Form 990-T	.   E	xempt Organization (and proxy tax	Bus	siness Ind	come '	Tax Retui	n	OMB No	1545-0687			
		ndar year 2018 or other tax year begin					2019	200	12			
Department of the Treasury		► Go to www.irs gov/Form990							) I U			
Internal Revenue Service	▶Do	not enter SSN numbers on this form					:)(3)	Open to Pub 501(c)(3) Org	lic Inspection for ganizations Only			
A Check box if address change	ed	Name of organization ( Check b		-		•		yer identifica yees' trust, see ii				
B Exempt under section		INC.										
X 501( C)( <b>0</b> 3)	Print	Number, street, and room or suite no	lf a P O	box, see instruction	ns		31-1128781					
408(e) 220	(e) Type						E Unrelated business activity code (See instructions )					
408A530		10010 DONALD S. POW				201	(555	·				
529(a)		City or town, state or province, country	ry, and Z	ZIP or foreign postal	code		E 4 1 0 :	1.0				
C Book value of all asse at end of year		MUNSTER, IN 46321	\		<del></del>		5412	1.9				
946.774.966		oup exemption number (See instructed organization type X 501	<del></del>		E01/o	\ terret	401(a)	trust	Other trust			
		anization's unrelated trades or busine			1 30 1(0	) trust		(or first) unre				
		COUNTING SERVICES	,3303		only one	complete Parts I	•	,				
		e end of the previous sentence, co	mplete		•	•		•				
trade or business			•	,	•							
I During the tax ye	ar, was the	corporation a subsidiary in an affil	lated g	roup or a parent-	subsidiary o	controlled group?		▶ 🔲	Yes X No			
If "Yes," enter the	name and	identifying number of the parent co	rporati	on 🕨								
J The books are in	are of ►M	ARY ANN SHACKLETT			Telephon	ie number ▶ 21	9-934-	-8250				
Part I Unrelate	ed Trade	or Business Income		(A) Inco	me	(B) Expen	ses	(0	C) Net			
1a Gross receipts	or sales	167,280.	į					l				
b Less returns and al		c Balance	H	16	7,280.			<u> </u>				
-	-	fule A, line 7)	_	16	7,280.				167,280.			
		2 from line 1c	$\overline{}$	1.0	7,200.	<u> </u>		<del> </del>	107,200.			
		attach Schedule D)	4a 4b					<del> </del>				
		Part II, line 17) (attach Form 4797) trusts	_	<u> </u>		<del>  -</del>		<del> </del>				
		or an S corporation (attach statement)										
		or an 3 corporation (attach statement)	<del>-</del>	-			<del></del>	<del>                                     </del>				
		ncome (Schedule E)				<del>-</del>		<del></del>				
		ents from a controlled organization (Schedule F										
9 Investment income	of a section 50	91(c)(7), (9), or (17) organization (Schedule G)	9									
10 Exploited exen	pt activity i	ncome (Schedule I)	10	_								
11 Advertising inc	ome (Sche	dule J)	11									
		ctions, attach schedule)	12					ļ				
13 Total Combine	lines 3 thr	ough 12	13	16	7,280.			<u> </u>	167,280.			
		Taken Elsewhere (See inst					xcept t	or contribu	itions,			
		t be directly connected with t			iess inco	me.)		<del></del>				
		directors, and trustees (Schedule K)		···   ···   R	FCFI	(ED)	14	-	18,179.			
16 Repairs and m	ayes				- 9.4 1.0	<u> </u>	15	<del>  -</del> -				
17 Bad debts	antenance	(non-potriutions)		5	· · · · ·		17	<del>                                     </del>				
18 Interest (attac	n schedule)	(see instructions)		101 1417	W 2 U.	(020   5	18					
19 Taxes and licer	nses						. 19					
20 Charitable con	tributions (	(see instructions)		L OG	DEW	.UT	20		2,727.			
21 Depreciation (	attach Form	4562)			21	938	·					
		I on Schedule A and elsewhere on r		_		<u> </u>	22b		938.			
									<del></del>			
		compensation plans						<del> </del>	4 150			
		s						<del> </del>	4,159.			
		Schedule I)						<del> </del>				
		Schedule J)						<del> </del>	23,233.			
		schedule)				कम्राम. <i>४</i>	$Q_{29}$	<del> </del> -	49,236.			
		ole income before net operating						<del>                                     </del>	118,044.			
		ng loss arising in tax years beginni						<del>  -</del>				
32 Unrelated bus	ness taxabl	e income Subtract line 31 from line	. 30 .		, 2010 (366		31 32	<del>                                     </del>	118,044.			
For Paperwork Red	iction Act I	Notice, see instructions.		<u> </u>	· · · · ·	<u> </u>		Form	990-T (2018)			

