2,653,042 2 Capital contributed: a Cash 942,809 **b** Property . . . . . 73,476 Other decreases (itemize): 7 **b** Property . . 86,234 3 Net income (loss) per books . . . . 2,964,661 164,404 Other increases (itemize): 145,932 4 8 Add lines 6 and 7 . . . . . 1.575,335 2,933,095 5 Add lines 1 through 4. Balance at end of year. Subtract line 8 from line 5 2,812,035

TOTAL SCHEDULE M-1'S FILED
TOTAL SCHEDULE M-1'S E-FILED

2,777,604

2.441.072

2,623,281

	100 (2010)	<b>.</b>									Page	_
	sis of Net Incom											_
1		. Combine Schedule 12 through 13d, and	161						1	1,6	07,284,297	
2	Analysis by partner type:	(i) Corporate	(ii) Indiv		(iii) Indiv (passiv		(iv) Partnersh	ip (v) Exempt Organization			(vi) Nominee/Other	1
а	General partners	95,747,356	87,58	86,021	5,40	7,314	113,865,0	27	1,882	2,541	5,884,149	3
b	Limited partners	272,824,168	166,72	26,522	160,61	8,207			4,781	,467	147,398,786	ò
Sch	edule L Bala	nce Sheets per B	ooks		Beginnin	g of tax	year		Enc	of ta	x year	_
		Assets			(a)		(b)	(c	:)		(d)	_
1	Cash										1,284,945,654	4
2a		accounts receivable .						784.	715,8	352	1,201,010,00	İ
b		r bad debts		2	0,650,78	6			564,5			
3					,			20,	<del>504,</del> c	772	343,441,047	_ 7
4		obligations									138,258,559	
5	Tax-exempt secur	-					45,858,074				36,788,951	
6	•	ets (attach statement					40,000,014				2,511,974,003	
7a		or persons related to									115,093,324	
b	Mortgage and rea	•									97,901,402	
8		s (attach statement).									13,723,024,859	
9a		er depreciable assets						6,513,	021 2	201	13,723,024,033	Í
b	_	d depreciation						2,091,				
10a									222,5			
b	•	d depletion							272,2			
11		mortization)						120,	_,_,	-00	1,142,884,446	6
12a		(amortizable only) .						1,163,	641 2	233	1,142,004,440	Í
b	Less accumulated	•							817,9			-
13		ch statement)							<del></del>		1,638,476,661	1
14	·										27,366,266,830	
		es and Capital									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15		·									529,084,246	6
16		onds payable in less th									351,264,544	
17		ilities (attach stateme									3,495,987,000	
18		ans									1,269,695,686	6
19a	Loans from partners	s (or persons related to	partners)								293,521,710	
b	Mortgages, notes, b	oonds payable in 1 yea	r or more								3,221,869,377	7
20		tach statement)									1,857,560,452	
21		accounts				15,	208,349,924				16,347,283,814	
22		d capital									27,366,266,830	0
Sch		econciliation of In ote. The partnership							urn			
1		per books	_	4,784,67			recorded on book		ot incli	uded		_
2	Income included on S	Schedule K, lines 1, 2, 3	о,				dule K, lines 1 thro		nize):			
	5, 6a, 7, 8, 9a, 10, a	and 11, not recorded o	n		а	Tax-ex	empt interest \$	S				
	books this year (itemi	ize):	20	0,076,99	94						25,782,125	5
3	Guaranteed pay	ments (other tha	n				ions included o					
	•			37,832,2			ugh 13d, and					
4	•	ed on books this year				_	book income	this year (i	temize	e):		
		Schedule K, lines	1		а	Depred	iation \$					
	through 13d, and	16I (itemize):									20,243,173	
a	Depreciation \$						es 6 and 7 .				46,025,299	9
b	Travel and enterta			2,725,74			(loss) (Analys					
5		gh 4		<u>5,419,68</u>	30	(LOSS),	line 1). Subtract	t line 8 fron	n line	5 .	309,394,384	<u>4</u>
		nalysis of Partners				D:					0.000.040.744	_
1	_	ning of year		0,710,2		Distribu	utions: <b>a</b> Cash				6,063,346,742	
2	Capital contribute	d: <b>a</b> Cash		3,771,58	39 51 7	Other	D Prope	erty			313,834,965	<u>)</u>
9	Not income (less)	<b>b</b> Property		6,211,5	74		decreases (item				904 440 404	2
3 4	Other increases (it	per books temize):	70	<u>6,099,37</u> 1,931,70		Δdd lin	es 6 and 7 .				801,442,402	_
5	·	gh 4					at end of year. Su				7,178,624,109 16,270,100,327	
	Aud IIIIes I IIIIOUU	yıı+	Z3,44	<u>8,724,43</u>	פ ן טכ	Daidi ICE	at end of year. Su	DITACL IINE 8	irotti ili	IE 3	Form <b>1065</b> (2015	

#### **SCHEDULE B-1** (Form 1065)

(Rev. December 2011) Department of the Treasury Internal Revenue Service

#### **Information on Partners Owning 50% or More of the Partnership**

► Attach to Form 1065. See instructions on back.

OMB No. 1545-0099

Name of partnership

2.186.776

Employer identification number (EIN)

TOTAL SCHEDULE B1'S FILED 2.524.656 **TOTAL SCHEDULE B1'S E-FILED** Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a) Part I

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
		791,823 <sub>1/</sub>		

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
		3,864,470 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

Part I

# Information on Partners Owning 50% or More of the Partnership

► Attach to Form 1065. See instructions on back.

OMB No. 1545-0099

Name of partnership	Employer identification number (EIN)

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). | (ii) Employer Identification Number (iii) Type of Entity (iv) Country of Organization Percentage Owned in Profit, Loss, or Capital (iv) Country of Organization Profit, Loss, or Capital (iv) Percentage Owned in Profit, Loss, or Capital (iv) Type of Entity (iv) Country of Organization Profit, Loss, or Capital (iv) Percentage Owned in Prof

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

Cat. No. 49842K

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

#### SCHEDULE D (Form 1065)

#### **Capital Gains and Losses**

2015

OMB No. 1545-0123

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

Total Schedule D's Filed 320,628 Total S	schedule D's E-F	Filed 268,939				
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.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)	(g) ustment or loss 8949, F columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.						28,557
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						78,813
2 Totals for all transactions reported on Form(s) 8949 with Box B checked						36,342
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						28,147
4 Short-term capital gain from installment sales from Form	m 6252, line 26 or	37		4		2,499
5 Short-term capital gain or (loss) from like-kind exchange				5		* 5
6 Partnership's share of net short-term capital gain (loss) capital gains (losses), from other partnerships, estates,	and trusts			6		70,210
7 Net short-term capital gain or (loss). Combine lines 1 on Form 1065, Schedule K, line 8 or 11; or Form 8865, 3	Schedule K, line 8	or 11		7		189,134
Part II Long-Term Capital Gains and Losses—Asse See instructions for how to figure the amounts to enter on the	ets Heid More 11	nan One Year		(g)		(h) Gain or (loss)
lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)	ustment or loss	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
8a Totals 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.						25,595
8b Totals for all transactions reported on Form(s) 8949 with Box D checked						82,718
9 Totals for all transactions reported on Form(s) 8949 with Box E checked						94,161
10 Totals for all transactions reported on Form(s) 8949 with Box F checked						76,636
11 Long-term capital gain from installment sales from Form	n 6252, line 26 or 3	37		11		13,760
12 Long-term capital gain or (loss) from like-kind exchange				12		* 155
Partnership's share of net long-term capital gain (loss) capital gains (losses), from other partnerships, estates,				13		106,528
14 Capital gain distributions (see instructions)				14		87,364
15 Net long-term capital gain or (loss). Combine lines 8a on Form 1065, Schedule K, line 9a or 11; or Form 8865,				15		284,535

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

Cat. No. 11393G

#### **SCHEDULE D** (Form 1065)

#### **Capital Gains and Losses**

OMB No. 1545-0123

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 Sho	ort-Term Capital Gains and Losses—Asse	ats Hold One Ve	ar or Less				
See instruction lines below.	ns for how to figure the amounts to enter on the be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)		from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1099-B fo which yo However	r all short-term transactions reported on Form or which basis was reported to the IRS and for u have no adjustments (see instructions).  if you choose to report all these transactions 8949, leave this line blank and go to line 1b.						-724,137
1b Totals for Box A ch	r all transactions reported on Form(s) 8949 with ecked						-1,094,802
2 Totals for Box B ch	r all transactions reported on Form(s) 8949 with ecked						-2,963,862
3 Totals for Box C ch	r all transactions reported on Form(s) 8949 with necked						14,446,149
4 Short-to	erm capital gain from installment sales from Forr	m 6252, line 26 or	37		4		1,110,415
5 Short-te	erm capital gain or (loss) from like-kind exchange	es from Form 8824	4		5		* 790
	ship's share of net short-term capital gain (loss gains (losses), from other partnerships, estates,				6		14,655,592
on Forn	ort-term capital gain or (loss). Combine lines 1 n 1065, Schedule K, line 8 or 11; or Form 8865, 3 ng-Term Capital Gains and Losses—Asse	Schedule K, line 8	or 11		7		25,425,703
See instruction lines below.	ns for how to figure the amounts to enter on the be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)	(g) Adjustments ain or loss from (s) 8949, Part II, 22, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1099-B fo which yo However	r all long-term transactions reported on Form or which basis was reported to the IRS and for u have no adjustments (see instructions). , if you choose to report all these transactions 8949, leave this line blank and go to line 8b.						3,997,189
8b Totals for Box D ch	r all transactions reported on Form(s) 8949 with necked						16,100,953
9 Totals for Box E ch	all transactions reported on Form(s) 8949 with						46,562,242
10 Totals for	r all transactions reported on Form(s) 8949 with ecked						243,595,980
	erm capital gain from installment sales from Forn	n 6252, line 26 or 3	37		11		49,267,828
<b>12</b> Long-te	erm capital gain or (loss) from like-kind exchange	es from Form 8824			12		* 320,694
	ship's share of net long-term capital gain (loss) gains (losses), from other partnerships, estates,				13		303,287,112
14 Capital	gain distributions (see instructions)				14		16,637,711
15 Net Ion	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						680,902,484

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

Cat. No. 11393G

1125-A

(Rev. December 2012)

**Cost of Goods Sold** 

OMB No. 1545-2225

Department of the Treasury Internal Revenue Service

► 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.

Name			Employer identification number
TOT	AL FORM 1125-A'S FILED 728,261 TOTAL FORM 1125-A'S E-FILED 625	,467	
1	Inventory at beginning of year	1	297,000
2	Purchases	2	565,460
3	Cost of labor	3	132,808
4	Additional section 263A costs (attach schedule)	4	37,173
5	Other costs (attach schedule)	5	291,868
6	<b>Total.</b> Add lines 1 through 5	6	728,227
7	Inventory at end of year	7	335,766
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)	8	
9a	Check all methods used for valuing closing inventory:		
-	9 (i) Cost		
	9 (ii) Lower of cost or market		
6,66	1(iii) ☐ Other (Specify method used and attach explanation.) ► 6,568		
b	Check if there was a writedown of subnormal goods		
С	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	)) .	<b>263</b> ▶ □
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d	1,469
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instruction)	ions)?	
f	Was there any change in determining quantities, cost, or valuations between opening and closing invent	ory? I	f "Yes," 41,768 469,698
	attach explanation		
			504 392,228

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), you 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.

**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.

Form 1125-A

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

#### **Cost of Goods Sold**

OMB No. 1545-2225

Employer identification number

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

Information about Form 1125-A and its instructions is at <a href="https://www.irs.gov/form1125a">www.irs.gov/form1125a</a>.

ane		Employer identification number
1	Inventory at beginning of year	291,139,488
2	Purchases	1,884,856,950
3	Cost of labor	154,316,206
4	Additional section 263A costs (attach schedule)	16,899,796
5	Other costs (attach schedule)	649,265,349
6	<b>Total.</b> Add lines 1 through 5	2,996,477,789
7	Inventory at end of year	305,950,278
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) ☐ Cost  (ii) ☐ Lower of cost or market  (iii) ☐ Other (Specify method used and attach explanation.) ▶	
b	Check if there was a writedown of subnormal goods	
С	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	39,628,361
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions	s)?
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? 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**

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 taxpayers.** If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below), you 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.

