

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning **07/01**, 2000, and ending **06/30**, 2001

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PLUMPTON PARK ZOOLOGICAL GARDENS, INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1416 TELEGRAPH ROAD

City or town, state or country, and ZIP code
RISING SUN, MD 21911-

D Employer identification number
52: 1548155

E Telephone number
 ()

F Check ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

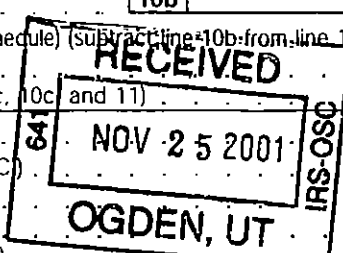
J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See inst.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		251,609
	3	Membership dues and assessments	3		984
	4	Interest on savings and temporary cash investments	4		72
	5	Dividends and interest from securities	5		36
	6a	Gross rents	6a		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		2,118	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		254,819	
Net Assets	13	Program services (from line 44, column (B))	13		216,215
	14	Management and general (from line 44, column (C))	14		16,540
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17		232,755
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		22,064	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-38,964	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-16,900	

P
10

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	26,000	13,000	13,000
26	Other salaries and wages	26	70,600	70,600	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	7,577	6,582	995
30	Professional fundraising fees	30			
31	Accounting fees	31	875	875	
32	Legal fees	32	1,182	1,182	
33	Supplies	33			
34	Telephone	34	1,156	1,156	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	8,466	8,466	
43	Other expenses (itemize): a	43a			
	b	43b			
	c See attached schedule	43c	116,899	116,411	488
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	232,755	216,215	16,540

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? **MAINTAINING ANIMALS FOR A PUBLIC ZOO**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a	THE ZOO MAINTAINS A COLLECTION OF ANIMALS AS A PUBLIC ZOOLOGICAL PARK AND DEVELOPS AND SPONSORS EDUCATIONAL, RECREATIONAL, AND RESEARCH PROGRAMS. (Grants and allocations \$ _____)	
b	THE TOTAL NUMBER OF VISITORS ESTIMATED FOR THE YEAR ENDED 06/30/2000 WAS 46000 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash- non-interest-bearing	-31,504	45	1,223	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments- securities (attach schedule)	Cost <input type="checkbox"/> FMV <input type="checkbox"/>	54		
	55a Investments- land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments- other (attach schedule)		56			
57a Land, buildings, and equipment: basis	57a	293,367			
b Less: accumulated depreciation (attach schedule)	57b	253,066	35,329	57c	40,301
58 Other assets (describe ►)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		3,825	59	41,524	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	42,789	63	58,424	
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
65 Other liabilities (describe ►)			65		
66 Total liabilities (add lines 60 through 65)		42,789	66	58,424	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-38,964	67	-16,900	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	-38,964	73	-16,900	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,825	74	41,524	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	
b	Amounts included on line a but not on line 12, Form 990:	b	
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a :	d	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
 \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	
b	Amounts included on line a but not on line 17, Form 990:	b	
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 . . . \$		
	(4) Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a :	d	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
 \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SAMUEL E. CONNER, JR. RISING SUN, MD 21911	SEC/TREASURER 40	26,000	0	
ED PLUMSTEAD RISING SUN, MD 21911	PRESIDENT 40	0		
DANAHEY RYAN PORT DEPOSIT, MD 21904	VICE PRESIDENT	0		
PATTY ABBOTT RISING SUN, MD 21911	DIRECTOR	0		
DR. GLORIA KILBY COLORA, MD 21917	DIRECTOR			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☐ No
If "Yes," attach schedule- see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a		
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III).	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities.	86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶			
90a List the states with which a copy of this return is filed ▶ MARYLAND			
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		
91 The books are in care of ▶ SAMUEL E. CONNER, JR Telephone no. ▶ () -			
Located at ▶ 1416 TELEGRAPH ROAD RISING SUN, MD ZIP code ▶ 21911			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue:						
a ADOPTION FEES						121
b ADMISSION FEES						214,711
c DONATIONS						36,777
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						984
95 Interest on savings and temporary cash investments			14			72
96 Dividends and interest from securities						36
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a SALE OF ANIMALS						230
b REBATE CHECK FROM TAXING AUTHORITIES						1,888
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))						254,819
105 Total (add line 104, columns (B), (D), and (E))						254,819

