Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 2019
Check box if address changed B Exempt under section Exempt und
Department of the Treasury Internal Revenue Service A Check box if address changed address changed B Exempt under section X 501(d)/3 +
Department of the Treasury Internal Revenue Service A Check box if address changed B Exempt under section X 501(d) 3 Type 408(e) 220(e) 408A 530(a) Do not enter SSN numbers on this form as it may be made public integral and see instructions. Demployer identification number (Employees' trust, see instructions.) Name of organization (Check box if name changed and see instructions.) INTERNATIONAL TENNIS HALL OF FAME 313 INTERNATIONAL T
Name of organization
B Exempt under section X 501(d) 3 7 408(e) 220(e) 408A 530(a) INTERNATIONAL TENNIS HALL OF FAME 313 instructions (See instructions) INTERNATIONAL TENNIS HALL OF FAME 313 instructions) 13 - 6144356 E Unrelated business activity of (See instructions) 194 BELLEVUE AVENUE City or town, state or province, country, and ZIP or foreign postal code
B Exempt under section X 501(d)/3 Type 408(e) 220(e) 408A 530(a) B Exempt under section Type INCORPORATED Number, street, and room or suite no. If a P.O. box, see instructions. 13 - 6144356 Print Type 13 - 6144356 See instructions. 194 BELLEVUE AVENUE City or town, state or province, country, and ZIP or foreign postal code Ocion UT
X 501(d)/3 Number, street, and room or suite no. If a P.O. box, see instructions. 408(e) 220(e) 408A 530(a) Number, street, and room or suite no. If a P.O. box, see instructions. 194 BELLEVUE AVENUE City or town, state or province, country, and ZIP or foreign postal code
408(e) 220(e) 408A 530(a) Type 220(e) City or town, state or province, country, and ZIP or foreign postal code Occion. UT
408(e) 220(e) 194 BELLEVOE AVENUE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code Occion. UT
a Basic value of all accets
F Group exemption number (see instructions.) 72,071,973. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other true
H Enter the number of the organization's unrelated trades or businesses.
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.
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No
If "Yes," enter the name and identifying number of the parent corporation.
J The books are in care of ▶ PATRICK DRUKEN Telephone number ▶ 401-849-3990
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net
1a Gross receipts or sales 70,495.
b Less returns and allowances c Balance lack 70,495.
2 Cost of goods sold (Schedule A, line 7) 2 59,954.
3 Gross profit. Subtract line 2 from line 1c 3 10,541. 10,54
4a Capital gain net income (attach Schedule D) 4a
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
c Capital loss deduction for trusts
5 Income (loss) from a partnership or an S corporation (attach statement) 5 5, 233. STMX 2 5, 23
6 Rent income (Schedule C)
7 Unrelated debt-financed income (Schedule E) 7
8 Interest, annuities, royalities, 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) 11 Advertising income (Schedule J) 11 II
12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 15,774. 15,77
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business pricome)
14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts 17
18 Interest (attach schedule) (see instructions)
19 Taxes and licenses
20 Depreciation (attach Form 4562)
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b
22 Depletion 22
23 Contributions to deferred compensation plans
24 Employee benefit programs 24
25 Excess exempt expenses (Schedule I) 25
26 Excess readership costs (Schedule J) 26
27 Other deductions (attach schedule)
28 Total deductions. Add lines 14 through 27 28 15 77
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 15,77
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 Usee instructions) 30
45.88
Unrelated business taxable income. Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. 90-T (2



