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2019
9

./1	l F	cempt Organization	Rus	siness Income	Tax Refu	rn i	
Form 990-T		and proxy tax)	?I — —I	OMB No 1545-0687			
	For cale	ndar year 2017 or other tax year begin		୭⋒17			
Department of the Treasury		► Go to www irs gov/Form990		<u> </u>			
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check be	ox if nai	me changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)
	-	<u>LINIV</u> ERSITY OF HARTFO	חפר				
B Exempt under section X 501(C) 3)	Print	Number, street, and room or suite no		hox see instructions		06-0	731360
408(e) 220(e)	or			DOX, DOD MICHAELIONO			ated business activity codes
408A 530(a)	1,700	200 BLOOMFIELD AVENU	UE			(See in	estructions)
529(a)		City or town, state or province, country	y, and Z	IP or foreign postal code		ĺ	
C Book value of all assets at end of year		WEST HARTFORD, CT 0	6117			5259	90 713940
		up exemption number (See instructi					
371,140,146.		ck organization type X 501			c) trust	401(a)	trust Other trust
		rimary unrelated business activity		ATTACHN			
		corporation a subsidiary in an affili identifying number of the parent co			controlled group?		▶ Yes X No
J The books are in care			porati		ne number ▶ 86	0-768-	-5691
		or Business Income		(A) Income	(B) Exper		(C) Net
1a Gross receipts or	sales						
b Less returns and allowa	nces	c Balance ▶	1c				
2 Cost of goods so	ld (Sched	ule A, line 7)	2				
•		2 from line 1c	3	4 201			4 201
		ttach Schedule D)	4a	-4,291. 2,295.			-4,291. 2,295.
		Part II, line 17) (attach Form 4797) rusts	4b 4c	2,293.	 		2,293.
		os and S corporations (attach statement)	5	-336,947.	ATCH 2	1	-336,947.
			6	45,306.		2,506.	
		come (Schedule E)	7				
8 Interest, annuities, roya	Ities, and rei	nts from controlled organizations (Schedule F)	8				
9 Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9		1		
	-	ncome (Schedule I)	10		-		
		fule J)	11	39,128.	ATCH 3	1	39,128.
		ough 12	13	-254,509.		2,506.	
		Taken Elsewhere (See instr		•			
		be directly connected with t			, ,		,
14 Compensation of	officers,	directors, and trustees (Schedule K)		INECE	IVED	. 14	17,463.
					5	. 15	17,407.
16 Repairs and main	tenance			···· 👼 ·· MAY 💇	8 2019 Q	. 16	!
17 Bad debts	ا ما بامامام		• • •	🎮	♥ &		
18 Interest (attach so19 Taxes and license	e chedule)			OGDE	NIIT	. <u>18</u> . 19	
		See instructions for limitation rules)			.1.45	20	
		4562)		4 1	13,24		
		on Schedule A and elsewhere on re			2,08	4 · 22b	11,158.
23 Depletion						23	t
		compensation plans					
		3					<u> </u>
		Schedule I)					
		chedule)					85,738.
		s 14 through 28					131,766.
		le income before net operating					-458,781.
		on (limited to the amount on line 30					
		e income before specific deduction					-458,781.
		ally \$1,000, but see line 33 instruc					1,000.
		ble income. Subtract line 33 fro				3 01 A	-458,781.
For Paperwork Reduct	or zero or ion Act N	line 32	• • •	<u></u>	<u> </u>	<u> </u>	Form 990-T (2017
7X2740 2,000 9138NX 221	.9 5/:	15/2019 2:26:58 AM	V 1	7-7.10	3458252		PAGE

1, -458, 781.