	990-T (20	<del>``````````````````````````</del>			Pag	ge <b>2</b>
Pai	t III	Total Unrelated Business Taxable Income	- <del></del> -			
33		of unrelated business taxable income computed from all unrelated trades or businesses (see tions)	33	1	63,29	)4.
34	Amoun	ts paid for disallowed fringes	34			
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see			-	
	instruct	tions),	35	1	37,74	7.
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines	· 33 and 34	36		25,54	7.
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions) $\dots \dots \dots \dots $	37		1,00	0.
38	Unrelat	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
		ne smaller of zero or line 36	38		24,54	7.
Par	+ 1\7	Tay Computation				_
39	Organia	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		5,15	5.
40	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax page				
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Provvet	ax. See instructions		_		
42	Alternat	tive minimum tax (trusts only).	42		_	
43		Noncompliant Facility Income. See instructions			_	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			5,15	5.
Par		Tax and Payments	<u> </u>		-	
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	_	credits (see instructions)	1			
		Il business credit Attach Form 3800 (see instructions)				
		for prior year minimum tax (attach Form 8801 or 8827)	7			
e	Total ci	redits. Add lines 45a through 45d	45e			
46		ct line 45e from line 44	46		5,15	5.
47	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			_
48	Total ta	ax. Add lines 46 and 47 (see instructions)	48		5,15	5.
49	2018 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			_
50 a		nts A 2017 overpayment credited to 2018				
b	2018 es	slimated tax payments	]			
		posited with Form 8868	1			
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941)	]			
g	Other cr	redits, adjustments, and payments Form 2439	1			
	F	redits, adjustments, and payments Form 2439 Other Total 50g				
51	Total p	ayments. Add lines 50a through 50g	5 1		7,14	.1.
52	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	1 52		23	<u>. 08</u>
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54		lyment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		1,75	6.
55	Enter the	e amount of line 54 you want Credited to 2019 estimated tax ▶1,756. Refunded	55			_
Par		Statements Regarding Certain Activities and Other Information (see Instruction				
56	•	time during the 2018 calendar year, did the organization have an interest in or a signature of		· · ·	Yes   N	No -
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-	I		1
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		1
	here <b>&gt;</b>	<del></del>		<del></del>	X	
57		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	• • • • }	X	<del>`_</del> ,
~0	-	see instructions for other forms the organization may have to file				
<u>58</u>		he amount of tax-exempt interest received or accrued during the tax year ▶ \$  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of my	knowledne a	and belief	<u></u>
Sigi	1 700	He, serrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her	1 1	/ 1	ay the IRS			
1161	–	MING OVIAC OF IGORALA	ith the pr ee instructions	eparer sh	own bel	
		Print/Type preparer's name Preparer's signature Date	T	PTIN	- 1	
Paid		05/12/20 Cher	ck L ıf employed	P0036	52066	
•	arer	Jen-		34-6565		—
Use	Only			-681-7		5
		j-rioi		Form 99	_	018)
JSA					. , -	- ,

Form 990-T (2018)

Total dividends-received deductions included in column 8 . .

