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Form 990-T

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>GILLILAND FAMILY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions <b>500 S. TAYLOR, LB #249</b> City or town, state or province, country, and ZIP or foreign postal code <b>AMARILLO, TX 79101</b>	<b>76-0181982</b> E Unrelated business activity codes (See instructions) <b>525990</b>

C Book value of all assets at end of year <b>2,978,383.</b>	F Group exemption number (See instructions) <input type="checkbox"/>	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity **INCOME FROM PASS-THROUGH INVESTMENT K-1S**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **SANDRA GILLILAND** Telephone number **(806) 374-8288**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	40,489.	40,489.
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5	-19,220.	-19,220.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	21,269.	21,269.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)											
14	Compensation of officers, directors, and trustees (Schedule K)	14									
15	Salaries and wages	15									
16	Repairs and maintenance	16									
17	Bad debts	17									
18	Interest (attach schedule)	18									
19	Taxes and licenses	19									
20	Charitable contributions (See instructions for limitation rules)	20	913.								
21	Depreciation (attach Form 4562)	21									
22	Less depreciation claimed on Schedule A and elsewhere on return	22a									
23	Depletion	23									
24	Contributions to deferred compensation plans	24									
25	Employee benefit programs	25									
26	Excess exempt expenses (Schedule I)	26									
27	Excess readership costs (Schedule J)	27									
28	Other deductions (attach schedule)	28									
29	Total deductions. Add lines 14 through 28	29	913.								
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	20,356.								
31	Net operating loss deduction (limited to the amount on line 30)	31	11,137.								
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	9,219.								
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.								
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	8,219.								

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**Part III Tax Computation****35 Organizations Taxable as Corporations** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 1,233.

**36 Trusts Taxable at Trust Rates** See instructions for tax computation. Income tax on the amount on line 34 from.☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

**37 Proxy tax** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income.** See instructions

39

**40 Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 1,233.

**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

**b Other credits** (see instructions)

41b

**c General business credit.** Attach Form 3800

41c

**d Credit for prior year minimum tax** (attach Form 8801 or 8827)

41d

**e Total credits.** Add lines 41a through 41d

41e

**42 Subtract line 41e from line 40**

42 1,233.

**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44 Total tax.** Add lines 42 and 43

SEE STATEMENT 20

44 1,253.

**45a Payments** A 2016 overpayment credited to 2017

45a 5,790.

**b 2017 estimated tax payments**

45b

**c Tax deposited with Form 8868**

45c

**d Foreign organizations** Tax paid or withheld at source (see instructions)

45d

**e Backup withholding** (see instructions)

45e

**f Credit for small employer health insurance premiums** (Attach Form 8941)

45f

**g Other credits and payments:**☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

**46 Total payments.** Add lines 45a through 45g

46 5,790.

**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐

47

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

48

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 4,537.

**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax

4,537.

Refunded

50 0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
	X

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

	X
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**53** Enter the amount of tax-exempt interest received or accrued during the tax year

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 11/14/2018

OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KAREN LEONE COSTA

Karen Leone Costa

11/09/2018

P00833590

Firm's name RSM US LLP

Firm's EIN 42-0714325

1330 POST OAK BLVD, SUITE 2400

Firm's address HOUSTON, TX 77056

Phone no 713.625.3500

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(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	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</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)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T (2017)

## FOOTNOTES

STATEMENT 15

## NET OPERATING LOSS DEDUCTION:

NET OPERATING LOSS GENERATED IN 2013	22,139.
NET OPERATING LOSS GENERATED IN 2014	9,365.
NET OPERATING LOSS GENERATED IN 2015	29,238.
NET OPERATING LOSS USED IN 2016	49,785.
TOTAL NOL CARRYOVER TO 2017	11,137.

FORM 990-T

CONTRIBUTIONS

STATEMENT 16

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
SEE ATTACHED STATEMENT	N/A	112,465.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		112,465.