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Form 990		INTERNATIONAL TENNIS otal Unrelated Business Taxa		ME INCO	RPORATED		13-614	4356	Page 2
						}	1 30 1	15 7	7.4
,		unrelated business taxable income computed	from all unrelated trades	s or businesses (s	ee instructions)	Į	32	15,7	74.
33	Amount	s paid for disallowed fringes		\mathcal{M}	M+1		33		
34		le contributions (see instructions for limitatio		V	<i>((</i>)	~	34		0.
35		related business taxable income before pre-2					35	15,7	
36	Deduction	on for net operating loss arising in tax years b	eginning before January	1, 2018 (see inst	ructions) S	зтит З (Q 36	15,6	<u>25.</u>
37		unrelated business taxable income before spi					37	1	<u>49.</u>
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptio	ns)		Ç	38	1,0	00.
	•	ed business taxable income. Subtract line 3		•	37.				
00		e smaller of zero or line 37	, , , , , , , , , , , , , , , , , , , ,	o g. oz.oz	,	11	\		0.
Dart		ax Computation				4 '	1 1		
		ations Taxable as Corporations. Multiply line	20 by 210/ (0.21)				40		0.
40	•	•					40		
41		axable at Trust Rates. See instructions for to	•	tax on the amount	on line 39 from.	_			
		x rate schedule or Schedule D (Form	1041)			>	41		
42	-	x. See instructions					42		
43	Alternat	ve minimum tax (trusts only)					43		
44	Tax on	Noncompliant Facility Income. See instruction	ons				44		
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	never applies		-		45		0.
Part	V 1	ax and Payments	·						
46 a	Foreign	tax credit (corporations attach Form 1118, tro	usts attach Form 1116)		46a		1		
	-	edits (see instructions)	•		46b		1		
		business credit. Attach Form 3800			46c		1		
		or prior year minimum tax (attach Form 8801	or 8827\		46d		┤		
			01 0027 /		100		46e		
									0.
47			5 0044 D 5	0007 🗍 5	0000 🗀 045		47		
48			Form 8611 Form	8697 Form	8866 L Other	(attach schedule)	48		_
49		x. Add lines 47 and 48 (see instructions)					49		0.
		t 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, colum	n (k), line 3			50		0.
51 a	Paymen	ts: A 2018 overpayment credited to 2019			51a				
þ	2019 es	timated tax payments			51b				
C	Tax dep	osited with Form 8868			51c				
d	Foreign	organizations; Tax paid or withheld at source	(see instructions)		51d]		
е	Backup	withholding (see instructions)			51e		7		
		or small employer health insurance premiums	(attach Form 8941)		51f		7		
			orm 2439				7		
•			ther	Total	▶ 51g				
52		syments. Add lines 51a through 51g					52		
		ed tax penalty (see instructions). Check if Fori	n 2000 is attached				53		
		. If line 52 is less than the total of lines 49, 50		wod		_	54		
54		•							
55		ment If line 52 is larger than the total of line		mount overpaid	0-	.6	55		
		e amount of line 55 you want; Credited to 20		Ale I 6		funded >	56		
Part		Statements Regarding Certain						1	
57	-	me during the 2019 calendar year, did the or	=					Yes	No
		nancial account (bank, securities, or other) in		-					{
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," en	ter the name of th	e foreign country				
	here	>							X
58	During t	he tax year, did the organization receive a dis	tribution from, or was it t	the grantor of, or t	ransferor to, a fore	gn trust?			X
	If "Yes,"	see instructions for other forms the organization	ion may have to file.						
59	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax ye	ar ▶ \$					
	Un	der penalties of perjury, I declare that I have examine	this return, including accom	panying schedules a	nd statements, and to	the best of my kno	owledge and belief, i	t is true,	
Sign	co	rect, and complete Declaration of preparer (other tha	n taxpayer) is based on all inf	formation of which pr	eparer has any knowle				
Here	.	Sur 19 K	111/13/20	CEO			May the IRS discuss he preparer shown b		with
		Signature of officer	Date	Title			nstructions)?		□ No
		· - -	Preparer's supporture		Date		if PTIN		
		Print/Type preparer's name	Preparer's signature		Date				
Paid	l	DAMDICE I MADMIN	DAMBTOV T	MADMIN	11/12/20	self- employed	P0028	3106	
Prep	oarer	PATRICK J. MARTIN	PATRICK J.			F 5 500 E			1
Use	Only	Firm's name ► KAHN, LITWIN			•	Firm's EIN	05-04	0338	
	-		MAIN STREET	ľ			404 054	0001	
		Firm's address > PROVIDENCE	, RI 02904			Phone no.	<u> 101-274-</u>	2001	