Form **990-T** (2017)

PAGE 76

Par	t Ⅲ Tax Computation						
35	Organizations Taxable as Corporations. See	instructions for tax com	putation Controlled grou	р			
	members (sections 1561 and 1563) check here ▶						
а	Enter your share of the \$50,000, \$25,000, and \$9		rackets (in that order)				
	(1) \$ (2) \$	(3) \$			ĺ		
ь	Enter organization's share of (1) Additional 5% tax (not				ĺ		
-	(2) Additional 3% tax (not more than \$100,000)		\$	_	ı		
_	Income tax on the amount on line 34			▶ 35c	ĺ		
36		tructions for tax comp					
••	the amount on line 34 from Tax rate schedule or			36	ĺ		
27				·		_	
37	Proxy tax. See instructions			1 1			
38	Alternative minimum tax						
39 40	Tax on Non-Compliant Facility Income. See instructions						0.
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whiche	ever applies	<u> </u>	. 40			- 0 .
	t IV Tax and Payments		I . T				
	Foreign tax credit (corporations attach Form 1118, trust			_			
	Other credits (see instructions)			_			
С	General business credit Attach Form 3800 (see instructi	ons)	41c	_			
d	Credit for prior year minimum tax (attach Form 8801 or	8827)	41d	_			
е	Total credits. Add lines 41a through 41d			. 41e			0.
42	Subtract line 41e from line 40						0.
43	Other taxes Check if from Form 4255 Form 8611	Form 8697 Form 88	66 Other (attach schedule)	. 43			
44	Total tax. Add lines 42 and 43			. 44			0.
45 a	Payments A 2016 overpayment credited to 2017		I I				
b	2017 estimated tax payments		45b				
	Tax deposited with Form 8868			\neg			
	Foreign organizations Tax paid or withheld at source (se			7			
	Backup withholding (see instructions)			-			
_	Credit for small employer health insurance premiums (A			-			
		39	401				
9	Form 4136 Other	Total N	45a 0	.			
46	Total payments Add lines 45a through 45g	- Iotai	 10g 	— i			0.
47	Estimated tax penalty (see instructions) Check if Form 2			47			
48				_ —			
	Tax due. If line 46 is less than the total of lines 44 and						0.
	Overpayment If line 46 is larger than the total of lines			- 1			
	Enter the amount of line 49 you want Credited to 2018 estim		Refunded				
Par						V	A) -
	At any time during the 2017 calendar year, did to					Yes	No
	over a financial account (bank, securities, or other						
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts If YES	6, enter the name of th	e foreigr	ı country		[
	here ▶CA, CJ, IE, UK		·			X_	
52	During the tax year, did the organization receive a distri	bution from, or was it the gra	ntor of, or transferor to, a fo	reign trus	t?		Х
	If YES, see instructions for other forms the organization n						
<u>53</u>	Enter the amount of tax-exempt interest received or acc						
	Under penalties of penury, I declare that I have examined the true, correct, and complete Declaration of preparer (other than tax			e best of m	ny knowledge a	and belo	ef, it is
Sign	NINA 1	payer) is based on an information of wife		May the	IRS discuss	this r	etum
Here	e V Lunde 200	5/5/19 PVP	OF FIN. & ADMIN	with the	preparer sh		
	Signature of officer	Date Title		(see instructi	ions)? X ye		No
		Preparer's signature	Date	neck If	PTIN		
Paid	IMMU EARDIN MUIONEIII	1/ay luly Axtath	E/4E/2040	elf-employed	P0043	3186	2
Prep	I Firm's name ► N PMU T LiliP	, , , , , , , , , , , , , , , , , , , 			13-55652	207	
Use	Firm's address NONE FINANCIAL PLAZA	A, HARTFORD, CT 06	102 2000		860-522-		0
					Earn QC		

