(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning and ending ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service D Employer identification number Name of organization (Check box if name changed and see instructions.) Check box if (Employees' trust, see address changed instructions) Downtown Huntsville Charitable Fund 76-0727229 Exempt under section Print Unrelated business activity code X 501(c \Q3) 10 Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Type 626 Clinton Ave W STE 101 408(e) [7220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 1529(a) Huntsville, AL 35801-5552 531120 C Book value of all assets F Group exemption number (See instructions.) 269,856. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here
See Statement 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation The books are in care of

BARBARA BRELAND Telephone number $\triangleright 256-533-1951$ Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 91,560. 48,044 43,516 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 13 91.560. 48.044 43.516 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for (Except for contributions, deductions must be directly connected vith the presented to the sourcement of the sourcement of the source of Compensation of officers, directors, and trustees (Schedule K) 14 14)SO Salaries and wages 15 15 NOV 2 1 2019 16 Repairs and maintenance 16 Bad debts 17 17 OGDEN, UT Interest (attach schedule) (see instructions) 18 18 2,278 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 35,000. Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 35,000. 22 Depletion 🗲 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 2,278. Total deductions Add lines 14 through 28 29 238 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 41 238.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Exempt Organization Business Income Tax Return

Form 990-T

293933342312

Form 990-T (2018)

Form 990-		76-07	41449	Page Z
Part I	II √Total Unrelated Business Taxable Income			
3,3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	s)	33	41,238.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	41,238.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	40,238.
Part I	V Tax Computation			. <u></u>
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	•	39	8,450.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	om:		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions	•	- 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See Instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	8,450.
Part \	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b			
C	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	8,450.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Ot	her (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	8,450.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	742		
	2018 estimated tax payments 50b	5,738		
	Tax deposited with Form 8868	5,730		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	•	7	
	Backup withholding (see instructions) 50e		7	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		7	
	Other credits, adjustments, and payments. Form 2439	•	7	
9	☐ Form 4136 ☐ Other ☐ Total ► 50g			
51	Total payments. Add lines 50a through 50g		51	12,210.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	27.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	2
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	3,733.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	0.
Part \			1 00 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth			Yes No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			100 1.00
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count			
	here	id y		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		$-\frac{x}{x}$
31	If "Yes," see instructions for other forms the organization may have to file	a foreign trust.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my know	ledge and belief.	it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	edge		
Here	1 - 1 - 1 - 2019 Chair			cuss this return with
	Signature of Officer Date Chair		instructions)?	
	Print/Type preparer's name Preparer's signature Date		if PTIN	21 100 1 100
.	Print/Type preparer's name Preparer's signature Date	Check		
Paid	urer Barbara P. Breland Barbara P. Breland 11/15/19	self- employe		166857
Prepa	Breland C Hemonists Model D C			1225519
Use C	Only Firm's name Breland & Hemenway Todd, P.C. 626 Clinton Ave W Suite 101	Firm's EIN	- 03-	1773313
	Firm's address ► Huntsville, AL 35801-5552	Dhone se	256-53	2_1051
900746 5		I FIIONE NO.		
823711 01	-us- is		Fo	orm 990-T (2018)

Cabadula A Caada Sal	 			/-					
Schedule A - Cost of Goods Sol	G. Enter	method of inven		N/A					
1 Inventory at beginning of year	1		6 Inventory at en				6		
2 Purchases	2		7 Cost of goods				ļ		
3 Cost of labor	_3		from line 5. En	ter here a	nd in P	art I,	<u> </u>	ļ	
4 a Additional section 263A costs			line 2				7.	l	
(attach schedule)	4a		8 Do the rules of	section 2	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produ	ced or ac	quired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organizatio						
Schedule C - Rent Income (Fron	n Real I	Property and	Personal Prop	erty Le	ease	d With Real Prop	erty)		
(see instructions)								<u> </u>	
1 Description of property									
(1) 216 Westside Square	Bank	Buildin	g						
(2)			·						
(3)									
(4)				_					
2.	Rent receiv	ed or accrued							
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	nd personal property (if the personal property exceeds 5 it is based on profit or incor	0% or if		3(a) Deductions directly columns 2(a) a See Stat	nd 2(b) (a	attach schedule)			
(1)		91,560.						4.	
(2)								<u> </u>	
(3)									
(4)	-								
Total	0.	Total	9	1,56	0.				
(c) Total income Add totals of columns 2(a) ar	nd 2(b). En	ter				(b) Total deductions			
here and on page 1, Part I, line 6, column (A)		>	<u></u>	1,56	0.	Enter here and on page 1, Part I, line 6, column (B)	•	48,04	4.
Schedule E - Unrelated Debt-Fir	anced	Income (see	instructions)						
			2 Gross income from			3 Deductions directly cor to debt-finan	nnected with or allocable inced property		
1 Description of debt-financed p	oroperty		or allocable to deb		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							1		
(2)								,	
(3)			<u> </u>			· · · · · · · · · · · · · · · · · · ·		····	
(4)	_		17						
4 Amount of average acquisition / debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property i schedule)	6 Column 4 divide by column 5	d		7 Gross income reportable (column 2 x column 8)	-	8 Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
(1)	_		 	%			_		
(2)	_			%			_	7	
(3)			T-	%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)	1	Enter here and on page 1 Part I, line 7, column (B)	
Totals						0			0.
Total dividends-received deductions included	Lin column	. 0				<u></u>	\neg		0.