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PATRONS OF THE ZOO MAY ADOPT CERTAIN ANIMALS FOR AN ANNUAL FEE.
	THE FEE IS USED TO CARE FOR THE ANIMAL.
93B	ADMISSION FEES HELP WITH THE COST OF MAINTAINING THE ANIMAL
	POPULATION AT THE PUBLIC ZOO.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information is true and correct. I am not aware of any information that would cause the return to be deficient in any material respect.

Nov 16, 2001 Edward Plumstead, President

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2000

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

PLUMPTON PARK ZOOLOGICAL GARDENS, INC

Employer identification number

52-1548155

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

1 X

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:

- a** Sale, exchange, or leasing of property?

2a X

- b** Lending of money or other extension of credit?

2b X

- c** Furnishing of goods, services, or facilities?

2c X

- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

- e** Transfer of any part of its income or assets?

2e X

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.?

3 X

- 4a** Do you have a section 403(b) annuity plan for your employees?

4a X

- b** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,741	885	37,421	27,218	77,265
16 Membership fees received	1,112	4,075	5,797	3,968	14,952
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	195,089	188,391	166,710	138,975	689,165
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1	25	343	311	680
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	207,943	193,376	210,271	170,472	782,062
24 Line 23 minus line 17	12,854	4,985	43,561	31,497	92,897
25 Enter 1% of line 23	2,079	1,934	2,103	1,705	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 <u>77,265</u> 16 <u>14,952</u> 17 <u>689,165</u> 20 _____ 21 _____					27c 781,382
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 781,382
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 782,062
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.913050 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.086950 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here **a** ☐ if the organization belongs to an affiliated group.
Check here **b** ☐ if you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is- The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40.		
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0 0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e)) .				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- | | |
|-----|----|
| Yes | No |
|-----|----|

51a(i)		X
--------	--	---

a(ii)		X
-------	--	---

- |||

b(i)	x
------	---

b(ii)	x
-------	---

b(iii)		X
c(iii)		X

b(iv)	X
b(v)	

$b(v)$	x
$b(u)$	y

B(VI)		X
C		Y

U		A
---	--	---

- [illegible]

b. If "Yes," complete the following schedule:

[illegible]

Form: 990	Supplemental Schedule	For Tax Year 2000
Name PLUMPTON PARK ZOOLOGICAL GARDENS, INC		Employer ID Number 52-1548155

Page 4, part V

		<u>Compensation</u>	<u>Contrib. to benefit plans</u>	<u>Expense account</u>
Name	SAMUEL E. CONNER, JR.			
Address	RISING SUN, MD 21911			
Title	SEC/TREASURER			
Avg hours per wk	40			
Total:		<u>\$ 26,000</u>	<u>\$</u>	<u>\$</u>
Name	ED PLUMSTEAD			
Address	RISING SUN, MD 21911			
Title	PRESIDENT			
Avg hours per wk	40			
Total:		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
Name	DANAHEY RYAN			
Address	PORT DEPOSIT, MD 21904			
Title	VICE PRESIDENT			
Avg hours per wk				
Total:		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
Name	PATTY ABBOTT			
Address	RISING SUN, MD 21911			
Title	DIRECTOR			
Avg hours per wk				
Total:		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
Name	DR. GLORIA KILBY			
Address	COLORA, MD 21917			
Title	DIRECTOR			
Avg hours per wk				
Total:		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>

Form: 990	Supplemental Schedule	For Tax Year 2000
Name PLUMPTON PARK ZOOLOGICAL GARDENS, INC		Employer ID Number 52-1548155