**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.

#### **SCHEDULE M-3** (Form 1065)

#### **Net Income (Loss) Reconciliation** for Certain Partnerships

▶ Attach to Form 1065 or Form 1065-B. ▶ Information about Schedule M-3 (Form 1065) and its instructions is at www.irs.gov/form1065. OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Employer identification number Name of partnership Total Schedule M-3's Filed 314,775 Total Schedule M-3's E- Filed 278,112 This Schedule M-3 is being filed because (check all that apply): 178,119 A ☐ The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more. 216,353 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 216,328 24,834 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 24,800 131,387 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. Name of Reportable Entity Partner Identifying Number Maximum Percentage Owned or Deemed Owned 131,838 131,757 130,460 27,176 27,176 27,131 16,543 E Voluntary Filer. Part I Financial Information and Net Income (Loss) Reconciliation 1a Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year? 931 Yes. Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K. 303,739 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? 83,490 Tes. Skip line 1c and complete lines 2 through 11 with respect to that income statement. **219,170 No.** Go to line 1c. c Did the partnership prepare a non-tax-basis income statement for that period? 85,576 Yes. Complete lines 2 through 11 with respect to that income statement. 139,521 No. Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a. Enter the income statement period: Beginning / 181,815 Ending 3a Has the partnership's income statement been restated for the income statement period on line 2? 252 Yes. (If "Yes," attach a statement and the amount of each item restated.) 182,325 No. b Has the partnership's income statement been restated for any of the five income statement periods immediately preceding the period on line 2? **2,306** Yes. (If "Yes," attach a statement and the amount of each item restated.) 180,672 No. Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1 4a 312,087 Indicate accounting standard used for line 4a (see instructions): 161,268 **GAAP** 1,387 2 **IFRS** 7,079 3 704(b) Other: (Specify) ▶ 83,376 11,810 Tax-basis12,2175 Net income from nonincludible foreign entities (attach statement) 1,242 ) 5a 851 Net loss from nonincludible foreign entities (attach statement and enter as a positive amount). 5b Net income from nonincludible U.S. entities (attach statement) . . . . . . . . . 4,650 6a 6a Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount) . 6b 4,193 Net income (loss) of other foreign disregarded entities (attach statement) . . . . . . . . . 7a 7a 216 Net income (loss) of other U.S. disregarded entities (attach statement) . . . . . . . . . . . . . . b 7b 380 8 Adjustment to eliminations of transactions between includible entities and nonincludible entities 2,328 8 3,689 9 9 Adjustment to reconcile income statement period to tax year (attach statement) 10 Other adjustments to reconcile to amount on line 11 (attach statement) 10 2,993 11 Net income (loss) per income statement of the partnership. Combine lines 4a through 10 . . 11 312,902 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 removed on the following lines: Total Assets **Total Liabilities** Included on Part I, line 4 293,916 261,366 1,473 1,410 Removed on Part I, line 5 Removed on Part I, line 6 5,621 5,424 Included on Part I, line 7 424

#### **SCHEDULE M-3** (Form 1065)

**Net Income (Loss) Reconciliation** for Certain Partnerships

► Attach to Form 1065 or Form 1065-B.

OMB No. 1545-0123

Employer identification number

Department of the Treasury Internal Revenue Service

Name of partnership

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

This S	Schedule M-3 is being filed beca	ause (check all that apply):					
Α	☐ The amount of the partnersh	ip's total assets at the end of the	he tax year is equal to \$10 millio	n or more.			
В	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 34,055,201,527 .						
С	☐ 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 year5,266,031,291						
D			to the partnership owns or is don any day during the tax year o				
	Name of Reportable B	Entity Partner	Identifying Number	Maximum Pe	rcentage Owned or		
				Deen	ned Owned		
	□ Valuntary Files						
Part	Voluntary Filer.  Financial Information	and Net Income (Loss) Re	econciliation				
1a	Did the partnership file SEC For			nis tax vear?			
·u	Yes. Skip lines 1b and 1c an		- ·	-			
			income statements are prepare				
b	Did the partnership prepare a ce	·	· · ·				
	Yes. Skip line 1c and comple		-				
	■ No. Go to line 1c.						
С	Did the partnership prepare a no	on-tax-basis income statement	for that period?				
	☐ <b>Yes.</b> Complete lines 2 through	gh 11 with respect to that incor	ne statement.				
			income (loss) per its books and	records on li	ne 4a.		
2	Enter the income statement peri		/_ Ending	/ /			
3a	Has the partnership's income st			2?			
	Yes. (If "Yes," attach a state	ment and the amount of each i	tem restated.)				
h	No.		the five in a sure at a town out a suit of	- :			
b	Has the partnership's income star period on line 2?	tement been restated for any of	the five income statement periods	s immediately	preceding the		
	Yes. (If "Yes," attach a state	ment and the amount of each i	tem restated )				
	□ No.		iom rocialoui,				
4a	Worldwide consolidated net inco	ome (loss) from income statem	ent source identified in Part I, lin	e 1 4a	1,259,628,052		
b	Indicate accounting standard us	ed for line 4a (see instructions)	:				
	1 GAAP 2 🗌	IFRS 3 □	704(b)				
	<b>4</b> ☐ Tax-basis <b>5</b> ☐	Other: (Specify) ►					
5a	Net income from nonincludible f	· ·		58			
b	Net loss from nonincludible fore	-			/		
6a	Net income from nonincludible l	The state of the s					
b	Net loss from nonincludible U.S.						
7a	Net income (loss) of other foreig	=					
b 8	Net income (loss) of other U.S. of Adjustment to eliminations of	_	-		2,473,518		
O	(attach statement)				12,353,468		
9	Adjustment to reconcile income						
10	Other adjustments to reconcile t				<del>'</del>		
11	Net income (loss) per income		The state of the s				
	Note: Part I, line 11, must equal	-			, , , , , ,		
12	Enter the total amount (not just the				on the following lines:		
		Total Assets	Total Liabilitie	es			
а	Included on Part I, line 4	26,746,820,802	10,684,163,488				
b	Removed on Part I, line 5	382,544,231	95,655,989				
С	Removed on Part I, line 6	1,606,084,777	817,368,187				
<u>d</u>	Included on Part I, line 7	60,399,952	37,658,893				

Schedule M-3 (Form 1065) 2015

Name of partnership Employer identification number

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

	neturii				
	Income (Loss) Items  (Attach statements for lines 1 through 10)	(a) Income (Loss) per Income Statement	<b>(b)</b> Temporary Difference	<b>(c)</b> Permanent Difference	<b>(d)</b> Income (Loss) per Tax Return
1	Income (loss) from equity method foreign corporations	716	596	98	
2	Gross foreign dividends not previously taxed	5,724	2,436		6,142
3	0   15 055   1   1   1   1   1   1   1   1   1	-,		307	3,200
4	· · · · · · · · · · · · · · · · · · ·	69	2,971	296	3,200
5	Gross foreign distributions previously taxed Income (loss) from equity method U.S. corporations	884	716	* 28	
6	U.S. dividends	24,483		174	25,251
7	Income (loss) from U.S. partnerships	53,991	7,134 41,336	4,375	64,129
8	Income (loss) from foreign partnerships	9,412	10,601	31,271	12,246
9			2,347	3,010 978	
		3,334	471		3,731
10 11	Items relating to reportable transactions	109,172	8,876	156	1,358 108,791
12	Interest income (see instructions)	2,415	3,391	9,161 * 22	
13	Total accrual to cash adjustment	1,215		* 22	2,656
	Hedging transactions	3,699	1,048		642
14	Mark-to-market income (loss)	( 24,175)	3,176 11,705	114	1,092 ( 24,341 )
15 16	Cost of goods sold (see instructions)	31	36	2,030	45
17	Sale versus lease (for sellers and/or lessors)	0.	3,096	0	3,149
18	Unearned/deferred revenue	9,234	16,345	57	12,963
19	Income recognition from long-term contracts	,	-	367	591
20	Original issue discount and other imputed interest	580 513	453 686	20 44	958
20		313	000		300
21a	Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities .	57,192	52,388	5,095	
b	Gross capital gains from Schedule D, excluding amounts from pass-through entities		25,279	4,061	28,759
С	Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		15,525	1,907	16,764
d	Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses .		16,787	1,802	18,552
е	Abandonment losses		1,032	,	1,180
f	Worthless stock losses (attach statement)		256	151 * 11	266
g	Other gain/loss on disposition of assets other than inventory		15,464	843	16,193
22	Other income (loss) items with differences (attach statement)	60,253	58,075	7,587	37,998
		00,233	00,070	7,007	01,000
23	Total income (loss) items. Combine lines 1 through 22	174,355	121,107	48,450	177,658
24	<b>Total expense/deduction items.</b> (From Part III, line 31) (see instructions)	159,345	109,306	71,242	161,377
25	Other items with no differences	174,769			174,772
26	Reconciliation totals. Combine lines 23 through 25	199,702	148,361	98,958	200,956

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.

Schedule M-3 (Form 1065) 2015

Name of partnership Employer identification number

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

	neturii				
	Income (Loss) Items  (Attach statements for lines 1 through 10)	(a) Income (Loss) per Income Statement	<b>(b)</b> Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Income (loss) from equity method foreign corporations	5,305,973	-4,531,322	-770,242	
2	Gross foreign dividends not previously taxed	31,120,840			40,430,775
3	Subpart F, QEF, and similar income inclusions	, ,,	5,987,048	3,196,396	16,587,185
4	Gross foreign distributions previously taxed	4,344,887	15,511,225	1,075,960	10,307,103
	-		-145,484	* -4,199,402	
5	Income (loss) from equity method U.S. corporations	10,612,007	-7,183,557	-3,421,544	F7 070 740
6	U.S. dividends	51,834,486	6,725,244	-1,486,018	57,073,713
7	Income (loss) from U.S. partnerships	279,094,053	33,828,899	7,739,371	320,415,428
8	Income (loss) from foreign partnerships	105,889,930	47,183,702	2,213,035	153,926,112
9	Income (loss) from other pass-through entities	21,665,406	15,108,665	-502,272	36,271,799
10	Items relating to reportable transactions	-16,012,379	-10,482,655	-818,486	-27,313,520
11	Interest income (see instructions)	136,001,287	-4,129,622	-4,704,934	127,136,664
12	Total accrual to cash adjustment	23,764,998	-394,441	* 16,803	23,387,360
13	Hedging transactions	11,090,061	440,773	* 33,856	11,563,382
14	Mark-to-market income (loss)	22,359,322	-3,986,517	406,648	19,103,378
15	Cost of goods sold (see instructions)	( 1,998,108,315)	-6,085,255	51,456	2,004,085,309
16	Sale versus lease (for sellers and/or lessors)	1,082,248	418.306	0	1,500,554
17	Section 481(a) adjustments		-4,047,335	148,255	-3,899,080
18	Unearned/deferred revenue	32,713,964	2,331,651	52,519	35,098,134
19	Income recognition from long-term contracts	49,018,303	-211,723	-2,655	48.803.924
20	Original issue discount and other imputed interest .	2,495,894	728,098	-99.843	3,124,149
21a	Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities .	487.311.344	-429,599,118	-55,723,428	
b	Gross capital gains from Schedule D, excluding amounts from pass-through entities		576,743,777	56,656,143	634,866,010
С	Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-260,274,369	-20,931,041	-281,008,338
d	Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities,			2010011011	
	abandonment losses, and worthless stock losses .		51,943,652	3,076,821	54,964,203
е	Abandonment losses		-1,667,354	-53,733	-1,770,273
f	Worthless stock losses (attach statement)		-4,081,457	* -422,338	-4,503,795
g	Other gain/loss on disposition of assets other than inventory		57,564,331	2,525,941	60,326,067
22	Other income (loss) items with differences (attach statement)	669,673,695	114,021,271	-4,881,833	778,714,072
23	<b>Total income (loss) items.</b> Combine lines 1 through 22	-68,931,275	191,431,198	-20,741,460	100,166,877
24	<b>Total expense/deduction items.</b> (From Part III, line 31) (see instructions)	-1.085,433,894	-14,057,741	36,920,703	-1.061,411,770
25	Other items with no differences	2,251,249,644			2,251,211,077
26	Reconciliation totals. Combine lines 23 through 25	1,098,500,305	177,373,608	16.097.005	1,291,408,819

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.

