Form 990-1	•	exempt Organization Bus				ax Keturn)	OMB No. 1545-0687
		(and proxy tax und				T 20 201	,	0040
	For ca	alendar year 2013 or other tax year beginning JUL 1,					<u>4</u> ·	2013
Department of the Treasury		► Information about Form 990-T and its instru						Open to Public Inspection for
		Do not enter SSN numbers on this form as it may						501(c)(3) Organizations Only over identification number
A Check box if address changed		Name of organization (Lagrand Check box if name c			ons.)		(Emplo instruc	oyees' trust, see ctions.)
B Exempt under section	1	Fuller Theological Sem						5-1699394
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	k, see ir	structions.				ated business activity codes instructions.)
408(e) 220(e)		135 N. Oakland Avenue						
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code				110
529(a)		Pasadena, CA 91182-00	01				721	110
C Book value of all assets at end of year 654,241.		p exemption number (See instructions.)	<u> </u>	504/-> +		404/-> +	-	Otherstone
		k organization type X 501(c) corporationary unrelated business activity. Transie		501(c) trust	1+11/1/	401(a) trust	en c	Other trust
		poration a subsidiary in an affiliated group or a pare					Ye	
		itifying number of the parent corporation.	11-SubS	iulary controlleu (Jioupr .			S A INU
		Denise Rodrigues, Contr	ი11	er	Telenho	ne number > 6	26-	584-5453
		de or Business Income	<u> </u>	(A) Incom		(B) Expenses		(C) Net
1a Gross receipts or sale		27,823.		. ,		., .		()
b Less returns and allo			1c	27,8	323.			
2 Cost of goods sold (S	Schedule	e A, line 7)	2					
3 Gross profit. Subtrac			3	27,8	323.			27,823.
4a Capital gain net incor	ne (attac	ch Form 8949 and Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4b					
		sts	4c					
		nips and S corporations (attach statement)	5					
6 Rent income (Schedu	,		6					
		me (Schedule E)	7					
		and rents from controlled organizations (Sch. F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)	-					
		ome (Schedule I)	10					
		e J)ns; attach schedule.)						
		is, attach schedule.)		27,8	323.			27,823.
		ot Taken Elsewhere (See instructions for						27,0231
		utions, deductions must be directly connecte				income.)		
·		irectors, and trustees (Schedule K)					14	3,508.
							15	8,128.
							16	1,018.
17 Bad debts					1+ a + a		17	2 202
							18 19	2,383.
19 Taxes and licenses20 Charitable contribut		e instructions for limitation rules.)					20	
		562)				2,180.	20	
		n Schedule A and elsewhere on return				2,2000	22b	2,180.
00 D L II					•		23	
		ompensation plans					24	
							25	
		chedule I)					26	
27 Excess readership of	osts (Sc	chedule J)					27	
28 Other deductions (a	ttach scl	hedule)		See S	State	ement 2	28	12,128.
		nes 14 through 28					29	29,345.
		income before net operating loss deduction. Subtraction					30	-1,522.
		n (limited to the amount on line 30)					31	1 500
		income before specific deduction. Subtract line 31 fr					32	-1,522.
		ly \$1,000, but see instructions for exceptions.)					33	1,000.
34 Unrelated business	s laxable	e income. Subtract line 33 from line 32. If line 33 is	yreater	uidii iiile 32, ente	i uie sm	aliel UI ZelO UI	34	-1,522.
IIII 0/							. 04 !	1, 144