13-6144356

Page 3

Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Ente	r method of invent	orv v	aluation T.OW	JER (OF COST	OR I	MARKET	
Inventory at beginning of year	1	30,000.		Inventory at end of year			<u> </u>	6	30,000.
2 Purchases	2		1	Cost of goods sold. S		ıne 6	1		
3 Cost of labor	3	19,096.	1	from line 5. Enter here	and in F	Part I,	ł	<u>.</u>	
4a Additional section 263A costs			1	line 2			į	7	59,954.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to			Yes No
b Other costs (attach schedule) *	* 4b	40,858.		property produced or	acquired	for resale) apply t	to		
5 Total. Add lines 1 through 4b	5	89,954.		the organization?					X
Schedule C - Rent Income (see instructions)	(From Rea	Property and	l Per	sonal Property	Leas	ed With Rea	l Pro	perty)	
1. Description of property									
(1)									
(2)								·	
(3)	<u> </u>								
(4)									
		ved or accrued				3(a) Deductions	directly	connected with	the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for po	ersonal	onal property (if the percent property exceeds 50% or it and on profit or income)	tage f			nd 2(b) (attach so	
(1)	·-			-					
(2)									
(3)									
(4)									
Total	0.	Total			0.	.			
(c) Total income. Add totals of columns		nter			_	(b) Total deducti			_
here and on page 1, Part I, line 6, column		<u> </u>			0.	Enter here and on pa Part I, line 6, column	i (B)	<u> </u>	0.
Schedule E - Unrelated Det	ot-Finance	d Income (see	nstrud	ctions)	1	3 Dadustinas dua			lleeshie
			2	Gross income from		 Deductions dire to det 	ot-financ	nected with or a sed property	liocable
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line deprecia (attach schedule)	ation		er deductions th schedule)
(4)			ļ. —		 	·			
(1)		-	-		 			 	
(3)					+			<u> </u>	
(4)					 			+	
4. Amount of average acquisition	5 Averag	e adjusted basis	6	. Column 4 divided		7. Gross income		8 Allor	cable deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fir	allocable to anced property ch schedule)		by column 5		reportable (column 2 x column 6)		(column 6	ix total of columns a) and 3(b))
(1)				%					-
(2)				%					
(3)				%					
(4)			L	%					
-						nter here and on page Part I, line 7, column (/			e and on page 1, e 7, column (B)
Totals				>			0	•	0.
Total dividends-received deductions in	cluded in colum	ın 8					$\overline{}$		0.

SEE STATEMENT 4

Form 990-T (2019) INCORPORATED

Schedule F - Interest,	Aimuit	7 110ya			Controlled O				(356 11)	ia actior	
1. Name of controlled organize	ation	2. Em identif num	ployer ication aber	3. Net unrelated income (loss) (see instructions)		4 . Tot	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)				1				1			
(2)											
(3)											
(4)		1									
Nonexempt Controlled Organ	nizations										
7. Taxable Income			9. Total	of specified pays made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		ductions directly connected in income in column 10	
(1)	1										
(2)						Î					
(3)	T										
(4)								-			
							Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals		_				▶			0.		0.
Schedule G - Investm	ent Inc	ome of a	Section	501(c)	(7), (9), or	(17) Or	ganization	1			
(see ins	tructions)										
1. Des	cription of in	come			2. Amount of	ıncome	 Deduction directly connection 	ected	4. Set-		 Total deductions and set-asides
							(attach sched	dule)	(attach s	chedule)	(col 3 plus col 4)
(1)					<u>ļ</u>					_	
(2)					ļ						
(3)					<u> </u>						<u> </u>
(4)					<u> </u>						
					Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals				•		ο.					0.
Schedule I - Exploited	-	ot Activity	/ Incom	ne, Othe	r Than Ac	vertisi	ng Incom	9			•
(see instr	ructions)		ı		Τ 4	1					1
1. Description of exploited activity			3. Expenses directly connected with production of unrelated business income		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 is not unrelated business income.	that ted	attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1						<u>-</u>		İ		
(2)	†								1		
(3)	 				†						
(4)	+				1						
	page	nere and on 1, Part I, 0, col (A)	page	ere and on 1, Part I, I, col (B)			 -		.		Enter here and on page 1, Part II, line 25
Tatala		0, 661 (A)	ille to	0.							0.
Totals					<u> </u>						
Schedule J - Advertis						Dania					
Part I Income From	Period	icais ne p	ortea c	on a Cor	isolidated	Dasis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c		5. Circula e income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)									,		
(3)									_	-	
(4)					7						
							1				
Totals (carry to Part II, line (5))	•		0.	0).						0.