Schedule M-3 (Form 1065) 2015 Page **3** 

Name of partnership Employer identification number

# Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return—Expense/Deduction Items

	Expense/Deduction Items	(a) Expense per Income Statement	<b>(b)</b> Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	State and local current income tax expense	25,452	3,848	833	25,597
2	State and local deferred income tax expense	713	484	99	184
3	Foreign current income tax expense (other than foreign withholding taxes)	9,266	989	517	9,799
4	Foreign deferred income tax expense	302	171	135	25
5	Equity-based compensation	1,022	727	538	508
6	Meals and entertainment	45.536	368	45,671	45,559
7	Fines and penalties	10,691	589	10,256	492
8	Judgments, damages, awards, and similar costs	156	52	* 27	124
9	Guaranteed payments	13,609	906	14,311	4,660
10	Pension and profit-sharing	10,431	981	196	10,491
11	Other post-retirement benefits	1,313	232	78	1,340
12	Deferred compensation	1,526	1,616	35	1,518
13	Charitable contribution of cash and tangible property	24,004	1,029	1,594	24,410
14	Charitable contribution of intangible property	149	[d]	57	150
15	Organizational expenses as per Regulations section 1.709-2(a)	4,094	7,966	256	7,850
16	Syndication expenses as per Regulations section 1.709-2(b)	381	59	327	* 9
17	Current year acquisition/reorganization investment banking fees	214	107	103	175
18	Current year acquisition/reorganization legal and accounting fees	1,418	1,052	148	747
19	Amortization/impairment of goodwill	2,963	5.055	538	5,844
20	Amortization of acquisition, reorganization, and start-up costs	4,507	8,985	238	10,914
21	Other amortization or impairment write-offs	71,437	40,197	1,180	77,563
22	Reserved			7,100	
23a	Depletion—Oil & Gas	1,078	479	602	
b	Depletion—Other than Oil & Gas	133	108	63	145
24	Intangible drilling & development costs	514	794	* 39	1,214
25	Depreciation	102,848	75.105	1,783	106,568
26	Bad debt expense	27,728	18.628	114	26,055
27	Interest expense (see instructions)	107,687	12,504	1,513	106,604
28	Purchase versus lease (for purchasers and/or lessees)	108	131	* 40	162
29	Research and development costs	569	197	124	785
30	Other expense/deduction items with differences (attach statement)	65,373	54,379	26,042	55.574
31	<b>Total expense/deduction items.</b> Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	159,346	109,302	71,365	161,363

Schedule M-3 (Form 1065) 2015 Page **3** 

Name of partnership 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>(b)</b> Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	State and local current income tax expense	2,005,046	66,952	76,718	2,148,717
2	State and local deferred income tax expense	173,710	-7.080	-157,859	8,770
3	Foreign current income tax expense (other than foreign withholding taxes)	7,137,472	772,622	523,067	8,433,162
4	Foreign deferred income tax expense	-146,341	270,876	-33,579	90,957
5	Equity-based compensation	4,948,450	116,766	-792.087	4,273,128
6	Meals and entertainment	5,302,200	-5,051	-2,308,684	3,037,339
7	Fines and penalties	437,114	63,542	-481,388	19,627
8	Judgments, damages, awards, and similar costs	352,098	289,542	* -31,665	559,721
9	Guaranteed payments	24,240,658	-395,889	-24,389,152	-374,082
10	Pension and profit-sharing	9,104,994	615,619	1,158,160	10,680,638
11	Other post-retirement benefits	1,870,348	-602,267	338,899	1,606,980
12	Deferred compensation	10,099,413	-472,451	-85,545	9,541,417
13	Charitable contribution of cash and tangible		,	0.010	
	property	2,399,473	67,518	111,261	2,578,289
14	Charitable contribution of intangible property	125,943	[d]	48,313	174,243
15	Organizational expenses as per Regulations	120,010	Įuj	40,010	
	section 1.709-2(a)	628.067	-450,911	-50,679	126,291
16	Syndication expenses as per Regulations section 1.709-2(b)	200,107	-34,001	-164,822	* 1,284
17	Current year acquisition/reorganization investment banking fees	330,019	-95.914	-28,069	206,036
18	Current year acquisition/reorganization legal and accounting fees	1,451,038	-778,156	-219,789	451,816
19	Amortization/impairment of goodwill	12,061,854	-336,751	-2,907,883	8,820,667
20	Amortization of acquisition, reorganization, and start-up costs	2,238,236	-67,843	374,887	2,550,046
21	Other amortization or impairment write-offs	79,324,077	-35,517,919	-1,293,991	41,891,110
22	Reserved	10,021,011	00,011,010	-1,233,331	
23a	Depletion—Oil & Gas	13,877,992	-11,964,031	-1,682,086	
b	Depletion—Other than Oil & Gas	414,722	7,405	759.957	923,058
24	Intangible drilling & development costs	9,248,495	22,378,033	* 38,468	31,795,666
25	Depreciation	175,920,902	52,829,637	1,082,050	229,617,480
26	Bad debt expense	16,852,255	-2,052,727	227,663	15,046,504
27	Interest expense (see instructions)	190,803,508	-2,946,727	-1,303,209	186,553,568
28	Purchase versus lease (for purchasers and/	38,752	525,230	* -9,089	554,893
29	or lessees)	4,160,796	2,488,409	24,264	6,673,469
		4,100,790	2,400,409		0,070,409
30	Other expense/deduction items with differences (attach statement)	504,855,370	-11,336,887	-3,171,119	490,192,881
31	<b>Total expense/deduction items.</b> Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	1,080,296,033	13,449,482	-34,348,219	1,058,162,341

#### **SCHEDULE C** (Form 1065)

Name of partnership

(Rev. December 2014) Department of the Treasury Internal Revenue Service

#### 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** 

Schedule C (Form 1065) (Rev. 12-2014)

Total Schedule C's E-Filed 113,724 Total Schedule C's Filed 141.112 Yes No At any time during the tax year, were there any transfers between the partnership and its partners subject to the 1 416 135.463 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 5,833 129,893 At any time during the tax year, did the partnership sell, exchange, or transfer any interest in an intangible asset to 72 135,787 At any time during the tax year, did the partnership acquire any interest in an intangible asset from a related 129 135,730 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 442 135,418 At any time during the tax year, did the partnership make any change in a method of accounting for U.S. income 134,196 For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Cat. No. 49945S

Page 23

#### **SCHEDULE C** (Form 1065)

Name of partnership

(Rev. December 2014) Department of the Treasury Internal Revenue Service

#### 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** 

Schedule C (Form 1065) (Rev. 12-2014)

Yes No At any time during the tax year, were there any transfers between the partnership and its partners subject to the 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? . . . . . . . . . . . . . . . At any time during the tax year, did the partnership sell, exchange, or transfer any interest in an intangible asset to At any time during the tax year, did the partnership acquire any interest in an intangible asset from a related 4 At any time during the tax year, did the partnership make any change in accounting principle for financial At any time during the tax year, did the partnership make any change in a method of accounting for U.S. income For Paperwork Reduction Act Notice, see the Instructions for Form 1065. Cat. No. 49945S

No money amounts are present on this form.

Total Schedule F's Filed 108,368

Total Schedule F's E-Filed 97,708

#### SCHEDULE F (Form 1040)

Name of proprietor

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

2015

Attachment
Sequence No. 14

Social security number (SSN)

ue Service (99) ► Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

• 5			15.5.												
A Prii	ncipal crop or activity		B Enter	code f	rom Par	't IV			nting method:		D Employ	er ID n	umber (I	±IN), (se	e instr)
								Cash					oxdot	$\perp \downarrow$	
	you "materially participate" in the op				-					•			∐ Yes		No
	you make any payments in 2015 that		. ,		. ,	•		,					∐ Yes	_	No
	es," did you or will you file required												∐ Yes		No
Part								a. Co	omplete Part	SII 2	and III, a	na P	art Ι, ΙΙ	ne 9.)	
1a	Sales of livestock and other resale		•	,			1a			-	-				
b	Cost or other basis of livestock or			d on lin			1b				4.				
C											1c				
2	Sales of livestock, produce, grains	-		, I	aisea				Taxable amo		2 3b				
3a	Cooperative distributions (Form(s) Agricultural program payments (se		_ ′ ⊢	3a 4a				3b	Taxable amo		4b				
4a 5a	Commodity Credit Corporation (C				oloction			40	raxable arri	Junt	5a				
b	CCC loans forfeited	,	· 1	5b	SIECTION			5c	Taxable amo	ount	5c				
6	Crop insurance proceeds and federal		_		e (egg in	etructio	nne)	_ <b>JC</b>	Taxable allic	Juiit	30				
а	Amount received in 2015		1	6a	3 (366 111	Structio		6b	Taxable amo	ount	6b				
C	If election to defer to 2016 is attac		_	<u>оа</u> г	7	60	d Amor		ferred from 20		6d				
7	Custom hire (machine work) incon	,			- 	-		in aci	101100 110111 20		7				
8	Other income, including federal ar							 structi	ons)	·	8				
9	<b>Gross income.</b> Add amounts in t		· ·				•		,						
J	accrual method, enter the amount	0	`				, ,		, ,		´		104	1,605	
Part											ee instri	uction	าร).		
10	Car and truck expenses (see				2	23 F	Pension a	and pro	ofit-sharing pl	ans	23				
	instructions). Also attach Form 4562	10			2	24 F	Rent or le	ase (s	ee instruction	s):					
11	Chemicals	11				a ∖	/ehicles,	machi	inery, equipme	ent	24a				
12	Conservation expenses (see instructions)	12				<b>b</b> (	Other (lan	ıd, ani	mals, etc.) .		24b				
13	Custom hire (machine work) .	13			2	25 F	Repairs a	nd ma	intenance .		25				
14	Depreciation and section 179				2	26	Seeds an	d plan	ts		26				
	expense (see instructions) .	14	84	,028	2	27 5	Storage a	nd wa	rehousing .		27				
15	Employee benefit programs				2	28 8	Supplies				28				
	other than on line 23	15			2	29 7	Taxes .				29				
16	Feed	16			3	3 <b>0</b> (	Jtilities .				30				
17	Fertilizers and lime	17			3				ding, and medi	cine	31				
18	Freight and trucking	18			3	32 (	Other exp	enses	s (specify):						
19	Gasoline, fuel, and oil	19				a					1 1				
20	Insurance (other than health)	20				b _					32b				
21	Interest:		15	,222		C -					1 1				
a	Mortgage (paid to banks, etc.)	21a				d <sub>-</sub>									
b	Other	21b	39	,424		e _					32e				
22	Labor hired (less employment credits)	22	Of It I:= 000.			f	ation-			_	32f		400	676	
33	Total expenses. Add lines 10 thr	-		_							33		106	,676	
34	Net farm profit or (loss). Subtract									•	34				
35	If a profit, stop here and see instru Did you receive an applicable sub-			•									☐ Yes	. 🗆	No
36	Check the box that describes you												res	· '	NO
оо а	All investment is at risk.				ment is r			wilef	e to report you	ui 108					
а	/ All III VOSUITICITE IS AL HSN.	k		v Coli	IIIOIIL IS I	ισι αι Ι	ioi.								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11346H