Page 3, part IV, line 57

	<u>Cost or other basis</u>	<u>Accumulated depreciation</u>	<u>Book value</u>
FIXED ASSETS	293,367	253,066	40,301
Total:	<u>\$ 293,367</u>	<u>\$ 253,066</u>	<u>\$ 40,301</u>

Page 3, part IV, line 63

Lender name and title		
Original amount		
Balance due		58,424
Date of note		
Maturity date		
Repayment terms		
Interest rate	0.0000	
Security provided by borrower		
Purpose of loan		
Description of consideration		
FMV of consideration		
Total:		<u>\$ 58,424</u>

Select Asset for Form 9901F

Description	Date	Cost	Mid	Life	Type	Sec 179	Accumulated Depreciation	Current Deduction	Excess Depreciation	Disp	Next Year Deduction	Excess Depreciation Next Year
1 LAMINATOR	11/22/1996	200	DB2	7.0	M		198	2	-15			-17
2 HAND GUN	08/28/1993	125	DB2	7.0	M		119	6	-5			-11
3 SAW	10/10/1993	142	DB2	7.0	M		136	6	-6			-12
4 2 HEATERS	10/10/1993	200	DB2	7.0	M		191	9	-8			-17
5 GUN	08/29/1996	181	DB2	7.0	M		125	16			16	
6 FURNITURE	04/27/1996	197	DB2	7.0	M		145	18	1		18	1
7 CLASSROOM FURNITUR	05/13/1998	172	DB2	7.0	M		84	21	4		15	
8 WEED WACKER	05/27/1994	463	DB2	7.0	M		442	21	-19			-40
9 SKINK CAGE	10/24/1993	480	DB2	7.0	M		459	21	-21			-42
10 WEED WACKER	09/12/1994	240	DB2	7.0	M		207	21			12	-9
11 LAWN TRACTOR	08/06/1993	600	DB2	7.0	M		574	26	-26			-52
12 AIR CONDITIONER	06/22/1994	600	DB2	7.0	M		574	26	-26			-52
13 PHONE	08/22/1994	317	DB2	7.0	M		274	28			15	-13
14 KENNEL CARRIERS	05/23/1995	402	DB2	7.0	M		348	36	1		18	-17
15 CAMERA	12/12/1994	569	DB2	7.0	M		493	51	1		25	-25
16 REFRIDGEKATOR	04/23/1996	650	DB2	7.0	M		479	58	1		58	1
17 BARN	10/14/1994	2,645	SLD	39.0	L		609	68	2		68	2
18 EQUIPMENT CART	11/02/1993	1,750	DB2	7.0	M		1,672	78	-75			-153
19 FREEZER	05/08/2001	570	DB2	7.0	C			81	20		140	31
20 FREEZER	01/04/2001	609	DB2	7.0	C			87	22		149	32
21 COUNTER AND CABINET	04/10/1997	1,103	DB2	7.0	M		759	98	2		98	2
22 BUSH HOG MOWER	05/20/1999	600	DB2	7.0	M		233	105	15		75	2
23 REFRIGERATOR	01/10/1998	869	DB2	7.0	M		467	109	22		78	2
24 CART	08/29/1993	2,500	DB2	7.0	M		2,388	112	-106			-218
25 EQUIPMENT CART	06/20/1994	2,600	DB2	7.0	M		2,484	116	-111			-227
26 PLAYGROUND EQUIPM	09/15/1993	2,720	DB2	7.0	M		2,599	121	-117			-238
27 FENCE	12/31/1999	500	DB2	7.0	M		71	122	26		87	12
28 REFRIDGEKATOR	12/31/1999	500	DB2	7.0	M		71	122	26		87	12
29 REFRIGERATOR	04/13/1999	630	QB2	7.0	M		264	124	21		89	8
30 KUBOTA GENERATORS	02/22/1994	2,925	DB2	7.0	M		2,794	131	-125			-256
31 MARMOSET CAGE	05/31/2001	1,110	DB2	7.0	C			159	40		272	60
32 GIRAFFE FENCING	10/03/2000	1,200	DB2	7.0	C			171	42		294	64
33 NEW ENGINE FOR CAR	08/28/1998	1,000	DB2	7.0	M		388	175	57		125	25
34 MARMOSET CAGE	06/18/2001	1,241	DB2	7.0	C			177	44		304	67
35 FENCE	03/28/2001	1,260	DB2	7.0	C			180	45		309	68
36 SECURITY SYSTEM	09/12/1994	2,272	DB2	7.0	M		1,968	203	4		101	-98
37 FENCE	12/04/2000	1,586	DB2	7.0	C			227	57		388	85
38 AUTOMATIC WATERS	01/12/1999	1,404	QB2	7.0	M		559	256	39		183	11
39 GENERATOR	12/14/1997	2,396	DB2	7.0	M		1,409	299	59		214	5
40 EQUIPMENT	12/31/1999	1,404	DB2	7.0	M		201	344	75		246	35
41 GIRAFFE FENCING	08/18/2000	2,865	DB2	7.0	C			409	102		702	154
42 SIGN	08/15/2000	2,998	DB2	7.0	C			428	107		734	160
43 WATER SYSTEM	08/03/1999	1,793	DB2	7.0	M		256	439	96		314	44