Form 990-T (2017)								_	Page 3
Schedule A - Cost of G	oods Sold. Er	iter metho	d of inven	tory valuation	<u> </u>				
1 Inventory at beginning of y	/ear . 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from	line 5 En	iter here and in			
4a Additional section 263A c	osts		1	Part I, line	2		7		
(attach schedule)	4a					section 263A (w		espect to	Yes No
b Other costs (attach schedu	ıle) . 4b			property	produced	or acquired for	resa	le) apply	
5 Total. Add lines 1 through				to the orga	anization?	<u></u>			X
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	rty)		
(see instructions)									
1. Description of property									
(1) THEATRE RENTALS						· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)									
(4)								_	
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the	percentage of rent	(b) F	rom real and	d personal property	(if the	3(a) Deductions di	rectly c	onnected with	the income
for personal property is more the				or personal property		ın columns 2(redule)
more than 50%)		50% 0	r if the rent i	s based on profit or	d on profit or income) ATTACHMENT 5				
(1)			4	5,306.				72,506.	
(2)									
(3)				,					
(4)									
Total		Total	4	5,306.		(b) Takal dadaala			
(c) Total income. Add totals of c			4.5	205		(b) Total deduction Enter here and on	page 1		70 500
here and on page 1, Part I, line 6				,306.		Part I, line 6, colur	nn (B)	<u> </u>	72,506.
Schedule E - Unrelated D	ept-Financed i	ncome (se	e instruct	tions)	3 (Deductions directly cor	nected	with or allocat	ole to
1 Description of del	ht fannand areand.			income from or	3.	debt-financ			<i></i>
i Description of des	bi-illianced property		1			ht line depreciation	(b) Other deductions (attach schedule)		
743			 		(atta	ich schedule)		(attach sched	Jule)
(1)			1					-	
(2)									
(3)		· · · · ·	 						
4 Amount of average	5. Average adju	sted hasis							
acquisition debt on or	of or alloca	ble to		Column divided	7 Gross	income reportable		Allocable dec	
allocable to debt-financed property (attach schedule)	debt-financed (attach scho			column 5	(columi	n 2 x column 6)	(COID	3(a) and 3(
	(attack bart		 	%					
(1) (2)									
(3)			1	%					
(4)			1	- %					
V./	I.		1	70	Enter her	e and on page 1,	Ente	r here and c	on page 1
						ne 7, column (A)		$1, line 7, \infty$	
Totala									
Totals									
airiadilad-idddired acaddi				 	<u> </u>				

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Form 990-T (2017)	UNIVERSI									731360 Page 4
Schedule F - Interest, Anni	uities, Royalties	, and Rent	ts Fro	om Contro	lled Or	ganiza	tions (see	instruction	s)	
`		Exem	npt Co	ontrolled Org	ganızatı	ons				
Name of controlled organization	i delitimoation number			unrelated income (see instructions) 4 Total of specified payments made		d included	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)					L					
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
						Ente	I columns 5 a r here and on I, line 8, colu	page 1,	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	<u></u> ▶	L		l		
Schedule G - Investment Ir	come of a Sec	tion 501(c	:)(7) <u>,</u>			<u>nizatio</u>	n (see ins	tructions)	_	
1 Description of income	2 Amount of	income		3 Deduction directly cor (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									ightharpoonup	
(2)			1						\dashv	
(3)			ļ						\dashv	
(4)			ļ						\dashv	
	Enter here and Part I, line 9, o						Enter here and on page 1 Part I, line 9, column (B)			
Totals ► Schedule I - Exploited Exe	empt Activity In	come Oth	er Th	an Adverti	sina In	rome	(see instri	ections)		
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 inconfrom unrelated or business 2 minus collected in the collected i	ne (loss) ed trade (column umn 3) ompute	oss) ade 5 Gross income 6 Exp mn from activity that 3) is not unrelated colu		6 Expens attributabl column	e to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
				ļ						·
(1)										1
(2)										
(3)				 				-	—	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ırt I,					<u> </u>		Enter here and on page 1, Part II, line 26
Totals										
				ideted Dec					—	
Part I Income From Per	lodicais Report	ed on a Co	msoi	idated bas	515		· · · · · · · · · · · · · · · · · · ·			
1 Name of periodical	2 Gross advertising income		3 Direct gain or (loss 2 minus col a gain, com cols 5 throu		s) (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)				1						7
(3)				7						
(4)				7						7
Totals (carry to Part II, line (5))							<u>-</u>	<u></u> .		Form 990-T (2017

06-0731360 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	Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 6		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		. >	17,463.