Schedule F (Form 1040) 2015

# 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.

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

OMB No. 1545-0074

2015

Attachment
Sequence No. 14

i valle	or proprietor						Jocial Se	curity number (33N)
A Pri	ncipal crop or activity		B Enter code from	m Part IV	С	Accounting method:	D Employ	ver ID number (EIN), (see instr)
			<b> </b>			Cash Accrual		
<b>E</b> Did	you "materially participate" in the op	eration	of this business during	2015? If "	No," see	instructions for limit on p	assive loss	ses Yes No
<b>F</b> Did	you make any payments in 2015 that	t would	require you to file Forn	n(s) 1099 (s	see instru	ctions)?		. 🗌 Yes 🗌 No
G If "	Yes," did you or will you file required	Forms	1099?					. 🗌 Yes 🗌 No
Part	Farm Income – Cash Met	thod.	Complete Parts I an	d II (Accr	ual met	nod. Complete Parts	I and III, a	and Part I, line 9.)
1a	Sales of livestock and other resale	items	(see instructions)		18	1		
b	Cost or other basis of livestock or	other it	tems reported on line 1	la	11			
С	Subtract line 1b from line 1a						. 1c	
2	Sales of livestock, produce, grains	s, and c	ther products you rais	ed			. 2	
3a	Cooperative distributions (Form(s)	1099-F	PATR) . <b>3a</b>			3b Taxable amour	nt <b>3b</b>	
4a	Agricultural program payments (se	e instruc	ctions) . 4a			4b Taxable amour	nt <b>4b</b>	
5a	Commodity Credit Corporation (Co	CC) loa	ins reported under elec	ction			. 5a	
b	CCC loans forfeited		5b			<b>5c</b> Taxable amou	nt <b>5c</b>	
6	Crop insurance proceeds and fede	eral cro	p disaster payments (s	see instruc	tions)			
а	Amount received in 2015		6a			6b Taxable amou	nt <b>6b</b>	
С	If election to defer to 2016 is attac	hed, ch	neck here ►		<b>6d</b> Am	ount deferred from 2014	6d	
7	Custom hire (machine work) incom	ne .					. 7	
8	Other income, including federal an	nd state	gasoline or fuel tax cr	edit or refu	und (see	instructions)	. 8	
9	Gross income. Add amounts in t	he righ	t column (lines 1c, 2, 3	3b, 4b, 5a,	5c, 6b, 6	6d, 7, and 8). If you use t	:he	
	accrual method, enter the amount						▶ 9	99,509,974
Part	Farm Expenses – Cash a	nd Ac	<b>crual Method.</b> Do n	ot include	e persoi	nal or living expenses	(see instr	uctions).
10	Car and truck expenses (see			23	Pension	and profit-sharing plan	s <b>23</b>	
	instructions). Also attach Form 4562	10		24	Rent or	lease (see instructions):		
11	Chemicals	11		а	Vehicles	s, machinery, equipment	24a	
12	Conservation expenses (see instructions)	12		b	Other (I	and, animals, etc.) .	. 24b	
13	Custom hire (machine work) .	13		25	Repairs	and maintenance .	. 25	
14	Depreciation and section 179			26		and plants		
	expense (see instructions) .	14	6,711,231	27	_	and warehousing .		
15	Employee benefit programs			28		s		
	other than on line 23	15		29				
16	Feed	16		30				
17	Fertilizers and lime	17		31		ry, breeding, and medicir	ie <b>31</b>	
18	Freight and trucking	18		32	Other e	xpenses (specify):		
19	Gasoline, fuel, and oil	19		a				
20	Insurance (other than health)	20		b			32b	
21	Interest:		070.000	C				
a	Mortgage (paid to banks, etc.)	21a	979,222	d				
b	Other	21b	1,485,066	e			32e 32f	
22	Labor hired (less employment credits)	22	Of It I: 00( :	f			_	07.007.400
33	Total expenses. Add lines 10 three	-					33	97,987,160
34	Net farm profit or (loss). Subtract						. 34	
25	If a profit, stop here and see instru							□Vee □Nc
35	Did you receive an applicable subs							. Yes No
36	Check the box that describes your		ment in this activity an			or where to report your	ioss.	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11346H

Schedule F (Form 1040) 2015

Form **4562** 

Department of the Treasury

Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

2015

Attachment
Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number TOTAL FORM 4562'S FILED 1.526,381 **TOTAL FORM 4562'S E-FILED Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 2 292.337 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . . 15.718 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 274,217 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . . . 9 **10** Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . . . . . . . 10 56,648 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 260,320 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 368.049 15 852 **16** Other depreciation (including ACRS) 16 216,197 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2015 . . . . . . . . 17 1,070,752 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property 33,123 33,137 278,723 50-yr basis: 0 278,972 **b** 5-year property 50-yr deduction: c 7-year property 283,489 0 283,802 33,446 d 10-year property 33,444 e 15-year property 150,822 150.853 **f** 20-year property 8,748 8.628 g 25-year property 197 197 h Residential rental property 165.275 165,151 i Nonresidential real property 182,684 182.930 Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life 5,269 5.288 519 **b** 12-year 519 4,180 c 40-year 4,221 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 206,005 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 1,359,410 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 299

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

2015

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Business or activity to which this form relates

Identifying number

		rtain Property Und			lt. D.	.4.1		
•		ed property, comple			•			
•		s)					1	
		placed in service (see		,			2	32,716,624
		perty before reduction					3	
		ne 3 from line 2. If zer					4	
	-	btract line 4 from lin				_	_	
separately, see inst		<u> </u>					5	
6 (a) De	escription of proper	ty	(b) Cost (bus	siness use only)	(C)	Elected cost		
<b>.</b>		f 1' 00				446	745	
7 Listed property. Ent					7		3,715	40.005.00
		property. Add amount					8	13,285,330
		aller of line 5 or line 8					9	4.040.004
•		from line 13 of your 2					10	1,342,393
		smaller of business inc	•	,	•	•	11	44.050.470
•		dd lines 9 and 10, bu					12	11,652,178
13 Carryover of disallo					13			
Note: Do not use Part II					سطم الملمط	nunnardı. \	(Caa ir	notwications \
Part II Special Depr						<del></del>	See II	nstructions.)
<b>14</b> Special depreciation during the tax year			-					70 400 000
•	•	•					14	79,423,980
15 Property subject to	,,,	,					15	426,002
16 Other depreciation Part III MACRS Dep	including ACR	(5)	nroporty 1	(Coo inatructi			16	18,261,598
Part III WACAS Dep	Dieciation (D	o not include listed		(See mstructi	0115.)			
47 MACDO de divetiene	fau aaaata mia		Section A	: 001			17	400 707 050
<ul><li>17 MACRS deductions</li><li>18 If you are electing t</li></ul>							17	190,727,058
-			_	•		•		
		ed in Service During					Svste	em
	(b) Month and year	(c) Basis for depreciation	(d) Recovery				T	
(a) Classification of property	placed in service	(business/investment use only—see instructions)	period	(e) Convention	(f)	Method	(g) De	epreciation deduction
19a 3-year property	Service	6,908,914			+			1,723,993
<b>b</b> 5-year property		84,507,547		)-yr basis:		0		12,850,464
c 7-year property		67,130,048		r deduction:		0 -		8,072,737
d 10-year property		10,270,136		, acadonom.		•		868,948
e 15-year property		62,423,903						2,288,944
f 20-year property		7,025,626						212,311
g 25-year property		675,423						4,024
h Residential rental		010,420						-1,02-
property		161,953,864						2,887,646
i Nonresidential real		101,000,004						_,001,040
property		203,509,219						2,431,932
	-Assets Place	ed in Service During		ear Using the A		Depreciation	on Svs	
20a Class life		26,235,751				_ 5p. 551411		1,012,480
<b>b</b> 12-year		6,661,847						168,600
<b>c</b> 40-year		97,469,092						1,275,112
Part IV Summary (	See instruction		<u> </u>	1			-	.,2.0,112
21 Listed property. Ent							21	2,268,300
22 Total. Add amount			lines 19 and	d 20 in column	(g), and lin	e 21. Enter	<del></del>	2,200,000
		of your return. Partner					22	325,238,726
23 For assets shown a	-	=	-	-				,,. 20
		section 263A costs			23	599,200		
For Panerwork Reduction								Form <b>4562</b> (2015

Form 4562 (2015) Page 2

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, co	olumns (a)	through	(c) of	Section	on A, all	of Sec	tion B, an	d Se	ection (	C if a	applica	able.			,		,
		<ul><li>Deprecia</li></ul>								e instru								.)
<b>24</b> a	Do you have ev	idence to sup	·	busine	ss/inves	stment us	e claime		es	No	24	<b>b</b> If "Y	es," i	s the e	vidence	written	? 🗌 <b>Ye</b>	s No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Busines investmen percenta	it use C		d) ther basis		(e) for deprecia ness/investm use only)		(f) Recove period	-	(g) Meth Conve	od/	1	(h) epreciation deduction		(i Elected se co	ection 179
25	Special dep												25		26	,249		
26	Property use											,				,210		
				%														
				%														
				%														
27	Property use	ed 50% or I	ess in a	a quali	fied bu	usiness	use:											
				%								6/L -						
				%					_		_	6/L -						
00	Λ al al a :== = : ::= ±	- i I	- /la\  :.a	%	م ، ، م الم	.b 07 F			lin a	01		5/L -	00			-		
	Add amount Add amount				_					∠1, pa	-		28			29		
23	Add amount	S III COIUIIII	1 (1), 11116	5 ZU. L				mation or					•	• •		29		
Com	plete this secti	on for vehic	les use	d by a									or re	elated	person.	If you	provided	vehicles
to yo	ur employees,	first answer	r the qu	estions	s in Sec	ction C t	o see if	you meet	an e	xceptio	n to	compl	eting 1	this se	ction fo	r those	vehicles	
30	Total business the year ( <b>do n</b>				_	(a Vehi		(b) Vehicle	2	Ve	(c) hicle	3		d) icle 4	Ve	(e) ehicle 5	Ve	(f) hicle 6
21	Total commut			-														
	Total other miles driven																	
33	Total miles lines 30 thro																	
34	Was the ve				sonal	Yes	No	Yes	No	Yes	1	No	Yes	No	Yes	No	Yes	No
	use during o	=				L	ine 42	Amortizati	on o	Costs	, by	Section	n		4			
35	Was the veh than 5% own		-	-		ptional Wr							*	289				
36	Is another veh	icle availabl	e for per	rsonal	u 167h-	Geological	& Geoph	ysical Exp					1,	402				
		Section				ollution Co									nploye			
	wer these que					esearch an	d Experin	nental Proced	ures					172	I by em	ployee	es who a	re not
37	e than 5% ow Do you mair				170-0	ost of Acqu	uiring a Le	ease						028	mmuti	ina hy	/ Yes	No
٠.	your employ				194-Q	ualified Fo	restation	and Reforesta	tion C	osts				* 82			, 100	+
38				-	3			penditures						307	uting, l		r	
	employees?					arious Inta							43		owners	3		
39	Do you treat			-		axable Bor								[d]			_	
40	Do you provuse of the ve				f	orporate O									es abo	out the	9	
41	_				<b>709-0</b> E	rganizatio							18,	461, 0	าร.) .			
	Note: If you		37, 38	3, 39, 4	1		italization	n/Renewal Exp	•					•	ehicles			
Pai	rt VI Amor	tization		1	Other								116	,717				
		a) on of costs		Date	(b) amortiza begins	ation	Amo	<b>(c)</b> rtizable amou	ınt			(d) section		Amorti perio perce	zation od or	Amort	<b>(f)</b> ization for	this year
42	Amortization	of costs th	nat beg	ins du	ring yo	ur 2015	tax ye	ar (see in:	struc	ctions):								221,966
	<u> </u>																	
					_													
43			_		-		-								43			152,870 570,704
44	Total. Add a	amounts in	colum	ı (ı). S	ee me	mstruc	LIONS IC	n where to	rep	JUIL .					44			570,784

