| | | | F | XTENDED TO | MAY 1 | 5 2020 | 190 | \mathcal{O} | | |
|----------|--|------------|---|----------------------------|-----------------|--------------------------|---|---------------|--|---|
| Eorm | 990-T | E | xempt Orga | | | | ax Return | L | OMB No | 1545-0687 |
| FOITH | 000 1 | _ | | and proxy tax u | nder sec | tion 6033(e)) | ax Hotain | ΄ Γ | | 240 |
| | _ | For cal | endar year 2018 or other tax | | | | N 30, 201 | 9 | 21 | D18 |
| Dane- | · · · · · · · · · · · · · · · · · · · | | | w irs gov/Form990T fo | | | | | | |
| | tment of the Treasury al Revenue Service | | Do not enter SSN num | bers on this form as it r | nay be made | e public if your organiz | | | | iblic Inspection for rganizations Only |
| A | Check box if address changed | | Name of organization (| Check box if nam | ie changed a | nd see instructions) | | (Empl | oyer identifi oyees' trus ctions) | ication number st, see |
| B E | xempt under sectiop ₂ | Print | AMERICAN H | ISTORICAL A | ASSOCI | ATION | | 5 | 3-02 | 17487 |
| X |]501(c)(3 (D) | or 1 | Number, street, and ro | om or suite no. If a P.O. | box, see ins | tructions | | | ated busine | ess activity code) |
| | 408(e) 220(e) | Туре | 400 A STRE | | | | | | | |
| <u> </u> | _408A | | • • | rovince, country, and ZI | = | postal code | | | | |
| ب | J529(a) | | WASHINGTON | | | _ | | 541 | <u>800</u> _ | |
| C Bo | ok value of all assets | | | mber (See instructions. | | FO1(a) trust | 401(0) | truet | | Other trust |
| | | | G Check organization t | | orporation | 501(c) trust | ### 401(a) | | | J Other trust |
| | | - | tion's unrelated trades of EE STATEMEN | · - | Т | | the only (or first) un complete Parts I-V | | than one | |
| | | | ce at the end of the prev | | Parts Land | | | | | , |
| | siness, then complete l | • | • | ious sentence, complete | o i aito i ailu | n, complete a concaun | S IVI TOT COCH AGGILOT | ai ii aoc | OI . | |
| | | | oration a subsidiary in a | n affiliated group or a pa | arent-subsid | ary controlled group? | ▶ [| Ye | s X | No |
| | • • • | • | ifying number of the par | • | 2.0 | , | , - | | | - |
| J Th | e books are in care of | <u>▶</u> [| ANA SCHAFF | ER | | Teleph | one number 🕨 2 | 02- | 544- | 2422 |
| Pa | rt I Unrelated | d Trac | le or Business Ir | ncome | | (A) Income | (B) Expenses | | (| (C) Net |
| 1 a | Gross receipts or sale | es | | | | | | - | | |
| b | Less returns and allow | wances | | c Balance | ► 1c | | | | | |
| 2 | Cost of goods sold (S | | • | | 2 | | | | | |
| 3 | Gross profit. Subtract | | | | 3 | | | | | |
| | Capital gain net incom | • | • | | 4a | DECI | EN/FD | | | |
| | | | art II, line 17) (attach Fo | rm 4/9/) | 4b | RECI | 18 | lack | | |
| _ | Capital loss deduction | | | (attach atatomont) | 4c | 1 | | 1 | - | |
| 5 | | | hip or an S corporation | (attach statement) | 6 | SO FEB | 2 0 2020 | +t | | |
| | Rent income (Schedul Unrelated debt-finance | | na (Schadula E) | | 7 | | | | | |
| 8 | | | nd rents from a controlle | ed organization (Schedule | | OGE | EN, UT | _ | | |
| 9 | | | n 501(c)(7), (9), or (17) | • | · | | | | | |
| 10 | Exploited exempt activ | | | | 10 | | | | | |
| 11 | Advertising income (S | Schedule | J) | | 11 | 26,725. | 4,6 | 87. | | 22,038. |
| 12 | Other income (See ins | struction | s, attach schedule) | | 12 | | • | | | |
| | Total. Combine lines | | | P-1887 | 13 | 26,725. | 4,6 | 87. | : | <u>22,038.</u> |
| Pa | | | t Taken Elsewh itions, deductions mu | | | | s income) | | | |
| 14 | Compensation of offi | icers, dır | ectors, and trustees (So | hedule K) | | | | 14 | | |
| 15 | Salaries and wages | | | | | | | 15 | | 8,436. |
| 16 | Repairs and maintena | ance | | | | | | 16 | | |
| 17 | Bad debts | | | | | | | 17 | | |
| 18 | Interest (attach sched | dule) (se | e instructions) | | | | | 18 | | |
| 19 | Taxes and licenses | 000 (000 | unatruations for limitati | on rules) | | | | 19 20 | | |
| 20 21 | Depreciation (attach I | • | instructions for limitations | Jii rules) | | 21 | | 20 | | |
| 22 | • | | Schedule A and elsewh | iere on return | | 22a | | 22b | | |
| 23 | Depletion | unnea on | Concodic A and clocking | ore on retain | | [224] | - | 23 | - | |
| 24 | Contributions to defe | erred cor | npensation plans | | | | | 24 | | |
| 25 | Employee benefit pro | | , | | | | | 25 | | 2,641. |
| 26 | Excess exempt exper | - | hedule I) | | | | | 26 | | |
| 27 | Excess readership co | | * | | | | | 27 | | 22,038. |
| 28 | Other deductions (att | | | | | | nd | 28 | | |
| 29 | Total deductions Ad | | | | | | 99 | 29 | | 33,115. |
| 30 | | | come before net operat | = | | | | 30 | | <u>11,077.</u> |
| 31 | • | - | oss arısıng ın tax years t | • | nuary 1, 201 | 8 (see instructions) | 121 | 31 | | 44 055 |
| 32 | Unrelated business ta | taxable ir | come. Subtract line 31 | from line 30 | | | - 01 | 32 | | <u>11,077.</u> |