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PASSIVE INVESTMENTS IN LIMITED PARTNERSHIPS, SPORTS CENTER, RENTAL SPACE WITH SERVICES, UBTI UNDER SECTION 512(A)(7).

•	ATTACHMENT 2
. FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
JUNIPER CAPITAL II L.P. DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P. LONE JUNIPER, L.P. ROCKERT INTERNET CAPITAL PARTNERS SCS MACQUARIE INFRASTRUCTURE PARTNERS II US, LP	-190,205. -3,284. -2,796. -235. -140,427.
INCOME (LOSS) FROM PARTNERSHIPS	-336,947.

ATTACHMENT	3	

PART	Ι	_	LINE	12	_	OTHER	INCOME
------	---	---	------	----	---	-------	--------

SPORTS CENTER PARKING UBTI UNDER SECTION 512(A)(7)

7,190. 31,938.

PART I - LINE 12 - OTHER INCOME

39,128.

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

OFFICE EXPENSE	485.
SUPPLIES & SERVICES	10,872.
EQUIPMENT AND FURNITURE	3,698.
OTHER EXPENSES	1,068.
UTILITIES	5,318.
SECURITY SERVICES	3,252.
INSURANCE	2,526.
TELEPHONE	227.
CUSTODIAL	3,494.
GROUNDS MAINTENANCE	903.
TAX PREPARATION FEES	6,540.
INVESTMENT MANAGEMENT FEE	47,355.

PART II - LINE 28 - OTHER DEDUCTIONS 85,738.

SCHEDULE C - RENT INCOME DEDUCTIONS

THEATRE RENTALS	
SALARIES & BENEFITS	46,185.
GROUNDS & MAINTENANCE	302.
CUSTODIAL SERVICES	1,167.
TELEPHONE	76.
EQUIPMENT	11,104.
DEPRECIATION	11,158.
UTILITIES	583.
INSURANCE	844.
SECURITY	1,087. ————————————————————————————————————

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

BUSINESS NAME AND ADDRESS TITLE

PERCENT COMPENSATION

BRETT CARROL 200 BLOOMFIELD AVENUE

10.000000 TREASURER

17,463.

WEST HARTFORD, CT 06117

TOTAL COMPENSATION 17,463.

SCHEDULE D (Form 11,20)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

UNIVERSITY OF HARTFORD

Employer identification number 06-0731360

Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less			-	
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	column (g)	۷,	the result with column (g)	
1 <i>a</i>	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	37		4		
5	Short-term capital gain or (loss) from like-kind exchain		5				
6	Unused capital loss carryover (attach computation)				6	()	
7	Net short-term capital gain or (loss). Combine lines 1	la through 6 in column	h		7		
Pari	Long-Term Capital Gains and Losses	- Assets Held Me	ore Than One Yea	<u></u> r		I	
	le lines below Is form may be easer to complete if you round off cents to Proceeds (sales price) (or other basis) Proceeds (or other b				(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			Column (g)		the result with column (g)	
8 b	Totals for all transactions reported on Form(s) 8949						
						_	
9	with Box Echecked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked				-		
11	Enter gain from Form 4797, line 7 or 9				11	2,295.	
12	Long-term capital gain from installment sales from F	12					
13	Long-term capital gain or (loss) from like-kind exchar	ges from Form 8824			13		
14	Capital gain distributions (see instructions)		14				
15		a through 14 in column	nh	<u></u>	15	2,295.	
Part	Summary of Parts I and II					Т	
16	Enter excess of net short-term capital gain (line 7) o	16					
17	Net capital gain Enter excess of net long-term capit	al gain (line 15) over n	et short-term capital los	s (line 7)	17	2,295.	
18	Add lines 16 and 17 Enter here and on Form 1120,						
	the corporation has qualified timber gain, also complete	ete Part IV			_18	2,295.	
	Note: If losses exceed gains, see Capital losses in the	e instructions					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No 1545-0172