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

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

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

	24b, co	olumns (a)	tnrougr	ı (c) of :	Section	A, all	of Sec	tion B,	and Se	ection (	ıt aı ز	oplica	bie.					
	Section A	-Deprecia	ation a	nd Oth	er Info	matio	on (Ca	ution:	See the	e instru	ıction	s for I	limits	for pa	assenge	er auton	obiles.)	
<b>24</b> a	Do you have ev	idence to sup		busines	s/investm	nent us	e claime		Yes	No	<b>24</b> b	If "Y	es," is	the ev	vidence	written?	☐ Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Busines investmen percenta	nt use Co	(d) ost or other	er basis		(e) for depreness/investinves use only	stment	(f) Recove period	-	(g) Metho Conver	od/		(h) epreciatio deduction		(i) ected sect cost	
25	Special dep																	
	the tax year								e (see	instruc	tions	) .	25		661,	567		
26	Property use	ed more tha	an 50%	·	ialitied l	ousine	ess use	<del>)</del> :										
				%														
				%														
27	Property use	ed 50% or I	less in a		ed busi	ness	use:											
				%							S	/L –						
				%							S.	/L –						
				%								/L -						
28	Add amount				_					-	-	. [	28					
29	Add amount	s in columr	າ (i), line	e 26. Er												29		
Com	plete this secti	ion for vehic	les user	d hv a s				mation					" or re	lated	nerson	If you n	ovided v	ehicles
	ur employees,			-											•			CHIOICS
	1 7 7		<u>'</u>			(a	_	Ť.	b)	Τ'	(c)	i	(c	_		(e)		F)
30	Total business the year (do n				-	Vehic			icle 2	Ve	hicle 3		Vehic		Ve	hicle 5	Vehi	
31	Total commut	ing miles dri	iven duri	ing the	/ear													
	Total other miles driven	personal		commu	_													
33	Total miles lines 30 thro		ing the															
34	Was the ve			or pers	onal	Yes	No	Yes	No	Yes	N	0 '	Yes	No	Yes	No	Yes	No
0.5	use during o	=				L	ine 42	Amortiz	ation o	f Costs	, by S	ection	1					
35	Was the veh than 5% own				59e-Opti	onal Wri	te-Off						* 7,	000				
26	Is another veh							ysical Exp					70,					
30	is another ven	Section			169-Pollu	ıtion Co	ntrol Faci	lities					,		nploye	es.		
Ansv	ver these que								cedures				81,				who ar	e not
	e than 5% ow						iring a Le						445,		•			
37	Do you mair your employ			icy stal				and Refore	estation C	Costs			* 1,	113	ommuti 	ng, by	Yes	No
38	Do you mair employees?				195-Busi			penditures	•			4,	,95 ,042,		uting, k owners	y your		
39	Do you treat	all use of v	/ehicles	s by en	171-Taxa	able Bon	d Premiu	m						[d]				
40	Do you prov				248-Corp	orate O	rganizatio	onal Exp					3,	083	es abo	ut the		
	use of the ve	ehicles, and	d retain	the inf	709-Orga	anization	nal Expen	ditures					60,	244				
41	Do you meet				1400L-Q	ual. Rev	italization	/Renewal	Ехр.				00,	0	าร.) .			
	Note: If you		37, 38	3, 39, 4								2	0E /		ehicles.			
Pai	rt VI Amor	tization			Other					1		3,	,854,		, I			
	(a Descriptio	a) on of costs			(b) mortizatio pegins	on	Amo	(c) rtizable aı	mount		(c Code s	d) section		Amorti: perio percer	zation d or	Amortiz	<b>(f)</b> ation for th	is year
42	Amortization	of costs th	nat bedi	ins duri	na vou	2015	tax ve	ar (see	instruc	ctions).				p 51 0 0 1			8.66	61,692
		3. 230.0 0			3 , 5 31			,550									5,50	, 5 6 4
43	Amortization	of costs th	nat beg	an befo	re your	2015	tax ve	ar							43		50.89	9,231

**59,560,923**Form **4562** (2015)

44

44 Total. Add amounts in column (f). See the instructions for where to report.

2015 Partnership Line Item Publication (Estimated for SOI Sample)

373,776

Frequency Counts (in Whole Numbers)
TOTAL FORM 4797'S E-FILED 322,820

Form 4797

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

**TOTAL FORM 4797'S FILED** 

### **Sales of Business Property**

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

► Attach to your tax return.

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

OMB No. 1545-0184

Attachment Sequence No. **27** 

Identifying number

1	Enter the gross proceeds substitute statement) that						1	24,922
Pa	rt I Sales or Exchan						sions	From Other
	Than Casualty of							
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 improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						g	ain	100,067
						lo	SS	143,174
3	Gain, if any, from Form 468-	4, line 39					3	0
4	Section 1231 gain from inst	allment sales from	Form 6252, line 20	6 or 37			4	31,097
5	Section 1231 gain or (loss) f	rom like-kind exch	anges from Form	8824			5	1,176
6	Gain, if any, from line 32, from	om other than casu	alty or theft				6	67,411
7	Combine lines 2 through 6.	,	,				7	317,651
	Partnerships (except electinstructions for Form 1065,							
	Individuals, partners, S co line 7 on line 11 below and losses, or they were recap Schedule D filed with your r	l skip lines 8 and 9 tured in an earlier	<ol> <li>If line 7 is a gaing year, enter the good</li> </ol>	in and you did not I gain from line 7 as	have any prior year s	ection 1231		
8	Nonrecaptured net section						8	0
9	Subtract line 8 from line 7. I	•	, (	,		olow If line		
9	9 is more than zero, enter	•						
	capital gain on the Schedule						9	0
Pai	t II Ordinary Gains							
10	Ordinary gains and losses n				d 1 year or less):			
						gaiı	1	40,411
						los	s	24,342
11	Loss, if any, from line 7.						11	[d]
12	Gain, if any, from line 7 or a	mount from line 8,	if applicable .				12	0
13	Gain, if any, from line 31						13	74,772
14	Net gain or (loss) from Form	4684, lines 31 and	138a				14	492
15	Ordinary gain from installment		·				15	73
16	Ordinary gain or (loss) from	like-kind exchange	s from Form 8824	1			16	961
17	Combine lines 10 through 1	6					17	126,680
18	For all except individual retu				ne of your return and	skip lines a		
	and b below. For individual	, ,						
а	If the loss on line 11 includes							
	of the loss from income-pro- used as an employee on Sch	0 ,	,	,	•		18a	
h	Redetermine the gain or (los						18b	
		.,	. g	,,		,	100	-

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13086I

Form **4797** (2015)

## **Sales of Business Property**

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

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

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

Attachment Sequence No. 27

Nam	e(s) shown on return					Identifying n	umbe	r
1	Enter the gross proceeds substitute statement) that						1	43,641,316
Pa	rt I Sales or Exchan Than Casualty o						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	(f) Cost or or basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						ga	ain	84,551,138
						lo	SS	22,293,502
3	Gain, if any, from Form 468-	4, line 39					3	0
4	Section 1231 gain from inst	allment sales from	Form 6252, line 26	6 or 37			4	10,357,432
5	Section 1231 gain or (loss) f	from like-kind exch	anges from Form	8824			5	638,656
6	Gain, if any, from line 32, from	om other than casu	alty or theft				6	106,677,333
7	Combine lines 2 through 6.	Enter the gain or (I	oss) here and on t	he appropriate line a	as follows:		7	208,779,549
	Partnerships (except electinstructions for Form 1065,	ting large partne Schedule K, line 10	rships) and S co 0, or Form 1120S,	rporations. Repor Schedule K, line 9.	t the gain or (loss) t Skip lines 8, 9, 11, a	following the and 12 below.		
	Individuals, partners, S co line 7 on line 11 below and losses, or they were recap Schedule D filed with your r	I skip lines 8 and 9 stured in an earlier	9. If line 7 is a gai	in and you did not h gain from line 7 as	nave any prior year	section 1231		
8	Nonrecaptured net section	1231 losses from p	orior years (see ins	tructions)			8	0
9	Subtract line 8 from line 7. I	f zero or less, ente	r-O- If line 9 is ze	ro enter the gain fro	om line 7 on line 12 k	nelow If line		
	9 is more than zero, enter			_				
	capital gain on the Schedule	e D filed with your	return (see instruct	tions)	<u> </u>		9	0
Par								
10	Ordinary gains and losses n	ot included on line	s 11 through 16 (ir	nclude property held	l 1 year or less):			
						gair	1	119,909,178
						los	S	25,612,738
								/ r.d.1\
11	Loss, if any, from line 7.						11	( [d]) 0
12	Gain, if any, from line 7 or a						12	
13	•						13	18,161,752
14	Net gain or (loss) from Form						14	-23,437
15	Ordinary gain from installme						15	588,875 145,900
16 17	Ordinary gain or (loss) from Combine lines 10 through 1	· ·					16 17	113,665,904
18	For all except individual retu	urns, enter the amo	ount from line 17 o	on the appropriate li			17	110,000,004
	and b below. For individual							
а	If the loss on line 11 includes					•		
	of the loss from income-pro	0 1 1 7	,	,.	•		40	
h	used as an employee on Sch Redetermine the gain or (los	•	,.	·			18a	
	Paperwork Reduction Act N	-		iy, on mie roa. Enter	Cat No. 12006	UTU, IIIIC 14	18b	Form <b>4797</b> (2015)

Cat. No. 130861

Form **4/9/** (2015)

**Work Opportunity Credit** 

OMB No. 1545-0219

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

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

Attachment Sequence No. 77

internal	Tievende dervide		Sequence No. 11
	shown on return	Identify	ing number
	TOTAL FORM 5884'S FILED 14,294 TOTAL FORM 5884'S E-FILED 12,903		
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 . \$ $3,925 \times 25\%$ (0.25)	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 \$ × 50% (0.50)	1c	
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages	2	6,124
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	3	8,246
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		44.004
	and report this amount on Form 3800, Part III, line 4b	4	14,294
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	
or Pa	pperwork Reduction Act Notice, see separate instructions. Cat. No. 13570D		Form <b>5884</b> (20

Department of the Treasury Internal Revenue Service

# **Work Opportunity Credit**

► Attach to your tax return.