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)	·					
Fotals (carry to Part II, line (5))	0.	0.				0

Form 990-T (2018) Downtown Huntsville Charitable Fund 76-07272

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) (cot 2 minus cot 3) If a gain, compute cots 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)	-						<u> </u>
(4)							
Totals from Part I	•	0.	0.			·	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				.l o

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

Form 990-T (2018)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 1

Rental of historic office building

To Form 990-T, Page 1

Form 990-T	Deductions	Connected	with Rental	Income	Statement 2
Description			Activity Number	Amount	Total
Depreciation Insurance Professional fees Software fees	5			35,000. 10,177. 2,703. 164.	
		- SubTota	1 - 1	2010	48,044.
Total to Form 990	0-Т, Schedul	lc C, Colu	mn 3		48,044.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

C-

1

OMB No 1545-0172

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

Do	wntown Huntsville Ch	naritable	Fund		We		de Squa	re Ban	ik 76-0727229
Pa							complete Part	V before vo	
		ity onder occiton i	, , , , , , , , , , , , , , , , , , , ,	o navo any m	otou pi	opoliy,	- complete r art	1	1,000,000.
	Maximum amount (see instructions) Total cost of section 179 property plac	od in noniioo (000	inotri intional					2	1,000,000.
	• • • •	•	•					3	2,500,000.
	Threshold cost of section 179 property			0				4	2,300,000.
	Reduction in limitation Subtract line 3		•					5	·
	Dollar limitation for tax year Subtract line 4 from line (a) Description of pr		-U- II married Illin	g separately, see i (b) Cost (busin			(c) Elected o	-	
6	(a) Description of pr	operty		(D) Cost (Dusii	1622 026	Ulliy)	(c) Elected C	·	-
									•
									ı
		·							
_						- +			?
	Listed property Enter the amount from					7			
	Total elected cost of section 179 prope	•	•), lines 6 and	7			8	
_	Tentative deduction Enter the smaller							9	
	Carryover of disallowed deduction from	•						10	
11	Business income limitation. Enter the s	maller of busines	s income (not	less than zer	o) or lu	ne 5		11	
12	Section 179 expense deduction Add li	nes 9 and 10, but	don't enter r	nore than line	11			12	
	Carryover of disallowed deduction to 2			····		13			
	e: Don't use Part II or Part III below for								
Ра	rt II Special Depreciation Allowa	nce and Other D	epreciation (Don't includ	le listed	prope	rty)		,,
14	Special depreciation allowance for qua	lified property (oth	ner than listed	d property) pla	aced in	service	during		
	the tax year							14	
15	Property subject to section 168(f)(1) ele	ection						15	
	Other depreciation (including ACRS)							16	
Pa	rt III MACRS Depreciation (Don't	include listed pro	perty See in	structions)					
			Se	ction A			···		
17	MACRS deductions for assets placed in	n service in tax ye	ars beginning	before 2018	}			17	35,000.
18	f you are electing to group any assets placed in serv	ice during the tax year i	nto one or more g	eneral asset accou	ınts, ched	k here	▶□]	•
	Section B - Assets	Placed in Service	e During 20	18 Tax Year l	Jsing 1	he Ger	neral Depreciat	ion Syster	n
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation ivestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property				<u> </u>				
<u> </u>	7 year property								
d	10-year property								
е	15 year property								
f	20-year property								
	25-year property			•	2	5 yrs		S/L	
		/			27	5 yrs	MM	S/L	
h	Residential rental property	/			27	5 yrs	ММ	S/L	
-		/				9 yrs	ММ	S/L	''
ı	Nonresidential real property	/					ММ	S/L	-
	Section C - Assets P	laced in Service	During 2018	Tax Year Us	sing th	e Alteri	native Deprecia		em
20a	Class life		1					S/L	<u>-</u>
b	12-year				1	2 yrs		S/L	
c	30-year	/	†		1	0 yrs	ММ	S/L	**************************************
d	40-year	/			† 	0 yrs	MM	S/L	
	rt IV Summary (See instructions)		<u> </u>		1			<u> </u>	
	Listed property Enter amount from line	28						21	
	Fotal. Add amounts from line 12, lines		as 10 and 20	un column (a	\ and I	na 91			·-·
١	Enter here and on the appropriate lines	of your return Pa	artnerships ar	nd S corporat			r	22	35,000.
23	For assets shown above and placed in	-	current year	, enter the	;				٠
	portion of the basis attributable to section					23			₩