Attachment Sequence No 179

ldentifying number

UNIVERSITY OF HARTFORD

06-0731360

		activity to which this form relates									
		RAL DEPRECIATION							_		
Par		Election To Expense Co Note: If you have any lis				you co	mpl	ete Part I			
1	Maxım	num amount (see instructions).								1	
2	Total o	cost of section 179 property pla	ced in service (see in	nstructions)						2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)										
5 I	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.										
6	ahaiait	(a) Description		<u> </u>	(b) Cost (bu			1		5	
					(.,,		,/	(-,			1
											1
7	Listed	property Enter the amount from	n line 29		<u> </u>		7				1
		elected cost of section 179 prop						1		8	,
		tive deduction Enter the smaller								9	
10 (Carryo	over of disallowed deduction fro	m line 13 of your 20	16 Form 4562					• • •	10	
		ess income limitation. Enter the								-	
		n 179 expense deduction Add		•		,		•		12	
		over of disallowed deduction to					13		<u></u> .	<u> </u>	
		t use Part II or Part III below for						1			<u>'</u>
Par	_	Special Depreciation Al				on't inc	lude	listed proper	tv) (5	See in	istructions)
		al depreciation allowance for								1	1
	•	the tax year (see instructions)		• •		,	•				
		rty subject to section 168(f)(1) e								14	
		depreciation (including ACRS)								15 16	13,242
Par	3 111	MACRS Depreciation (D	on't include listed	property) (See instru	ictions)	· · ·		• • •	10	13,212
		miterio Depresidadon (D	On throided listed		tion A	iodonis ,					
17 [MACE	S deductions for assets placed	in contract in toy you							17	
		are electing to group any a	•							 ''	
		accounts, check here		_	-			· · ·	aı		ţ
—	23301 6	Section B - Assets							reciat	ion S	vetem
		Odditon B 7433cts	(b) Month and year	(c) Basis for		(d) Reco		ocheral Dep	Teclar		y stem
		Classification of property	placed in service	(business/inv only - see in	estment use	period		(e) Convention	(f) M	ethod	(g) Depreciation deduction
		ar property	!				_				
		ar property									
		ar property									
d ^	10-yea	ar property									
<u>e</u> 1	15-yea	ar property							<u></u>		
		ar property									
g 2	25-yea	ar property				25 yrs			S	/L	
h F	Reside	ential rental				27 5 yı		MM	S	/L	
r	roper	ty				27 5 yı	rs	ММ	S	/L	
il	Nonre	sidential real				39 yrs	3	MM	S	/L	
r	roper	<u> </u>						MM		/L	
		Section C - Assets Pl	aced in Service D	uring 2017	Tax Year	Using t	he Al	ternative De	preci	ation	System
20a (Class I	ıfe							S	/L	
b 1	2-yea	ır				12 yrs	S		S	/L	
	10-yea					40 yrs	5	ММ	S	/L	
Par	liV	Summary (See instruction	ons)								
21 L	ısted	property Enter amount from lin	e 28							21	
22 1	otal	Add amounts from line 12, li	nes 14 through 17	, lines 19 an	d 20 in co	olumn (g), and	l line 21 Enti	er		
ŀ	nere ai	nd on the appropriate lines of yo	our return Partnershi	ps and S corp	orations - s	ee instru	ctions	<u> </u>		22	13,242
		sets shown above and place	-	•							
r	ortion	of the basis attributable to sec	tion 263A costs	<u></u> .	<u></u> .	<u></u> .	23				