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

OMB No. 1545-0219 Attachment Sequence No. 77

dense (e) the same an archive		Sequence No. 11
Name(s) shown on return	Identify	ring number
1 Enter on the applicable line below the total qualified first- or second-year wages part 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.		
<ul> <li>Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$ 87,758 × 25% (0.2</li> </ul>	5) <b>1a</b>	
<b>b</b> Qualified first-year wages of employees who worked for you at least 400 hours	)) <b>1b</b>	
<ul> <li>Qualified second-year wages of employees certified as long-term family assistance recipients</li></ul>	)) <b>1c</b>	
2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make a salaries and wages	0 2	209,306
Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	<b>3</b>	108,279
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	e 📗	317,594
5 Amount allocated to patrons of the cooperative or beneficiaries of the estate or true (see instructions)	5 <b>5</b>	
6 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount of Form 3800, Part III, line 4b		
or Paperwork Reduction Act Notice, see separate instructions. Cat. No. 13570D		Form <b>5884</b> (2

# **Credit for Increasing Research Activities**

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

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

Attachment Sequence No. **81** 

Identifying number

OMB No. 1545-0619

	TOTAL FORM 6765'S FILED 21,427 TOTAL FORM 67	65'S I	E-FILED 18,855			
Section	n A-Regular Credit. Skip this section and go to Section B if you are elec	cting o	or previously elected (	and a	re not revoking) tl	he
alterna	ative simplified credit.					
1	Certain amounts paid or incurred to energy consortia (see instructions)			1	0	
2	Basic research payments to qualified organizations (see instructions) .	2	[d]			
3	Qualified organization base period amount	3	0			
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	2,116			
6	Cost of supplies	6	1,447			
7	Rental or lease costs of computers (see instructions)	7	* 20			
8	Enter the applicable percentage of contract research expenses (see					
	instructions)	8	1,266			
9	Total qualified research expenses. Add lines 5 through 8	9	2,350			
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	1,040 %			
11	Enter average annual gross receipts (see instructions)	11	1,646			
12	Multiply line 11 by the percentage on line 10	12	1,540			
13	Subtract line 12 from line 9. If zero or less, enter -0	13	2,270			
14	Multiply line 9 by 50% (0.50)	14	2,349			
15	Enter the <b>smaller</b> of line 13 or line 14			15	2,270	
16	Add lines 1, 4, and 15			16	2,270	
17	Are you electing the reduced credit under section 280C? ▶ Yes □	No			2,210	
	If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by	20%	(0.20) and see the			
	instructions for the statement that must be attached. Members of control					
	under common control: see instructions for the statement that must be at	tache	d	17	2,298	
Cootic	D. Alternative Circulified Credit Chip this section if you are completing	~ Coo	tion A		1	
Secu	on B-Alternative Simplified Credit. Skip this section if you are completing	g Sec	CHOTT A.			
18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	iction	s)	18	[d]	
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	[d]	
22	Add lines 18 and 21			22	* 68	
23	Multiply line 22 by 20% (0.20)			23	[d]	
24	Wages for qualified services (do not include wages used in figuring the					
	work opportunity credit)	24	2,471			
25	Cost of supplies	25	1,311			
26	Rental or lease costs of computers (see the line 7 instructions)	26	62			
27	Enter the applicable percentage of contract research expenses (see the					
	line 8 instructions)	27	1,679			
28	Total qualified research expenses. Add lines 24 through 27	28	2,830			
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	2,296			
30	Divide line 29 by 6.0	30	1,965			
31	Subtract line 30 from line 28. If zero or less, enter -0	31	1,951			
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line	e 28 b	y 6% (0.06)	32	2,781	

For Paperwork Reduction Act Notice, see separate instructions.

**Credit for Increasing Research Activities** 

► Attach to your tax return.

OMB No. 1545-0619

2015

Attachment
Sequence No. 81

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Identifying number 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) 2 Basic research payments to qualified organizations (see instructions) . [d] 3 3 0 [d] 4 4 Wages for qualified services (do not include wages used in figuring the 5 5 2,816,414 905,108 6 6 Cost of supplies \* 2,328 7 7 Rental or lease costs of computers (see instructions) . . . . . . 8 Enter the applicable percentage of contract research expenses (see 8 754,822 9 4,478,672 9 Total qualified research expenses. Add lines 5 through 8 . . . . . 10 Enter fixed-base percentage, but not more than 16% (0.16) (see instructions) 10 % 147,925,647 11 11 Enter average annual gross receipts (see instructions) . . . . . . 1,149,941 12 12 Multiply line 11 by the percentage on line 10 . . . . . . . . . . . 3,360,164 13 Subtract line 12 from line 9. If zero or less, enter -0-.... 13 2,235,245 14 15 Enter the **smaller** of line 13 or line 14 . . . . . . . . . . . . . . 15 2,182,974 2,184,084 16 16 Yes 17 Are you electing the reduced credit under section 280C? If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0.20) and see the 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 . . . . . . . . 17 287.658 Section B-Alternative Simplified Credit. Skip this section if you are completing Section A. 18 18 Certain amounts paid or incurred to energy consortia (see the line 1 instructions) [d] Basic research payments to qualified organizations (see the line 2 19 19 [d] 20 Qualified organization base period amount (see the line 3 instructions). [d] 21 Subtract line 20 from line 19. If zero or less, enter -0- . . . . . . 21 [d] 22 22 \* 3.291 23 23 24 Wages for qualified services (do not include wages used in figuring the 24 8,986,353 25 25 Cost of supplies 2,657,581 26 26 Rental or lease costs of computers (see the line 7 instructions) . . . 9.037 27 Enter the applicable percentage of contract research expenses (see the 27 1.612.599 28 Total qualified research expenses. Add lines 24 through 27 . . . . 28 13,265,570 Enter your total qualified research expenses for the prior 3 tax years. If 29 you had no qualified research expenses in any one of those years, skip 29 33,166,049 30 30 5,510,948 31 Subtract line 30 from line 28. If zero or less, enter -0- . . . . . 7,346,746 Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06). 32 1,040,730

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13700H

Form **6765** (2015)

Form 6765 (2015) Page **2** 

Secti	on B—Alternative Simplified Credit. (continued)			
33	Add lines 23 and 32	33	2,784	
34	Are you electing the reduced credit under section 280C? ▶ Yes □ No □ If "Yes," multiply line 33 by 65% (0.65). 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	2,827	
Secti	on C—Summary			
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also			
	used to figure the credit on line 17 or line 34 (whichever applies)	35	0	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	5,138	
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	16,157	
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	21,183	
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** (2015)

Form 6765 (2015) Page **2** 

Secti	on B—Alternative Simplified Credit. (continued)			
33	Add lines 23 and 32	33	1,041,520	
34	Are you electing the reduced credit under section 280C? ▶ Yes □ No □ If "Yes," multiply line 33 by 65% (0.65). 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	440,809	
Secti	on C—Summary			
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	0	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	689,885	
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	170,805	
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	856,461	
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** (2015)

**Like-Kind Exchanges** 

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service ▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

OMB No. 1545-1190 Attachment Sequence No. 109

Name(s) shown on tax return
TOTAL FORM 8824'S FILED 33,736 [19,713] TOTAL FORM 8824'S E-FILED 31,882 [18,923]

Identifying number

Part	Information on the Like-Kind Exchange				
1	<b>Note:</b> If the property described on line 1 or line 2 is real or Description of like-kind property given up:	r personal property	located outside the United	d State	es, indicate the country.
2	Description of like-kind property received:				
3	Date like-kind property given up was originally acquire	ed (month day ye	 arl	3	MM/DD/YYYY
4	Date you actually transferred your property to other pa			4	MM/DD/YYYY
5	Date like-kind property you received was identified by day, year). See instructions for 45-day written identific	5	MM/DD/YYYY		
6	Date you actually received the like-kind property from oth	ner party (month, da	y, year). See instructions	6	MM/DD/YYYY
7	Was the exchange of the property given up or received (such as through an intermediary)? See instructions. If	d made with a relat "Yes," complete F	ted party, either directly o Part II. If "No," go to Part I	r indir II .	Y: 110 rectly N: 33,613 ☐ Yes ☐ No
	<b>Note:</b> Do not file this form if a related party sold property property became your replacement property; and none of disposition of the property as if the exchange had been a Part II.	f the exceptions in I	line 11 applies to the excha	ange. I	Instead, report the
Part	<u> </u>		D. I		
8	Name of related party		Relationship to you	Relate	ed party's identifying number
	Address (no., street, and apt., room, or suite no., city or town, state, a	and ZIP code)			
9	During this tax year (and before the date that is 2 year the exchange), did the related party sell or dispose of (or an intermediary) in the exchange?				
10	During this tax year (and before the date that is 2 year the exchange), did you sell or dispose of any part of the			part	of 
	If both lines 9 and 10 are "No" and this is the year of the the year of the exchange, stop here. If either line 9 or ladeferred gain or (loss) from line 24 <b>unless</b> one of the e	line 10 is "Yes," co	mplete Part III and report		
11	If one of the exceptions below applies to the disposition	on, check the app	licable box:		
а	☐ The disposition was after the death of either of the	related parties.			
b	☐ The disposition was an involuntary conversion, and	d the threat of cor	oversion occurred after th	e exc	hange.
С	☐ You can establish to the satisfaction of the IRS that its principal purposes. If this box is checked, attack	Partnerships c	an file multiple Form 88		
For Pa	erwork Reduction Act Notice, see the instructions.	than the freque	ency of 8824's. For example were attached to 19,71	ample	e, in 2015, <b>4</b> (2015)

2015 Partnership Line Item Publication (Estimated for SOI Sample) Amounts (in 000's)

Department of the Treasury Internal Revenue Service

**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.

Attachment

Sequence No. 109

OMB No. 1545-1190

ai i ie(s	of Shown on tax return		lucili	arying number
Par	t 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 UDescription 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 instruction	ons	6	MM/DD/YYYY
7	Was the exchange of the property given up or received made with a related party, either direction (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to	ctly or Part III	indir	rectly Yes . No
	<b>Note:</b> Do not file this form if a related party sold property into the exchange, directly or indirectly (a property became your replacement property; and none of the exceptions in line 11 applies to the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 Part II.	exchar	nge. I	nstead, report the
art				
8	Name of related party Relationship to you		Relate	ed 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 the exchange), did the related party sell or dispose of any part of the like-kind property rece (or an intermediary) in the exchange?	ived fr		
10	During this tax year (and before the date that is 2 years after the last transfer of property that the exchange), did you sell or dispose of any part of the like-kind property you received?	t was	-	
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and redeferred gain or (loss) from line 24 <b>unless</b> one of the exceptions on line 11 applies.			
1	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 aff	ter the	excl	hange.
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposits principal purposes. If this box is checked, attach an explanation (see instructions).	ition h	ad ta	ax avoidance as one of

For Paperwork Reduction Act Notice, see the instructions.

Cat. No. 12311A

Form **8824** (2015)

There are no amounts present on this form

Form 8824 (2015)

		· 490 <del>-</del>
Name(s	shown on tax return. Do not enter name and social security number if shown on other side.	Your social security number
Part	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Re	ceived
rait	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or of	
		sset exchanges Y: 287
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise	SELEXCIIATIVES
12	Fair market value (FMV) of other property given up   12   188 [147]	
13	Adjusted basis of other property given up	
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	14 173 [137]
	<b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> 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 6,811 [6,001]
16	FMV of like-kind property you received	16 30,579 [17,197]
17	Add lines 15 and 16	17 30,647 [17,245]
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any	40 22 577 540 7421
10	exchange expenses <b>not</b> used on line 15 (see instructions)	18 33,577 [19,713]
19	Realized gain or (loss). Subtract line 18 from line 17	19 31,366 [17,399]
20 21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	20 5,315 [4,581] 21 1,485 [909]
		21 1,485 [909]
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 4,020 [3,751]
23	Recognized gain. Add lines 21 and 22	23 5,338 [4,604]
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24 31,147 [17,309]
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25 33,616 [19,531]
Part		30,010 [10,001]
	conflict-of-interest requirements. This part can be used <b>only</b> if the cost of the replacement proper the divested property.	-
26	Entor the number norm the apperingnit conner or your continuate or arrog	ultiple Form 8824's. The numbe
	copy of your continuator recop the continuate with your recorder,	the frequency of 1065's rather
27		324's. For example, in 2015, ached to 19,713 Form 1065's.
		iched to 19,713 Form 1003 S.
28	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
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 Schedule D or Form 4797 (see instructions)	36
	ochedule D of Form 4737 (see instructions)	
37	<b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32	37
	Gabaast allo sam or miss so and so nom mis se	
38	Basis of replacement property. Subtract line 37 from line 33	38

Form **8824** (2015)