Form 4562 (2018) Downtown Huntsville Charitable Fund 76-0727229 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (b) (e) (i) (f) (g) (h) (d) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation (business/investment placed in investment section 179 (list vehicles first) other basis Convention deduction period service use percentage use only) cost 25 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 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use % S/L % S/L % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal 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 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 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 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 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 (c) (d) (e) (f) Date amortization Amortizable amount Amortization period or percentage 42 Amortization of costs that begins during your 2018 tax year 43 Amortization of costs that began before your 2018 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) RENT

Business or activity to which this form relates

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

1

OMB No 1545-0172

Seauence No

Identifying number

216 Westside Square Downtown Huntsville Charitable Fund Historic Bank Building 76-0727229 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 1,000,000. 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 3 2,500,000. 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 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (c) Elected cost 6 (b) Cost (business use only) 7 Listed property Enter the amount from line 29 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 2017 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 13 Carryover of disallowed deduction to 2019 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 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 vear 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 35,000. 17 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property year placed (e) Convention (f) Method (a) Depreciation deduction period in service only - see instructions) 3-year property 19a 5-year property b C 7-year property ч 10-year property 15-year property e 20 year property 25-year property 25 yrs S/L MM 27 5 yrs S/L h Residential rental property 27 5 yrs MM S/L 39 yrs MM S/L Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12-year b 12 yrs. S/L 30-year 30 vrs MM S/L C 40-year 40 yrs ММ 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 35,000. 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

23

portion of the basis attributable to section 263A costs

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

					nleage rate or dedu		expense,	comp	lete only 24a,	
				.,	d Section C if appli					
	Section A -	Depreciation	on and Other Inf	ormation (Caution	on: See the instruc	tions for lir	nits for pa	ssenge	er automobiles)	
<u>24a</u>	Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence wri								ce 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) Metho Conven	od/	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allo	owance for q	ualified listed pro	perty placed in s	ervice during the ta	x year and				
	used more than 50% in	a qualified bi	usiness use			-		25		
26	Property used more tha	n 50% in a qi	ualified business	use						-
			%	_					-	
			%				_			
			%							
27	Property used 50% or le	ss in a qualif	ied business use)·						
			%				S/L -			
			%				S/L·			1
			%				S/L -			
28	Add amounts in column	(h), lines 25	through 27 Ente	er here and on line	e 21, page 1			28		<u>l</u> _
<u>29</u>	Add amounts in column	(i), line 26 E	nter here and on	ı lıne 7, page 1					29	
			Sec	tion B - Informa	tion on Use of Veh	ııcles				

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) (b) (c)		(d)		(e)		(f)						
30	Total business/investment miles driven during the	Veh	ıcle	Veh	ıcle	Veh	Vehicle		Vehicle		icle	Vehicle	
	year (don't include commuting miles)					.,,							
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?	11											

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	1	
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	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?		
41	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) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins during your						
		·				
43 Amortization of costs that began before your 2		43				
44 Total. Add amounts in column (f) See the inst	,,	44	70			