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

| orm 990-T | (2018) AMERICAN HISTORICAL ASSOCIATION | 53-021 | 7487 | Page 2 |
|-----------|---|-------------------|-----------------------------------|-----------------------|
| Part II | | | - | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | _ | 33 | -11,077. |
| | Amounts paid for disallowed fringes | | 34 | _ |
| | | MT 2 | 35 | 0. |
| | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | |
| | lines 33 and 34 | | 36 | -11,077. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 35 | 37 | 1,000. |
| | Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, | 20 | | |
| | enter the smaller of zero or line 36 | -54 | 38 | -11,077. |
| Part I | / Tax Computation | , | 1 | |
| 39 | Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) | 10 D | 39 | 0. |
| 40 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: | | | |
| | 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 | 11/ | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 45 | 44 | 0. |
| Part V | Tax and Payments | | 1 | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | 」 | |
| 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 | |
| | Subtract line 45e from line 44 | | 46 | <u> </u> |
| 47 | Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a | ttach schedule) | 47 | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | 44 | 48 | 0. |
| 49 | Total tax: Add lines: 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 | 50 | 49 | 0. |
| 50 a | - | 4,039. | 4 1 | |
| b | 2018 estimated tax payments 50b | | 4 | |
| C | Tax deposited with Form 8868 | | ↓ | |
| | Foreign organizations Tax paid or withheld at source (see instructions) 50d | | - | |
| | Backup withholding (see instructions) 50e | | 4 | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | - | |
| 9 | Other credits, adjustments, and payments: Form 2439 | | | |
| | Form 4136 Other Total ▶ 50g | | 1 1 | 4 020 |
| | Total payments. Add lines 50a through 50g | | 51 | 4,039. |
| | Estimated tax penalty (see instructions). Check if Form 2220 is attached | _ | 52 | |
| | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 175 | 58 | 4 020 |
| | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | 54 | 4,039. |
| Part V | | unded tions) | 5 5 | 0. |
| | | | | Van Na |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | Yes No |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country | | | |
| | | | | x |
| | here > | nian truct? | | $-\frac{x}{x}$ |
| | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. | agii uustr | | - - ^ - |
| | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | | |
| 30 | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | ne best of my kno | wledge and be | lief, it is true, |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled | ge | | |
| Here | Naha Schalk 1/19/2020 N DEPUTY DIRECTO | ~ | ay the IRS disc e preparer sho | cuss this return with |
| | Signature of officer Date Title | | | X Yes No |
| | Print/Type preparer's name Preparer's signature / Date | | f PTIN | |
| Delat | | self- employed | | |
| Paid | GLENDI MILLED GDA C //////~ 1/17/0000 | F/0,00 | P00 | 086726 |
| Prepa | S LIBOURD CDAC LLD | Firm's EIN | | 0974031 |
| Use O | 419 N LEE ST | | | <u></u> |
| | Firm's address ► ALEXANDRIA, VA 22314-2301 | Phone no 7 | 03-51 | 9-0990 |
| | | | | |