 $\blacktriangleright$ 

Schedule F—Interest, Annu	antes, Noyantes			ntrolled Org			ation	1300	instruction.	7113)	-	
Name of controlled organization	2 Employer identification numb	er 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		fied in	5 Part of column 4 to included in the control organization's gross in			6 Deductions directly connected with income in column 5	
(1)												
(2)							_  _					
(3)						_						
(4)												
Nonexempt Controlled Organiz	zations						_		<del></del>			
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I		otal of specific syments 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)												
Totals		 ction 501(c	· · · · · · · · · · · · · · · · · · ·	 (9), or (17	▶ ) Orga	Pa	ter here irt I, line on (se	8, colu	mn (A)		ter here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction of the directly contact (attach school)	nected	4 Set-asides (attach schedule)					5 Total deductions and set-asides (col 3 plus col 4)	
(1)				_								
(2)							_			$\rightarrow$		
(3)							_					
(4)	Enter here and		ļ				_				Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co		er Tha	an Advert	ising Ir	come	e (see	ınstru	ctions)		Part I, line 9, column (B)	
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		that ited	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)		<del></del> -				_						
(3)			•	**					_			
(4)			-				_		-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rtl,			L		<u>-</u> -	1	_	Enter here and on page 1, Part II, line 26	
Totals		-4		L								
Schedule J- Advertising Ir				1.1.15								
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Bas	<u> </u>						<del></del>	
1 Name of periodical	2 Gross advertising income	3 Direct advertising of			ss) (col ol 3) If mpute	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)		•								-		
(2)		<del></del> -		,							$\neg$	
(3)									<u> </u>	-		
(4)												
						Ì						
Totals (carry to Part II, line (5))											Form 990-T (2018	

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)						
Totals from Part I ▶						
	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)						

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

Form **990-T** (2018)

#### SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service
Name of organization

06/30<sub>,20</sub>19

► Go to 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

COMMUNITY FOUNDATION OF NORTHWEST INDIANA,

Employer identification number 31-1128781

Unrelated business activity code (see instructions) ▶ 518210

Describe the unrelated trade or business ▶ SOFTWARE SUPPORT

Part I	Unrelated Trade or Business Inco	ome	(A) Income	(B) Expenses	(C) Net
1a Gros	s receipts or sales 78,850			_	·-
	eturns and allowances	c Balance ▶ 1c	78,850.	İ	
2 Cost	of goods sold (Schedule A, line 7)	_			
3 Gros	s profit Subtract line 2 from line 1c		78,850.		78,850
ta Capit	tal gain net income (attach Schedule D).	4a			
	gain (loss) (Form 4797, Part II, line 17) (attach				
c Capit	tal loss deduction for trusts	4c			
Incor	me (loss) from a partnership or an S corpo	ration (attach			
	ment)				
Rent	ıncome (Schedule C)	6			
Unre	lated debt-financed income (Schedule E).	7			
	est, annuities, royalties, and rents from a c				
orgar	nization (Schedule F)	8			
Inves	stment income of a section 501(c)(7), (9), of	or (17)			<u> </u>
	nization (Schedule G)				
Explo	oited exempt activity income (Schedule I)	10			
	rtising income (Schedule J)				
	r income (See instructions, attach schedule				
	Combine lines 3 through 12		78,850.		78,850

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		19,188.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	3,516.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		4,390.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		6,506.
29	Total deductions. Add lines 14 through 28		33,600.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	45,250.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30		45,250.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

# SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\underline{-07/01}$  , 2018, and ending  $\underline{-06/30}$  , 20  $\underline{19}$ 

► Go to www.irs gov/Form9907 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