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Form	4562 (2017)											00	, 0,51	500	Page 2
Pa		Property (Include entertainment, rec					vehicles	s, ce	rtaın aire	craft, c	ertain	comp	uters,	and p	roperty
	Note: For 24b, colu	r any vehicle for wh mns (a) through (c) o	nich you are f Section A, a	using all of S	the section	tandar B, and	d mileas Section	ge rat Cıfa	te or dec pplicable	lucting	lease (expense	e, comp	lete o	nly 24a,
	Section /	A - Depreciation and	Other Infor	matio	n (Cauti	on: Se			tions for I	mits for	passe	nger au	ıtomobil	es)	
24a	Do you have evide	ence to support the bus	siness/investm	ent use	claimed	? <u> </u>	Yes X	No	24b If "\	es," is t	he evide	nce writt	en?	Yes	X No
•	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) or other b		(e) asis for depi usiness/invi use only	estment	(f) Recovery period	Meti	g) hod/ ention	Depre	h) eciation uction	Elected	(i) section 179 cost
25		ation allowance for l used more than 50%									. 25				
26		nore than 50% in a q				`									
			9	6											
			9	6								<u> </u>			
	-		9	6											
27	Property used 5	50% or less in a qualif	fied business	use											
			9	6		<u> </u>				S/L -			-		
			9	6						S/L -				1	
			9	6						S/L -		1		1	
28	Add amounts in	column (h), lines 25	through 27	Enter	here ar	nd on l	ıne 21, p	age 1			. 28			1	
29	Add amounts in	column (i), line 26 E	Enter here ar	nd on I	line 7, p	age 1 .							. 29		
			Section										-		
Com	plete this section	for vehicles used by	a sole propr	rietor,	partner,	or oth	er "more	than	5% owne	er," or re	elated p	person	If you p	rovided	vehicles
to yo	our employees, first	answer the questions i	n Section C to	see if y	you meet	an exc	eption to	comp	leting this	section f	or those	e vehicle:	s		
				-	a)		(b)	l	(c)		1)		e)		(f)
30		otal business/investment miles driven du ne year (don't include commuting miles)		Vehicle 1		Ve	Vehicle 2 Vel		'ehicle 3 Vehi		de 4 Vehic		icle 5 Vehicle 6		iicle 6
31		g miles driven during												İ	
	Total other	personal (nonco	· · · · · ·	•										ļ	
			,											ł	
33	Total miles dr	riven during the y													
34		icle available for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
-		uty hours?	· –		1			1	1						
35	-	le used primarily by			İ			†		_		 			1
		or related person? .	*												
36		hicle available for			<u> </u>							<u> </u>	1	1	
••															
		Section C - Question		nlove	rs Who	Prov	ide Ve	hicles	s for Use	by Th	eir En	plove	es		!
Ans		tions to determine if								•				who a	ren't
		rs or related persons			ор							- , ,	p.0,000		
		in a written policy :			ohibits	all per	rsonal u	se of	vehicles	. includ	lina co	mmutir	na. bv	Yes	No
	your employees'	?													
38	Do you maintai	ın a written policy	statement th	nat pr	ohibits	perso	nal use	of ve	ehicles, e	xcept c	ommu	ting, by	y your		
		e the instructions for		-			ers, dire	ctors,	or 1% or	more o	wners				_
		use of vehicles by en													_
40		e more than five ve				s, obt	aın ınfo	rmatic	on from	your er	nploye	es abo	ut the		
		les, and retain the inf												ļ	
41		e requirements conce iswer to 37, 38, 39, 4										• • • •			
Pa	rt VI Amortiz	ation													
		a) on of costs	(b) Date amortiz	і Атопі			(c) zable amount		(d) Code section		(e) Amortization period or percentage		Amortiz	(f) ation for this year	
42	Amortization of	costs that begins dur			vear (cr	a inet	ructions				Perce	mage			
74	AIIIOI IIZAIIOII OI	costs that begins dur	ing your 201	, lax	year (St	.c 1115(1	actions,	' T			Γ	Т.			
			 -		-			\dashv				\rightarrow			
43	Amortization of	costs that began bef	ore your 201	17 tav	vear					•	<u> </u>	142			
		ounts in column (f) S				ere to r	report	• • •	• • • • •	• • • •	• • • •	44			
	. 514 7100 01110	(1)						• • •	<u></u>			<u>, </u>	E.	.m 456	2 (2017)
JSA													70	7 50	- (2017