823711 01-09-19

| Schedule A - Cost of Good | is Sold. Enter m | ethod 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 so | old Subtract | line 6 | |
| 3 Cost of labor | 3 | | from line 5 Ente | r here and in | Part I, | |
| 4a Additional section 263A costs | | | line 2 | | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of s | ection 263A (| with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | property produce | ed or acquire | d for resale) apply to | |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | , | | |
| Schedule C - Rent Income | (From Real P | roperty and P | ersonal Prope | erty Leas | ed With Real Prop | perty) |
| (see instructions) | <u> </u> | | | | | |
| 1 Description of property | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | <u>-</u> |
| (4) | | | | | | |
| | 2 Rent received | | | | 2/a) Dadugtions directly | connected with the income in |
| (a) From personal property (if the personal property is more 10% but not more than 50% | e than | ` of rent for persor | ersonal property (if the p nal property exceeds 50° ased on profit or income | % or if | | connected with the income in d 2(b) (attach schedule) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Total | 0 · T | otal | | 0. | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | | • | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 8, column (B) | 0. |
| Schedule E - Unrelated Del | ot-Financed Ir | ncome (see insti | ructions) | | | |
| | | | 2 Gross income from | , | 3 Deductions directly conn to debt-finance | |
| Description of debt-fit | nanced property | | 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 ad of or alloc debt-finance (attach sc | able to d property | 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) | | | | % | | |
| | | | | | inter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | | 0. | 0. |
| Total dividends-received deductions in | cluded in column 8 | | | | | 0. |
| | <u> </u> | | | | | Form 990-T (2018) |