Form 8824 (2015) Page **2** 

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

Your social security number

Part	III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec	eivec	k	
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other	her (nc	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			
13	Adjusted basis of other property given up			
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	238,814	
	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,			
15	reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	1,617,723	
16	FMV of like-kind property you received	16	75,156,026	
17	Add lines 15 and 16	17	76,773,749	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any		7 0,7 7 0,7 4 0	
	exchange expenses <b>not</b> used on line 15 (see instructions)	18	44,578,018	
19	Realized gain or (loss). Subtract line 18 from line 17	19	33,807,137	
20	Enter the smaller of line 15 or line 19, but not less than zero	20	1,350,027	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21	154,946	
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	1,217,765	
23	Recognized gain. Add lines 21 and 22	23	1,372,712	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24	32,478,879	
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	45,911,071	
26	conflict-of-interest requirements. This part can be used <b>only</b> if the cost of the replacement property the divested property.  Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.)			
27	Description of divested property ►			
28	Description of replacement property ▶			
29	Date divested property was sold (month, day, year)	29	MM/DD/YYY	Υ
30	Sales price of divested property (see instructions)			
04	Pagin of diverted preparty			
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			
34	Subtract line 33 from line 30. If zero or less, enter -0	34		
o.e	Owdings in come under secentism wiles. Enter how and an Enter 4707 line 40 (see instructions)	25		
35 36	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 Schedule D or Form 4797 (see instructions)	36		
	Concadio D of Form 4707 (300 instructions)	30		
37	<b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32	37		
	• • • • • • • • • • • • • • • • • • • •			
38	Basis of replacement property. Subtract line 37 from line 33	38	İ	

Form **8825**(Rev. December 2010)

Department of the Treasury

Internal Revenue Service

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 1,424,864 1,639,054 **Total Form 8825's E-Filed** Total Form 8825's Filed Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. Physical address of each property-street, city, Type-Enter code 1-8; Fair Rental Days Personal Use Days state, ZIP code see page 2 for list Α В Number of Returns that Reported 1 or C more Properties D **Properties Rental Real Estate Income** С D В 2 Gross rents . . . . . 1,362,811 **Rental Real Estate Expenses 3** Advertising . . . . . . 3 228,594 222,190 4 Auto and travel . . . . . 5 **5** Cleaning and maintenance . . 645,606 Commissions . . . . . . 6 144,396 **7** Insurance . . . . . . . 7 996,986 8 Legal and other professional fees 8 1,121,221 Lines 2 through 17 are totals for all properties. 9 Interest . . . . . . 843,372 10 Repairs . . . . . . . 10 915.873 Taxes 11 <u>1,035,550</u> **12** Utilities . . . . 12 855,141 13 Wages and salaries . . . 13 143,742 14 Depreciation (see instructions) 14 1,284,559 15 Other (list) ► 1,218,058 **16** Total expenses for each property. Add lines 3 through 15 . . . 1,452,641 16 17 Income or (Loss) from each property. Subtract line 16 from line 2 1,469,721 17 **18a** Total gross rents. Add gross rents from line 2, columns A through H . 18a 1,362,811 **b** Total expenses. Add total expenses from line 16, columns A through H . . . . . . . . . 18b 1,452,641 19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real 14,342 19 20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) . . . . . . . 20a 250.156 b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed: (1) Name (2) Employer identification number 1,635,402 Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4

Page 43

(Rev. December 2010)

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. Department of the Treasury Internal Revenue Service

OMB No. 1545-1186

Name			·				Employ	er identification number
1	Show the type and address of earental value and days with person						numbe	er of days rented at fai
	Physical address of each state, ZIP code	prop	erty-street, city,	Type—Enter code see page 2 for		Fair Rental Da	ays	Personal Use Days
Α	Total Number of	Pro	perties Reported	2.552				
В								
С								
D								
					Prop	erties		
	Rental Real Estate Income		Α	В		С		D
2	Gross rents	2						563,580,909
	Rental Real Estate Expenses							0.000.405
	Advertising	3						2,693,425
4	Auto and travel	4						977,445
5	Cleaning and maintenance Commissions	5 6						20,001,891
7	Insurance	7						1,832,688
8	Legal and other professional fees	8						13,072,025 31,625,199
9	Interest	9	Lines 2 thro	ugh 17 are total	s for a	all properties.		117,388,994
10	Repairs	10		1 1	1			28,737,789
11	Taxes	11						55,121,406
12	Utilities	12						31,180,256
13	Wages and salaries	13						20,765,583
14	Depreciation (see instructions)	14						121,541,051
15	Other (list) ▶							
		15						66,804,236
16	Total expenses for each property.							
	Add lines 3 through 15	16						511,741,989
17	Income or (Loss) from each property. Subtract line 16 from line 2	17						51,838,921
18a	Total gross rents. Add gross rents		line 2, columns A th	 nrough H			18a	563,580,909
	Total expenses. Add total expense			_			18b	511,741,989
19	Net gain (loss) from Form 4797,	Part II	, line 17, from the	disposition of pro	perty f	rom rental real		
	estate activities						19	2,869,659
20a	Net income (loss) from rental real this partnership or S corporation is						20a	-298,795
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:							
	(1) Name			ployer identificatio	n num	ber		
21	Net rental estate income (loss). Co	mhin	e lines 18a through	20a. Enter the resi	ult here	and on:	21	54,409,785
	• Form 1065 or 1120S: Schedule • Form 1065-B: Part I, line 4							,, -

# **Empowerment Zone Employment Credit**

2015

OMB No. 1545-1444

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

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

Attachment Sequence No. 99

Identifying number

Tota	I Form 8844's Filed 3,8	Total Form 8844	's E-Filed 3	,644		
1	·	npowerment zone wages paid or in	_	•	1 1	951
2	, , , ,	0). See instructions for the adjustme	•		1 1	972
3		yment credit from partnerships, S co			' I I	2,932
4	•	tives, estates, and trusts, go to line 5 mount on Schedule K. All others, store the contract of the contract o	op here and repo	ort this amount o	n	3,897
5		ons of the cooperative or benefici		`		
6		trusts, subtract line 5 from line 4. F				
For Pa	aperwork Reduction Act Notice	ce, see separate instructions.	Cat. N	No. 16145S		Form <b>8844</b> (2015)

**Empowerment Zone Employment Credit** 

OMB No. 1545-1444

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

► Attach to your tax return. ▶ Information about Form 8844 and its separate instructions is at www.irs.gov/form8844.

Attachment Sequence No. **99** 

Identifying number

D	Part III, line 3		6	Form <b>8844</b> (2015
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount o			
5	Amount allocated to patrons of the cooperative or beneficiaries of the estate instructions)	,	5	
4	Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S stop here and report this amount on Schedule K. All others, stop here and report the Form 3800, Part III, line 3	nis amount on	4	29,114
3	Empowerment zone employment credit from partnerships, S corporations, cooperar and trusts		3	7,008
2	Multiply line 1 by 20% (0.20). See instructions for the adjustment you must make to wages		2	22,106
1	Enter the total qualified empowerment zone wages paid or incurred during calend only (see instructions)	-	1	87,316

2015 Partnership Line Item Publication (Estimated for SOI Sample) Frequency Counts (in Whole Numbers)

**Indian Employment Credit** 

OMB No. 1545-1417

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Information about Form 8845 and its separate instructions is at www.irs.gov/form8845. Name(s) shown on return Identifying number

Attachment Sequence No. 113

Tota	al Form 8845's Filed 687 Total Form 8845's E-Filed 602		
1	Total of qualified wages and qualified employee health insurance costs paid or incurred during the		
	tax year	1	202
2	Calendar year 1993 qualified wages and qualified employee health insurance costs (see		
	instructions). If none, enter -0	2	* 6
3	Incremental increase. Subtract line 2 from line 1. If zero or less, enter -0	3	
4	Multiply line 3 by 20% (0.20). 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	687
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	Q	]

2015 Partnership Line Item Publication (Estimated for SOI Sample) Amounts (in 000's)

**Indian Employment Credit** 

OMB No. 1545-1417

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

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

Attachment Sequence No. 113

Identifying number

1	Total of qualified wages and qualified employee health insurance costs paid or incurred during the		
	tax year	1	30,451
2	Calendar year 1993 qualified wages and qualified employee health insurance costs (see		
	instructions). If none, enter -0	2	* 354
3	Incremental increase. Subtract line 2 from line 1. If zero or less, enter -0	3	
4	Multiply line 3 by 20% (0.20). 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	7,872
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	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16146D

Form **8845** (2015)

# Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

► Attach to your tax return.

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

OMB No. 1545-1414

2015
Attachment
Sequence No. 98

Name(s) shown on return

Total Form 8846's Filed

Department of the Treasury Internal Revenue Service

26,324

Total Form 8846's E-Filed

Identifying number 22,312

**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	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	18,878	
2	Tips not subject to the credit provisions (see instructions)	2	10,877	
3	Creditable tips. Subtract line 2 from line 1	3		
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ □	4		
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships 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	6	26,324	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 16148Z

Form **8846** (2015)

2015 Partnership Line Item Publication (Estimated for SOI Sample) Amounts (in 000's)

Department of the Treasury Internal Revenue Service

**Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips** 

► Attach to your tax return.

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

Note: Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment

Attachment Sequence No. 98

Form **8846** (2015)

Name(s) shown on return

Identifying number

WIICI	where appling is customary for providing food or beverages. See the instructions for line 1.				
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	8,089,218		
2	Tips not subject to the credit provisions (see instructions)	2	721,499		
3	Creditable tips. Subtract line 2 from line 1	3			
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ □	4			
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5			
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K.	6	761,389		

Cat. No. 16148Z

All others, report this amount on Form 3800, Part III, line 4f

For Paperwork Reduction Act Notice, see instructions.

**TOTAL FORM 8882'S FILED** 

1,647

Frequency Counts (in Whole Numbers)
TOTAL FORM 8882'S E-FILED 1,639

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

# **Credit for Employer-Provided Childcare Facilities and Services**

► Attach to your tax return.

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

OMB No. 1545-1809

Attachment Sequence No. 131

Identifying number Name(s) shown on return 98 1 Qualified childcare facility expenditures paid or incurred . . . . 2 98 Enter 25% (.25) of line 1 . . . . . . . . . Qualified childcare resource and referral expenditures paid or incurred \* 5 4 Enter 10% (.10) of line 3 . . . . . Credit for employer-provided childcare facilities and services from partnerships, S corporations, \* 1,548 estates, and trusts 5 6 1,647 **6** Add lines 2, 4, and 5 . . . . . 7 Enter the smaller of line 6 or \$150,000. Estates and trusts, go to line 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this 1.647 7 8 Amount allocated to beneficiaries of the estate or trust (see instructions) 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.

(Rev. December 2013

Department of the Treasury Internal Revenue Service

# Credit for Employer-Provided Childcare Facilities and Services

► Attach to your tax return.

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

OMB No. 1545-1809

Attachment Sequence No. **131** 

Identifying number Name(s) shown on return 23,385 1 Qualified childcare facility expenditures paid or incurred . . . . 2 5.846 Enter 25% (.25) of line 1 . . . . . . . . . Qualified childcare resource and referral expenditures paid or incurred 4 \* 291 Enter 10% (.10) of line 3 . . . . . . Credit for employer-provided childcare facilities and services from partnerships, S corporations, estates, and trusts 5 \* 261 6,398 **6** Add lines 2, 4, and 5 . . . . . 6 7 Enter the smaller of line 6 or \$150,000. Estates and trusts, go to line 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this 7 5,093 8 Amount allocated to beneficiaries of the estate or trust (see instructions) 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:
  - 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.