Part I	I T	ax Computation													
35	Organ	izations Taxable as Corpora	tions, See	Instruction	s for tax co	mputa	tion.					250000 75357			
	Contro	olled group members (section	ıs 1561 ar	nd 1563) cho	eck here 🕨	▶ [] See Instructions	and:				\$20000 \$10000			
		your share of the \$50,000, \$2											:		
	(1)	\$	(2) [\$			1	(3) \$:		
		organization's share of: (1) A										91500495 350045	i		
		iditional 3% tax (not more tha								ī i			1		
c		e tax on the amount on line 3									▶	35c	1		0.
		Taxable at Trust Rates. See										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
•		Tax rate schedule or										36	i		
37		tax. See instructions										37			
		ative minimum tax										38			
		Add lines 37 and 38 to line 3										39		A	0.
		ax and Payments	30 Or OO, 1	irinonoroi aj	ррпоо										
		n tax credit (corporations atta	ch Form	1118 truete	attach For	m 111	3)	Т	40a			5,000			
	-	credits (see instructions)						· · · · · · · · · · · · · · · · · · ·	40b				l		
		al business credit. Attach For													
ئ د	Gener	de obsidess credit. Allacii Por	attach For	m 0001 or 0				··· -	404			248.000 100.000 100.000	l		
0	Green	for prior year minimum tax (a	HIGGH FULL	III 00V I VI 0	1021)			··· L	400			40e			
		credits. Add lines 40a throug										41			0.
41	Subtra	act line 40e from line 39 taxes. Check if from: December Fo	1055		0011	7 5000	0607 Corm			Othor tours as	hadulal	42			
												43			0.
												40			<u> </u>
		ents: A 2012 overpayment cr						··· ⊢	44a			- 57.77393 - 53.0000			
		estimated tax payments						··· }-	44b	<u> </u>			l		
		eposited with Form 8868						··· }−	44c	····					
	-	n organizations: Tax paid or v						···	44d			- 1	İ		
		p withholding (see instruction						… ⊩	44e						
		for small employer health ins						• • •	44f				i		
g		credits and payments:	Ļ	Form 24	139								İ		
		Form 4136	L	Other _			Total)	▶ L	449				İ		
45	Total	payments. Add lines 44a thro	ugh 44g									45			
46		ated tax penalty (see instructi										46			
47		ue. If line 45 is less than the t										47			0.
		ayment. If line 45 is larger th									🏲	48			0.
49	Enter	the amount of line 48 you wa	nt: Credite	ed to 2014 e	stimated	lax)	<u> </u>			Refunded		49	L		·
Part V	<u> </u>	itatements Regardi	ng Cer	tain Act	ivities a	and C	Other Informa	atio	n (see	instructions)					
		during the 2013 calendar ye											jank,	Yes	No
sect	ıritles,	or other) in a foreign country	? If YES, t	the organiza	tion may h	ave to 1	lite Form TD F 90-2	2.1, F	Report c	of Foreign Bank	and Fin	ancial		3000	
Acce	ounts.	If YES, enter the name of the	foreign co	ountry here	_									_	X
2 Durir If YE	ig the la S, see li	If YES, enter the name of the ix year, did the organization receive istructions for other forms the orga	a a distribut Inization ma	tion from, or wa ny have to file.	as it the grai	itor o!, c	r transferor to, a foreig	in trust	: ? 						X
		mount of tax-exempt interest												40000	
Sched	ule /	A - Cost of Goods S	old. Ent	ter method	of invent	ory va	luation 🕨 N	/A							
1 Inve	ntory a	at beginning of year	1			6	inventory at end of	f year				6	<u> </u>		
		***************************************	2			7	Cost of goods sold	d. Sub	tract lir	re 6		1 5 1 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5			
		or	3				from line 5. Enter l	nere a	nd in Pa	art I, line 2		7			
		ection 263A costs (att. schedule)	4a			8	Do the rules of sec	tion 2	63A (w	ith respect to				Yes	No
		s (attach schedule)	4b				property produced		•	•	ly to			70.0-1, 21.0-1	
		lines 1 through 4b	5				the organization?		-						
	tin	der negalties of nertury. I declare th	nat linave ex	camined this re	eturn, includ	no acco	mpanying schedules a	and sta	tements	and to the best	of my kno	wledge a	nd belief,	it is true,	t
Sign	cor	rect, and complete. Declaration of	preparer (ot	her than taxpa	ayer) is based	on all i	nformation of which pr	reparer	has any	knowledge.					
Here		Jel Wan	/	- 1	5-14	-15	VP fo	r F	Tina	nce		•		this return below (see	
		Signature of officer	ļ	i	Date		VP fo					struction		Yes	No
	۲			Dron				Date		Check		if PTI			
		Print/Type preparer's name		Liet	oarer's sigr	មាលពេក		Date			nployed		11		
Paid										sen- en	որաչա				
Prepa	rer	Ft b						i		1771	EIN 🏲				
Use C	nly	Firm's name								Firm's	EIN >				
		Eirona addrona								Dha					
		Firm's address								Phone	: NO.				

Schedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Goess income from or allocations directly connected with or allocable to debt-financed property (a) Seaght line stepperation (b) Other deactions (attach schedule) (b) Other deactions (attach schedule) (c) Other deactions (attach schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Seaght line stepperation (attach schedule) (d) Carriers explained basis or allocation to carrier and the schedule) (d) Seaght line stepperation (attach schedule) (e) Seaght line stepperation (attach schedule) (e) Seaght line stepperation (attach schedule) (e) Seaght line stepperation (attach schedule) (e) Seaght line stepperation (attach schedule) (e) Seag	Schedule C - Rent Income	e (From Real	Proper	ty and	l Personal	Propert	y Lease	d With Real P	rope	erty)(see instructions)
(1) (2) (3) (4) (5) From personal property in the processor of the processor property in the pro	Description of property									
(1) (2) (3) (4) (5) From personal property in the processor of the processor property in the pro	(1)									
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1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 4 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 11. Deductions directly connected in the controlling organization's gross income Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	Schedule F - Interest, Anr	nuities, Roya	lties, ar	nd Ren	its From C	ontrolle	d Orgar	nizations (see in	nstruc	ctions)
(1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).				Exemp	t Controlled O	rganizatio	ns			
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	1. Name of controlled organization	Employer id	entification	Net un (loss) (s	related income		of specified	5. Part of column a included in the con organization's gross	4 that is trolling income	6. Deductions directly connected with income in column 5
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (A).	(1)									
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Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income with income in column 10 (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (B). Add column 6 and 11. Enter here and on page 1, Part I, line 8, column (B).										
(1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). (see instructions) Mith income in column 10 With income in column 10 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		ons								
(2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	7. Taxable Income			9. Tot		ments	in the conti	olling organization's	11.	Deductions directly connected with income in column 10
(2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	(1)									
(3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).										
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).										
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).										
	· · · · · · · · · · · · · · · · · · ·						Enter here a	and on page 1, Part I,	En	ter here and on page 1, Part I,
	Totals							0.		0.

Form 990-1 (2013) Fuller	r Theologic	aı Sem	inary	Y			95-	T03334	4 Page
Schedule G - Investme	ent Income of a tructions)	Section 5	01(c)(7	7), (9), or (17) Or	ganiza	tion			
	cription of income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						·			
(2)									
(3)									
(4)									
				Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals			▶	0.					0.
Schedule I - Exploited (see instru		y Income	Other	Than Advertisi	ing Inco	ome			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business ir	nected ection ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac is not u	ss income tivity that unrelated ss income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I, I. (B).				•		Enter here and on page 1, Part II, line 26.
Totals	0.		0.						0.
Schedule J - Advertisi	ing Income (see	instructions)							
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis					
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		irculation acome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))		0.	0						0.
Part II Income From	Periodicals Rep		a Sepa	arate Basis (For	each perio	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compurcols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I		0.	0	•			•		0 .
	Enter here and page 1, Part I line 11, col. (A	, page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶	0.	0						0 .
Schedule K - Compen	sation of Office	rs, Direct	ors, an	nd Trustees (see	instruction	ons)			
	Name			2. Title		3. Perce time devo busine	ted to		ensation attributable elated business
(1) John W. Ward			V.P.	Finance		2.	00%		3,508
(2)							%		
(3)							%		
							C/		

3,508.

Total. Enter here and on page 1, Part II, line 14 ...

ALTERNATIVE MINIMUM TAX/ACE DEPRECIATION REPORT

ASSET NUMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	ACE DEPRECIATION
34	700 E. Locust	SL	40.00	2,169.	2,169.	2,169.
	Totals			2,169.	2,169.	2,169.

Form 990-T		Interest Dei		Ctatamant	
FORM 990-1		Interest Pai	<u> </u>	Statement	1
Description	ı			Amount	
Community E	- Bank			2,3	83.
Total to Fo	orm 990-T, Page 1,	line 18		2,3	83.
Form 990-T		Other Deducti	ons	Statement	2
Description	1			Amount	
Operational Services Travel and Utilities Renewal and Overhead Al	General Supplies Land Plant Supplie Entertainment Replacement Location orm 990-T, Page 1,			3,2 1,4 2,0 5 2,1 1,0 1,6	16. 64. 08. 74. 83. 26.
Form 990-T	Net	Operating Loss D	eduction	Statement	3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
06/30/09 06/30/10 06/30/11 06/30/12 06/30/13 06/30/14	71,527. 52,638. 40,090. 7,543. 3,002. 1,522.	0. 0. 0. 0. 0.	71,527. 52,638. 40,090. 7,543. 3,002. 1,522.	71,52 52,63 40,09 7,54 3,00 1,52	8. 0. 3.
NOL Carryov	ver Available This	Year	176,322.	176,32	2.