| Schedule F - Interest, A | Annuitie | s, Royal | ties, ar | nd Rents | s From C | ontrolle | ed Organiz | ation | IS (see ins | truction | s) |
|---------------------------------------|--|------------------------------------|-----------------------------------|--|---|--|---|------------------------------------|---|----------|--|
| | | | | | Controlled O | | | | | | |
| 1 Namè of controlled organizat | ion | 2 Emp identific numb | ation | | elated income instructions) | | al of specified nents made | ınçlude | of column 4 ted in the contration's gross i | olling | 6 Deductions directly connected with income in column 5 |
| (1) | | · · · · · · | | _ | | | | | | | |
| (2) | | | | - | | | | | | | |
| (3) | | | | | | | | | | | 11. |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | <u> </u> | |
| 7 Taxable Income | 8 Net u | nrelated income ee instructions | | 9 Total | of specified payi made | ments | 10 Part of column the controll gross | mn 9 that ing organ s income | ıs ıncluded ızatıon's | 11 Dec | ductions directly connected income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | _ | | | | İ | | |
| (3) | - | | | | | Ï | | | | | |
| (4) | | | | | | | | | | | |
| Totals | | | | | | • | Add colun Enter here and line 8, c | | 1, Part I, | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Schedule G - Investme | nt Incor | ne of a S | Section | 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | |
| (see instr | ructions) | | | | 2 Amount of | Income | 3 Deductio | | 4 Set-a | asides | 5 Total deductions and set-asides |
| | inplicit of frico | | | | Z 74110d114 01 | | (attach sched | | (attach s | chedule) | (col 3 plus col 4) |
| (1) | | | | | | | | | | _ | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (8) |
| Totals | | | | <u> </u> | | 0. | | | | | 0. |
| Schedule I - Exploited (see instru | | Activity | Incom | e, Othe | r Than Ac | lvertisi | ng Income | • | | | |
| 1 Description of exploited activity | 2 G unrelated incom- trade or t | business e from | directly of with pro of uni | penses connected oduction related s income | 4. Net inconfrom unrelated business (cominus colum gain, comput through | I trade or Ilumn 2 n 3) If a e cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | 6 Exp attributa colun | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | - | | | | | | | |
| (3) | | | | | | | | | _ | | |
| (4) | Enter her page 1 line 10, | Part I, | page 1 | re and on I, Part I, col (B) | | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals • | | 0. | | 0. | | | | | | | 0. |
| Schedule J - Advertisi | | | | | | | | | | | |
| Part I Income From | Periodic | als Repo | orted o | n a Con | solidated | Basis | | | | | |
| 1 Name of periodical | | 2 Gross advertising income | | 3 Direct ertising costs | or (loss) (c | ising gain of 2 minus ain, compute arough 7 | 5 Circulat | | 6 Reade costs | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | ı |
| (3) | | | | | | | | | | | |
| (4) | | | | | | , | ļ | | | | |
| Totals (carry to Part II, line (5)) | • | |). | 0 | | | | | | | 0. |
| | | | | | | | | | | | 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 | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute | 5 Circulation | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more |
|-----------------------------|---|--|--|---|---------------|--------------------|--|
| | | income | 2340/113111g 00313 | cols 5 through 7 | | 555.5 | than column 4) |
| (1) PERSPECTIVES | | 26,725. | 4,687. | 22,038. | 31,846. | 97,767. | 22,038. |
| (2) | | | | | | | |
| (3) | | | | | | | • |
| (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) | ▶ | 26,725. | 4,687. | | | | 22,038. |

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

| 1. Name | 2 Title | 3 Percent of time devoted to business | 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 | STATEMENT | 1 |
| • | | BUSINESS ACTIVI' | ΓY | | | |

PUBLICATIONS ADVERTISING DISALLOWED FRINGE BENEFITS

TO FORM 990-T, PAGE 1

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT | 2 |
|------------|--------------------|-------------------------------|-------------------|------------------------|--------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 06/30/15 | 104,591. | 0. | 104,591. | 104,591 | _ .• |
| 06/30/16 | 15,850. | 0. | 15,850. | 15,850 | |
| 06/30/17 | 18,519. | 0. | 18,519. | 18,519 | |
| 06/30/18 | 4,377. | 0. | 4,377. | 4,377 | • |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 143,337. | 143,337 | - |