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Name(s) as shown on return

**TOTAL FORM 8903'S FILED** 

8,324

#### **Domestic Production Activities Deduction**

OMB No. 1545-1984

Attachment Sequence No. **143** 

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

**TOTAL FORM 8903'S E-FILED** 

Identifying number

7,639

	TALL OKIN 0303 OF ILLE	LD 1,059		
	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.  Oil-related	(a) ted production activi	ties	<b>(b)</b> All activities
1	Domestic production gross receipts (DPGR)			8,171
2	Allocable cost of goods sold. If you are using the small business			
	simplified overall method, skip lines 2 and 3			4,005
3	Enter deductions and losses allocable to DPGR (see instructions) .			5,301
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			0.540
_	ratably apportion to DPGR. All others, skip line 4			2,549
5 6	Add lines 2 through 4			8,156
7	Qualified production activities income from estates, trusts, and			
•	certain partnerships and S corporations (see instructions)			235
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line			255
	9 and go to line 10			
9	Amount allocated to beneficiaries of the estate or trust (see			
	instructions)			
10a	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	* 203		
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			
	through 21, and enter -0- on line 22			6,876
11	Income limitation (see instructions):			
	• Individuals, estates, and trusts. Enter your adjusted gross income figured with			
	domestic production activities deduction	<b>S</b>		
	• All others. Enter your taxable income figured without the domestic production deduction (tax-exempt organizations, see instructions)		11	* 119
10				
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13	•	10	* 119
12	and enter -0- on line 22		12	* 119
	Enter 9% of line 12	0	13	119
	Reduction for oil-related qualified production activities income. Multiply line 14a	-	14b	0
	Subtract line 14b from line 13	by 570	15	* 119
	Form W-2 wages (see instructions)		16	5,152
17	Form W-2 wages from estates, trusts, and certain partnerships and S corporatio	ns		0,102
	(see instructions)		17	171
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and		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 lin		20	
21	Form W-2 wage limitation. Enter 50% of line 20		21	
22	Enter the smaller of line 15 or line 21		22	* 119
23	Domestic production activities deduction from cooperatives. Enter deduction from	m Form		
	1099-PATR, box 6		23	* 44
	Expanded affiliated group allocation (see instructions)		24	0
25	·			
	here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of you		25	* 135
Cor I	Panaguark Paduation Act Nation, son congrets instructions	077405		Form <b>8903</b> (Rev. 12-201

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form **8903** (Rev. 12-2010)

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Name(s) as shown on return

#### **Domestic Production Activities Deduction**

OMB No. 1545-1984

Attachment Sequence No. 143

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

Identifying number

	<b>Note. Do not</b> complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.	Oil-	(a) related production activ	ities	(b) All activities
1	Domestic production gross receipts (DPGR)	1			123,441,132
2	Allocable cost of goods sold. If you are using the small business				, ,
	simplified overall method, skip lines 2 and 3	2			80,871,716
3	Enter deductions and losses allocable to DPGR (see instructions) .	3			23,758,761
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			10,614,993
5	Add lines 2 through 4	5			115,375,681
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			298,752
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	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	* 427,891		
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				
	through 21, and enter -0- on line 22	10b			11,009,991
11	Income limitation (see instructions):  • Individuals, estates, and trusts. Enter your adjusted gross income fig domestic production activities deduction				
	• All others. Enter your taxable income figured without the domestic prodeduction (tax-exempt organizations, see instructions)	ducti	on activities	11	* 79,313
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip				
	and enter -0- on line 22		•	12	* 54,321
13	Enter 9% of line 12			13	* 4,889
		14a	0		
	Reduction for oil-related qualified production activities income. Multiply	line 1	4a by 3%	14b	0
	Subtract line 14b from line 13			15	* 4,889
16	Form W-2 wages (see instructions)			16	13,715,356
	Form W-2 wages from estates, trusts, and certain partnerships and S co				
	(see instructions)			17	525,281
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line	e 19 a	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	* 4,889
23	Domestic production activities deduction from cooperatives. Enter dedu	ction	from Form		
	1099-PATR, box 6			23	* 7,078
	Expanded affiliated group allocation (see instructions)			24	0
25	Domestic production activities deduction. Combine lines 22 through			0.5	* * * * *
	here and on Form 1040, line 35; Form 1120, line 25; or the applicable lin			25	* 4,446
Car I			Na 07710E		

**8911** 

# **Alternative Fuel Vehicle Refueling Property Credit**

► Attach to your tax return.

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

**TOTAL FORM 8911'S E-FILED** 

OMB No. 1545-1981

2015
Attachment
Sequence No. 151

Department of the Treasury Internal Revenue Service

**TOTAL FORM 8911'S FILED** 

Name(s) shown on return

124

Identifying number

85

Par	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	[d]	
Part	II Credit for Business/Investment Use Part of Refueling Property			
2	Business/investment use part (see instructions)	2	[d]	
3	Section 179 expense deduction (see instructions)	3	[d]	
4	Subtract line 3 from line 2	4		
5	Multiply line 4 by 30% (.30)	5		
6	Maximum business/investment use part of credit (see instructions)	6	[d]	
7	Enter the <b>smaller</b> of line 5 or line 6	7	[d]	
8	Alternative fuel vehicle refueling property credit from partnerships and S corporations (see instructions)	8	71	
9	Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations,			
3	stop here and report this amount on Schedule K. All others, report this amount on Form 3800,			
	Part III, line 1s	9	124	
Part	III Credit for Personal Use Part of Refueling Property			
10	Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a			
	credit on line 9	10		
11	Multiply line 10 by 30% (.30)	11		
12	Maximum personal use part of credit (see instructions)	12		
13	Enter the <b>smaller</b> 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:			
a	Foreign tax credit			
b	Certain allowable credits (see instructions)			
С	Add lines 15a and 15b	15c		
40	Nist as and as two Outstand Park 45's from the 44's			
16	Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; <b>do not</b> file this form unless you are claiming a credit on line 9	16		
17	Tentative minimum tax (see instructions):	10		—
17	• Individuals. Enter the amount from Form 6251, line 33.			
	Other filers. Enter the tentative minimum tax from your alternative minimum	17		
	tax form or schedule.	17		
18	Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are			
	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			
	1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller	4.5		
	than line 13, see instructions	19		

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2015)

8911

Name(s) shown on return

### **Alternative Fuel Vehicle Refueling Property Credit**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

OMB No. 1545-1981

2015

Attachment Sequence No. 151

Identifying number

**Total Cost of Refueling Property** Part I Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year (see What's New in the instructions) . . . . . . . . . . . . . . . . 1 [d] **Credit for Business/Investment Use Part of Refueling Property** [d] 2 Business/investment use part (see instructions) . . . . . 2 3 Section 179 expense deduction (see instructions) 3 4 4 5 5 Multiply line 4 by 30% (.30) . . . . . . . . . . . . . . [d]6 Maximum business/investment use part of credit (see instructions) . . . . 6 7 7 [d] 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 356 8 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, 9 stop here and report this amount on Schedule K. All others, report this amount on Form 3800, 2,354 Part III, line 1s . . . . . 9 Part III Credit for Personal Use Part of Refueling Property Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a 10 10 Multiply line 10 by 30% (.30) . . . . . . . . . . . . . . . . 11 11 Maximum personal use part of credit (see instructions) . . . . . . . . 12 12 13 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: 15a Certain allowable credits (see instructions) . . . . . . **c** Add lines 15a and 15b . . . . . . . . 15c Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not 16 16 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 33. • Other filers. Enter the tentative minimum tax from your alternative minimum 17 tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller 

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2015)

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service (99)

### **Report of Employer-Owned Life Insurance Contracts**

OMB No. 1545-2089

Attachment

sury (99) ► Attach to the policyholder's tax return—See instructions.

Sequence No. 160
Identifying number

	Fotal Form 8925's Filed 2,825 Total Form 8925's E-Filed 2,515	luen	thying number
	of policyholder, if different from above 669	Ident	ifying number, if different from above <b>70</b>
Type of	business		
	2,003		
1	Enter the number of employees the policyholder had at the end of the tax year	1	2,817
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 Section 1035 exchanges on page 2 for an exception	2	2,800
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	2,628
4a	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	[d]

#### **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 employer-owned 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.

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service (99

### **Report of Employer-Owned Life Insurance Contracts**

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

OMB No. 1545-2089

Attachment Sequence No. **160** 

Name(s) shown on return		Identifying number	
Name of policyholder, if different from above		Identifying number, if different from above	
Type of	business		
1	Enter the number of employees the policyholder had at the end of the tax year	1	486
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 Section 1035 exchanges on page 2 for an exception	2	12
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	23,902,182
4a b	Does the policyholder have a valid consent (see instructions) for each employee included on line 2?		
	not have a valid consent	4b	[d]

#### **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 employer-owned 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.

8941 **894**1

# **Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

2015

Attachment Sequence No. **65** 

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Name(s) shown on return

Total Form 8941's Filed 1.843

Total Form 8941's F-Filed [d]

		ai Form 6941 5 Filed 1,043 Total Form 6941 5 E-Filed				
F	Healt	d you pay premiums during your tax year for employee health insurance coverage you provided through a Small Busines ealth Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? (see instructions)				
* 6	01 <sub> </sub>	<b>'es.</b> Enter Marketplace Identifier (if any): * <b>308</b>				
	1 🗌 0	No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a cooperative, estate, or trust).	partr	nership, S corporat	tion	
E	3 Enter	the employer identification number (EIN) used to report employment taxes for individuals ent from the identifying number listed above *79	inclu	ided on line 1 belo	w i	
_		See the instructions and complete Worksheets 1 through 7 as needed.				
	I Enter	the number of individuals you employed during the tax year who are considered by each for purposes of this credit (total from Worksheet 1, column (a))	1	803		
2	2 Enter	the number of full-time equivalent employees (FTEs) you had for the tax year (from sheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	803		
3	3 Avera	age annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be		003		
	line 1	Itiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on 2	3	803		
	cove	age under a qualifying arrangement (total from Worksheet 4, column (b))	4	803		
Ę	avera	iums you would have entered on line 4 if the total premium for each employee equaled the age premium for the small group market in which the employee enrolls in health insurance		803		
		rage (total from Worksheet 4, column (c))	5			
-		the <b>smaller</b> of line 4 or line 5	6	803		
-		oly line 6 by the applicable percentage: -exempt small employers, multiply line 6 by 35% (0.35)				
		other small employers, multiply line 6 by 50% (0.50)	7	803		
8		2 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet				
	5, line		8	803		
ę		e 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from sheet 6, line 7	9	803		
10		the total amount of any state premium subsidies paid and any state tax credits available to or premiums included on line 4 (see instructions)	10	[d]		
11	-	ract line 10 from line 4. If zero or less, enter -0	11	803		
12		the <b>smaller</b> of line 9 or line 11	12	803		
13	empl	e 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of oyees included on line 1 for whom you paid premiums during the tax year for health ance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	13	803		
14		the number of FTEs you would have entered on line 2 if you only included employees ded on line 13 (from Worksheet 7, line 3)	14	* 749		
15		t for small employer health insurance premiums from partnerships, S corporations, eratives, estates, and trusts (see instructions)	15	[d]		
16	empl and	lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small oyers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here report this amount on Schedule K. All others, stop here and report this amount on Form, Part III, line 4h	10	1,843		
17		unt allocated to patrons of the cooperative or beneficiaries of the estate or trust (see	16	1,043		
	instru	ictions)	17			
18	on Fo	peratives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount form 3800, Part III, line 4h	18			
19	(see i	the amount you paid in 2015 for taxes considered payroll taxes for purposes of this credit nstructions)	19			
20		exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, 4f	20			

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37757S

Form **8941** (2015)

8941 **8941** 

# **Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

2015

Attachment Sequence No. **65** 

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Identifying number

Α	Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small Business Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? (see instructions)				
	Yes. Enter Marketplace Identifier (if any):  No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, 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	inclu	ided 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	9		
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	5		
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a multiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	24,541		
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	17,408		
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 coverage (total from Worksheet 4, column (c))	5	14,769		
6	Enter the <b>smaller</b> of line 4 or line 5	6	9,560		
7	Multiply line 6 by the applicable percentage:		9,300		
•	• Tax-exempt small employers, multiply line 6 by 35% (0.35)				
	• All other small employers, multiply line 6 by 50% (0.50)	7	4,780		
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	8	4,730		
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	3,774		
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	[d]		
11	Subtract line 10 from line 4. If zero or less, enter -0	11	16,387		
12	Enter the <b>smaller</b> of line 9 or line 11	12	3,774		
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	4		
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	* 3		
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	[d]		
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, Part III, line 4h	16	3,976		
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	5,510		
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, Part III, line 4h	18			
19	Enter the amount you paid in 2015 for taxes considered payroll taxes for purposes of this credit (see instructions)	19			
20	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f	20			
	Del alla Addition Addition and a del alla alla and a del alla alla and a del alla alla alla alla alla alla al		F <b>90/1</b> (0015)		