FORM 990-T

## CONTRIBUTIONS SUMMARY

STATEMENT 17

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	
FOR TAX YEAR 2013	159,274
FOR TAX YEAR 2014	112,837
FOR TAX YEAR 2015	146,244
FOR TAX YEAR 2016	89,586

TOTAL CARRYOVER	507,941
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	112,465
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TOTAL CONTRIBUTIONS AVAILABLE	620,406
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TAXABLE INCOME LIMITATION AS ADJUSTED	913
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EXCESS 10% CONTRIBUTIONS	619,493
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	619,493
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ALLOWABLE CONTRIBUTIONS DEDUCTION	913
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TOTAL CONTRIBUTION DEDUCTION	913
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FORM 990-T                      NET OPERATING LOSS DEDUCTION                      STATEMENT 18

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	22,319.	22,319.	0.	0.
12/31/14	9,365.	9,365.	0.	0.
12/31/15	29,238.	18,101.	11,137.	11,137.
NOL CARRYOVER AVAILABLE THIS YEAR			11,137.	11,137.

FORM 990-T                      INCOME (LOSS) FROM PARTNERSHIPS                      STATEMENT 19

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
CPC LANDMARK/KKR SECONDARY	-408.	0.	-408.
CPC LANDMARK/TDER SECONDARY, LP	4,118.	0.	4,118.
CPC 2008 CO-INVESTMENT POOL, LP	-2,527.	0.	-2,527.
CPC LANDMARK	-380.	0.	-380.
CPC LANDMARK SECONDARY REAL ESTATE FUND VIII	1,492.	0.	1,492.
WILLIAMS PARTNERS	922.	0.	922.
BUCKEYE PARTNERS, LP	-473.	0.	-473.
ENERGY TRANSFER EQUITY, LP	-172.	0.	-172.
ENERGY TRANSFER PARTNERS, LP	-5,385.	0.	-5,385.
SUNOCO LOGISTICS PARTNERS, LP	-40.	0.	-40.
SUNOCO, LP	15.	0.	15.
PENNTX MIDSTREAM PARTNERS LP	-26.	0.	-26.
ENTERPRISE PRODUCTS PARTNERS, LP	-1,281.	0.	-1,281.
HOLLY ENERGY PARTNERS, LP	-621.	0.	-621.
MAGELLAN MIDSTREAM PARTNERS, LP	510.	0.	510.
MPLX PARTNERS LP	-3,930.	0.	-3,930.
ONEOK PARTNERS, LP	163.	0.	163.
PLAINS ALL AMERICAN PIPELINE, LP	-2,579.	0.	-2,579.
SUNOCO LOGISTICS PARTNERS, LP	533.	0.	533.
TC PIPELINES, LP	-866.	0.	-866.
WESTERN GAS PARTNERS	-3,974.	0.	-3,974.
ANDEAVOR LOGISTICS, LP	-4,848.	0.	-4,848.
SECTION 965A INCOME - BUCKEYE	537.	0.	537.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-19,220.	0.	-19,220.

FORM 990-T

OTHER TAXES

STATEMENT 20

## DESCRIPTION

## AMOUNT

TOTAL OF LINES 42 + 43

1,233.

SECTION 965 TAX

20.

TOTAL TAX ON FORM 990-T, PAGE 2, PART IV, LINE 44

1,253.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Depreciation and Amortization**  
(Including Information on Listed Property) 990-PF

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No 1545-0172

**2017**Attachment  
Sequence No **179**

GILLILAND FAMILY FOUNDATION

FORM 990-PF PAGE 1

76-0181982

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,425.

**Part III** MACRS Depreciation (Don't include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
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 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

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

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,425.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written?				<input type="checkbox"/> Yes <input type="checkbox"/> 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			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25			
<b>26</b> Property used more than 50% in a qualified business use											
		%									
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

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

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

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> 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 aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2017 tax year					
<b>43</b> Amortization of costs that began before your 2017 tax year					43
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					44