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Identifying number

Attachment Sequence No 179

► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates

990

| | ERICAN HISTORICAL AS | | | | | | PAGE 10 , complete Pa | rt V be | efore y | 53-0217487 you complete Part I |
|--|--|---|---|--|--|---|---|---------------------------------------|--|-----------------------------------|
| _ | | | | - | | | · | | 1 | 1,000,000. |
| | Maximum amount (see instructions) | d in convec (200 | inetrijetione | ١ | | | | ŀ | 2 | 1,000,000 |
| | Total cost of section 179 property place | • | | , | | | | ŀ | 3 | 2,500,000. |
| | Threshold cost of section 179 property to | | | ar 0 | | | | ŀ | 4 | 2,500,000. |
| | Reduction in limitation Subtract line 3 fr | | • | | | | | | 5 | |
| | Dollar limitation for tax year Subtract line 4 from line (a) Description of programmer (b) | | -U- If married fil | (b) Cost (busing | | | (c) Elected | | | |
| 6 | (a) Description of prop | Jerty | | (0) 0031 (00311 | 1633 636 | 5/11y) | (6) 2,0000 | | | |
| | | | | | | | | | | |
| | | | | - | | | | | | <u> </u> |
| | <u>.</u> | | | | | | | | | { |
| _ | | | | | | | | | | { |
| | Listed property Enter the amount from I | | | | | 7 | | 1 | _ | { |
| | Total elected cost of section 179 proper | - | s in column (| c), lines 6 and | 17 | | | - | 8 | |
| | Tentative deduction Enter the smaller of | | | | | | | - | 9 | |
| | Carryover of disallowed deduction from | • | | | | | | - | 10 | |
| | Business income limitation. Enter the sm | | • | | • | ne 5 | | } | 11 | |
| | Section 179 expense deduction Add lin | • | | | e 11 | | | | 12 | |
| | Carryover of disallowed deduction to 20 | | | | > | 13 | | | | |
| _ | e: Don't use Part II or Part III below for II | | | | | | | | | |
| | Irt II Special Depreciation Allowan | | - | | | | | | | |
| 14 | Special depreciation allowance for qualif | ied property (oth | ner than liste | d property) p | laced ii | n servic | ce during | | | |
| | the tax year | | | | | | | - | 14_ | |
| 15 | Property subject to section 168(f)(1) elec | ction | | | | | | | 15 | |
| | Other depreciation (including ACRS) | | | | | | | | 16 | 23,773. |
| Pa | rt III MACRS Depreciation (Don't ii | nclude listed pro | perty See in | structions) | | | | | | |
| | | | Se | ection A | | | | | | |
| | | | | | | | | · | | |
| 17 | MACRS deductions for assets placed in | service in tax ye | ears beginnir | ng before 201 | 8 | | | | 17 | |
| | MACRS deductions for assets placed in If you are electing to group any assets placed in service | • | - | _ | | eck here | ▶ [| | 17 | |
| | • | ce during the tax year | into one or more | general asset acc | counts, ch | | | lation | | em |
| | If you are electing to group any assets placed in service | ce during the tax year | e During 20 (c) Basis for (business/i | general asset acc | Using | | neral Deprec | | | em (g) Depreciation deduction |
| 18 | If you are electing to group any assets placed in service Section B - Assets F (a) Classification of property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Using | the Ge Recovery | neral Deprec | | Syste | |
| 18 | If you are electing to group any assets placed in service Section B - Assets F (a) Classification of property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Using | the Ge Recovery | neral Deprec | | Syste | |
| 18 19a | If you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Using | the Ge Recovery | neral Deprec | | Syste | |
| 18 19a b | Section B - Assets F (a) Classification of property 3-year property 5-year property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Using | the Ge Recovery | neral Deprec | | Syste | |
| 19a b | Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Using | the Ge Recovery | neral Deprec | | Syste | |
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| 19a b c d e f | Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | Counts, ch Using (d) (d) (d) (d) (d) (d) (d) (d) (d) (d) | the Ge | neral Deprec | (f) Me | Syste | |
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| 19a b c d e f | Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property | Placed in Servic (b) Month and year placed | e During 20 (c) Basis for (business/i | general asset acc 18 Tax Year or depreciation investment use | 25 27 27 | Recovery period 5 yrs 5 yrs 5 yrs | (e) Convention MM MM | S S S | Systemethod S/L S/L | |
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(b) (c) (d) (e) (a) Date amortization Amortization Description of costs Amortizable Code Amortization for this year begins od or percentage 42 Amortization of costs that begins during your 2018 tax year 43 43 Amortization of costs that began before your 2018 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2018)