Name of organization

COMMUNITY FOUNDATION OF NORTHWEST INDIANA,

Employer identification number 31-1128781

Unrelated business activity code (see instructions) ▶ 518210

Describe the unrelated trade or business ▶ IT/TELECOM SERVICES

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sales 31, 930.				-	1		
b	Less returns and allowances c Balance	1c	31,930.			]		
2	Cost of goods sold (Schedule A, line 7)	2	·			<u> </u>		
3	Gross profit Subtract line 2 from line 1c	3	31,930.	· .		31,930.		
4a	Capital gain net income (attach Schedule D)	4a				· · · · · ·		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b						
С	Capital loss deduction for trusts	4c		,				
5	Income (loss) from a partnership or an S corporation (attach			•		_		
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule 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	31,930.			31,930.		
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages					20,554.		
16	Repairs and maintenance				,			
17	Bad debts				17			
18	Interest (attach schedule) (see instructions)				18			
19	Taxes and licenses				19			
20	Charitable contributions (See instructions for limitation rules)				20			
21	Depreciation (attach Form 4562)		1 1			-		
22	Less depreciation claimed on Schedule A and elsewhere on re				22b			
23	Depletion				23			
24	Contributions to deferred compensation plans				24			
25	Employee benefit programs				25	4,703.		
26	Excess exempt expenses (Schedule I)				26			
27	Excess readership costs (Schedule J)				27			
28	Other deductions (attach schedule)			ATCH 4	28	15,229.		
29	Total deductions Add lines 14 through 28				29	40,486.		
30	Unrelated business taxable income before net operating	loss	deduction Subtract line	29 from line 13	30	-8,556.		
31	Deduction for net operating loss arising in tax years	_	•	•				
	instructions)				31			
32	Unrelated business taxable income Subtract line 31 from line	30 .	<u> </u>	<u></u>	32	-8,556.		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

### FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER  NOL CARRYOVER	167,280. 0. 46,509. 137,747.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 12,077.
CHARITABLE CONTRIBUTION	2,727.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	2,727.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OUTSIDE SERVICES

23,233.

PART II - LINE 28 - OTHER DEDUCTIONS

23,233.

31-1128781

ATTACHMENT 3

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

OUTSIDE SERVICES

6,506.

PART II - LINE 28 - OTHER DEDUCTIONS

6,506.

31-1128781

ATTACHMENT 4

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TELEPHONE SUPPLIES

11,222.

4,007.

PART II - LINE 28 - OTHER DEDUCTIONS

15,229.

## Form 4562

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return

► Attach to your tax return

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

OMB No 1545-0172 2018

Attachment Sequence No 179

Name(s) shown on return

Department of the Treasury

W.Irs.gov/Form4562 for instructions and the latest information.

Sequence No 1

Identifying number

COMMUNITY FOUNDATION OF NORTHWEST INDIANA 31-1128781 Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions (a) Description of property 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 10 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 don't enter more than line 11 . . Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 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. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) 4,453 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (g) Depreciation deduction placed in period only - see instructions) 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 vrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs ММ S/L мм 39 yrs S/L ı Nonresidential real ММ property S/I Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 30-year мм 30 yrs S/L d 40-year 40 yrs ММ S/L Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