Select Asset for Form 9902F

	Description	Date	Cost	Mid	Life	Type	Sec 179	Accumulated Depreciation	Current Deduction	Excess Depreciation	Disp	Next Year Deduction	Excess Dep. Next Year
44	EDUCATIONAL PAVILJ	05/29/1998	3,565	DB2	7.0	M		1,733	445	88		318	6
45	SEPTIC TANK	07/13/1996	8,950	DB2	15.0	M		3,513	725	-57		628	-154
46	FALLOW DEER FENCE	09/10/1999	3,000	DB2	7.0	M		429	735	161		525	74
47	TIGER EXHIBIT	06/15/1998	10,034	DB2	7.0	M		4,878	1,254	248		896	19
48	MOBILE PHONE	11/08/1993	199	DB2	7.0	M		199		-17			-17
49	INCUBATOR	10/13/1992	622	DB2	7.0	M		622		-54			-54
50	COLOBUS EXHIBIT	08/30/1992	3,013	DB2	7.0	M		3,013		-263			-263
51	RADIOS	06/18/1993	645	DB2	7.0	M		645		-56			-56
52	EQUIPMENT	09/16/1992	324	DB2	7.0	M		324		-28			-28
53	PRINTER	06/06/1994	513	DB2	7.0	M		513		-45			-45
54	TRACTOR	07/31/1992	300	QB2	7.0	M		300		-26			-26
55	PICNIC TABLES	06/09/1993	1,250	DB2	7.0	M		1,250		-109			-109
56	ZEBRA FENCE	08/21/1992	2,203	DB2	7.0	M		2,203		-193			-193

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2000

Attachment
Sequence No. **67**

Name(s) shown on return

▶ See separate instructions. ▶ Attach this form to your return.

PLUMPTON PARK ZOOLOGICAL GARDENS, INC

Business or activity to which this form relates
ZOO

Identifying number
52-1548155

Part I Election To Expense Certain Tangible Property (Section 179)

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

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
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	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A—General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions ▶ ☐

Section B—General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property		13,439	7. yr	HY	200DB	1,919
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	6,479
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26.	20	68
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	21	8,466
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **23b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 6 of the instructions.):								
BARN	10/94	100 %	2,645	2,645	39 YR	HY	68	
		%						
		%						
25 Property used 50% or less in a qualified business use (See page 6 of the instructions.):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
26 Add amounts in column (h). Enter the total here and on line 20, page 1.							26	68
27 Add amounts in column (i). Enter the total here and on line 7, page 1.							27	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during the year (do not include commuting miles—see page 1 of the instructions)						
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30.						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions		
Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description or costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions.):					
41 Amortization of costs that began before 2000					41
42 Total. Add amounts in column (f). See page 9 of the instructions for where to report					42