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

Depreciation and Amortization 990-T

(Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Fuller Theological Seminary Form 990-T Page 1 95-1699394 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 2,180 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С 10-year property d 15-year property е f 20-year property 25-year property 25 yrs. g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,180. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs... 23

Part V Listed Property (Include automobiles, certain other vehicles, certain 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.

25 S	Do you have evidence to s	Depreciation	on and Othe	Informs	tion /C	. : C	on thai								
25 S		<u> </u>		minorine	ition (Ca	aution: S	ee liie i	nstruc	tions for li	mits for p	passeng	er auton	nobiles.)		
26 F		upport the bu	siness/investm	ent use cl	aimed?	Y	es L	J No	24b If "Y	es," is th	e evide	nce writt	en? 🖳	J Yes L	No
26 F	Type of property (list vehicles first) Date Business placed in investme service use percent		(c) Business, investmen use percenta	t COSLOI (business/investment		stment	(f) Recovery period			(h) Depreciation deduction		Elec sectio	(i) cted in 179 ost		
26 F	Special depreciation allo	wance for q	ualified listed	property	/ placed	in servic	e during	the t	ax year an	d					
26 F	used more than 50% in	a qualified b	usiness use .					- 			25				
27 F	Property used more tha								_						
27 F		: :		%											
27 F		: :		%											
27 F		: :		%											
	Property used 50% or le	ess in a quali	fied business	use:											
		1 1		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
	Add amounts in column														
<u>29</u> /	Add amounts in column	(i), line 26. E		d on line Section I									29		
	plete this section for ve our employees, first ans		•	-							-				5
30 T	30 Total business/investment miles driven during the				(a) Vehicle		(b) Vehicle		(c) /ehicle	(d) Vehicle		(e) Vehicle		(f) Vehicle	
у	/ear (do not include comr	nuting miles)													
31 T	Total commuting miles of	driven during	the year												
32 T	Total other personal (no	ncommuting) miles												
C	driven														
	Total miles driven durinç														
	Add lines 30 through 32													- 1	
	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used p														
	than 5% owner or relate														
	s another vehicle availa														
	use?			<u> </u>		// D			.						
	vor those guestions to		- Questions	-	-								o not m	oro than	5 0/
	ver these questions to o ers or related persons.	determine ir y	you meet an	exceptioi	i to com	ipietirig s	BECHOIL	D IOI V	enicies us	ed by er	прюуее	S WIIO al	e not m	ore triari	370
Ansv	Do you maintain a writte	n nolicy stat	ement that n	rohihite s	all nerso	nal use c	of vehicle	es inc	ludina cor	nmutina	by you	r		Yes	No
Ansv			omone mae p		•			•	ū	ıımatıng,	by you	•		100	110
Ansv															
Ansv	Do vou maintain a writte	n policy stat	ement that p	rohibits r	bersonai	use of v	enicies.	excer	t commut	ina. bv v	our				
Ansv <u>owne</u> 37 [Do you maintain a writte employees? See the ins		-	-				-							
Answ <u>owne</u> 37 [6 38 [employees? See the ins	tructions for	vehicles use	d by corp	orate of	fficers, d	irectors	or 1%	6 or more	owners					
Ansv <u>owne</u> 37 [6 38 [6 39 [•	tructions for ehicles by er	vehicles use	d by corpoersonal	oorate of use?	fficers, d	irectors	or 1%	6 or more	owners					
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Answ owned	employees? See the ins Do you treat all use of vices of the use of the vehicles, Do you meet the require Note: If your answer to see the vehicles (a) Description of	tructions for ehicles by er an five vehicle and retain the ments concest, 38, 39, 40 costs at begins du at began bef	vehicles use mployees as ples to your er ue information erning qualific 0, or 41 is "You patering your 201	d by corporation of the corporat	oorate of use?, obtain d?	informat informat monstra lete Seci (c) Amortizab amount	irectorsion fromtion use	or 1%	covered ve	bowners about hicles.	(e)	tion	Ar	(f)	