4.453

_															31	-1128	3781	
_	m 4562 art V	<del>`</del>	Pre	nerty	(Include	automol	niles	Certai	n oth	er vel	hicles	s, certa	ain air	craft	and	nrone	rtv us	Page 2
	al C V	enterta	ınme	ent, réc	reation, o	r amusem	ent )										<del>-</del>	
		Note: F	or a	ny vehi	cle for wh	ich you ar	e using	the s	tandard	mileag	ge rai	le or de	ducting	lease	expense	e, com	olete o	nly 24a
		_				Section A, Other Info						<del>· ·                                    </del>				ıtomobil	00.1	
24:	a Do vo	_				iness/investm				es X		24b If "					Yes	X No
===	<u></u>	(a)	140	<u> </u>	(b)	(c)	1		<del></del>	(e)	110	(f)		g)	Т —	(h)	7	(I)
	Type of	f property (li:	st	Dat	e placed	Business/	Cost	(d) or other b		sis for depr		Recovery		hod/		eciation	1	section 179
	veh	ncles first)		ın	service	investment us percentage	se Cost	Or Other b	(6)	siness/inve use only		period		ention		uction	'	cost
25	Spec	cial depre	ciatio	n allow	vance for	qualified lis	sted pr	operty	placed	in serv	/ice d	uring	<u> </u>		1 -		1	
	the ta	ax year aı	nd us	ed more	than 50%	in a qualifi	ed bus	iness us	se See	instruct	ions	<u></u>	<u></u>	. 25				
26	Prop	erty used	mor	e than 5	0% in a qi	ualified busin	ness us	e										
							%					L	ļ				ļ	
							%						ļ		<u> </u>		<del> </del>	
27	Desa		500/	07.10			%					ļ	<u> </u>				.L	
27	Prop	erty used	50%	oriess	in a qualifi	ed business	% use						S/L -	_			τ -	<del></del>
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28	Add :	amounts	ın col	lumn (h	) lines 25	through 27	· · · · · · · · · · · · · · · · · · ·	here ar	nd on lu	ne 21 n	age 1		1	. 28	<del> </del>		1	
29	Add	amounts	ın col	lumn (ı)	, line 26 E	nter here a	nd on	line 7, p	age 1		age .					. 29		
_					·							ehicles					1	
Cor	nplete	this section	on fo	r vehicle	s used by	a sole prop			-				er," or re	elated	person	If you p	rovided	vehicle
to y	our em	ployees, fu	st ans	swer the	questions in	Section C to	see if	you mee	t an exc	eption to	comp	leting this	section f	or thos	e vehicle	s		
								(a)		(b)		(c)		d)	1	(e)		(f)
30					miles driv		ver	ncle 1	ver	ncle 2		ehicle 3	Veni	cle 4	Ver	nicle 5	l ve	nicle 6
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			-		en during	-					<b>_</b>		-		<del> </del>	_	├	
32	Total		•	ersonal	(nonco	mmuting)		-					ľ					
22		driven .	•	• •					<u> </u>		├-		<del>                                     </del>		<del> </del> -		├──	
33					ng the y										ł		1	
34			_		able for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•						•		<del>                                     </del>									†	1
35					rımarıly by										1			
					erson?			<u> </u>										
36	ls a	nother v	ehicl	e avai	lable for	personal												
	use?.	. <u>.</u>	<u></u>	• • • •	<u></u>			<u> </u>			<u> </u>			L		<u> </u>	<u></u>	<u> </u>
			Sec	ction C	- Questic	ons for Em	ploye	rs Who	o Prov	ide Vel	nicles	s for Us	e by Th	eir En	nploye	es		
						you meet a		eption 1	to com	pleting	Secti	on B for	vehicles	sused	by em	ployees	who a	aren't
						See instruc				_							T <b>v</b>	
37						tatement t							s, includ	ling co	mmuti	ng, by	Yes	No
38	your Do v	employee	is∕. Hain a		n policy s	statement t	 hat nr	ohibits	nersor	aluse	of ve	 hicles e	····	ommu	ting h	· · · ·	-	<del> </del>
-						vehicles use												
39	Do yo	ou treat a	ll use	of veh	icles by em	ployees as	person	al use?										
						hicles to y				ın infor	matic	n from	your er	nploye	es abo	ut the		
						ormation re												
41	-					rning qualif												
					, 38, 39, 4	0, or 41 is	"Yes,"	don't co	mplete	Section	n B fo	r the cov	ered vet	ncles				
Pa	art VI	Amort	<u>izati</u>	on		<del></del>					<u> —</u> г							
			(a)			(b)		1	(c)		1	(d)	ı		e) ization		(f)	
		Descri	otion o	fcosts		Date amort begins		An		e amount		Code s		рели	od or	Amortiz	ation for	this year
42	Ama:	rtization o	f con	to that !	nogine dire	L		V005 (5:	oo inata	uotions\				perce	ntage			
42	Amol	ruzauon C	ii cos	is mat I	Jegins auri	ng your 20	io tax	year (Se	e mstr	uctions)	<u>'</u>	<del></del> .			Г			
		_			<del></del>	<del>-</del>						_	_		+	<del>-</del> -		
43	Amo	rtization c	f cos	ts that	began hef	re your 20	18 tax	vear						Щ	43			
						ee the instri			ere to r	eport					44			
											<u></u>	<u>.                                  </u>	<u> </u>					