Page 4

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		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 26
Totals, Part II (lines 1-5)	•	0.	0.	-		,	0.

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 (2019)

INTERNATIONAL TENNIS HALL OF FAME INCORP	13-6144	356
FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
SALES OF INVENTORY & PARTNERSHIP INVESTMENTS		
TO FORM 990-T, PAGE 1		
FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION	NET INCOM OR (LOSS	
ADAMS ST. PARTNERSHIP FUND 2009 US FUND - OTHER INCOME (LOSS) ADAMS ST. 2009 DIRECT FUND - OTHER INCOME (LOSS) ADAMS ST. PARTNERSHIP FUND 2009 NON-US DEVELOPED - OTHER INCOME (LOSS)	8	79. 28.
ADAMS ST. PARTNERSHIP FUND 2009 NON-US EMERGING - OTHER INCOME (LOSS) REAL ESTATE DOMESTIC PARTNERSHIP FUND I, LP - OTHER INCOME (LOSS)	_	83. 95.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	5,2	33.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10 12/31/12 12/31/14 12/31/15	14,485. 6,314. 23,575. 7,840.	14,485. 6,314. 15,790.	0. 0. 7,785. 7,840.	0. 0. 7,785. 7,840.
	ER AVAILABLE THIS	•	15,625.	15,625.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
MATERIALS		40,858.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	40,858.

4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

ldentifying number

	TERNATIONAL TENNIS I	HALL OF F		M 990 P.	AGE 10		13-6144356
	rt Election To Expense Certain Prope	rty Under Section 1				t V before v	
	Maximum amount (see instructions)		your navo any no	100 p. op 0. 13, 1		1	1,020,000.
	otal cost of section 179 property plac	ed in service (see	instructions)			2	
	Threshold cost of section 179 property	•	•			3	2,550,000.
	Reduction in limitation Subtract line 3					4	_,,_,
	Pollar limitation for tax year Subtract line 4 from line		•	instructions		5	·-··
6	(a) Description of pr		(b) Cost (busine	ı	(c) Elected	cost	
<u> </u>						,	i
	-						
	-						
7 L	isted property Enter the amount from	line 29		7			
8 T	otal elected cost of section 179 prope	erty Add amounts	in column (c), lines 6 and	7		8	
9 T	entative deduction Enter the smaller	of line 5 or line 8				9	
10 (Carryover of disallowed deduction from	n line 13 of your 2	018 Form 4562			10	
11 E	Business income limitation. Enter the s	maller of business	s income (not less than zer	o) or line 5		11	
12 5	Section 179 expense deduction Add li	nes 9 and 10, but	don't enter more than line	:11		12	
	Carryover of disallowed deduction to 2			▶ 13			
	: Don't use Part II or Part III below for	listed property In	stead, use Part V				
Pa			<u> </u>		•	<u>, </u>	
14 5	Special depreciation allowance for qua	lified property (oth	ner than listed property) pla	aced in service	during		
t	he tax year					14	
15 F	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	```				1
			Section A				1 572 012
	MACRS deductions for assets placed in	· ·				17	1,573,813.
18 #	you are electing to group any assets placed in services.		into one or more general asset according 2019 Tax Year L		oral Danraci	iotion Syste	
	Section B - Assets	(b) Month and	(c) Basis for depreciation		T Depreci	Tallon Syste	# #
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
100	2 year property		15,458.	3 YRS	MM	S/L	3,298.
19a	3-year property		46,110.	5 YRS	MM	S/L	6,681.
b_	5-year property 7-year property	 	10,893.	7 YRS	MM	S/L	1,207.
d	10-year property		84,850.	10 YRS	MM	S/L	7.711.
e	15-year property		92,269.	15 YRS	MM	S/L	3,075.
f	20-year property		851,592.	20 YRS	MM	S/L	25,749.
	25-year property	-		25 yrs		S/L	
<u>g</u>	20)00. p. op o)		· -	27 5 yrs	мм	S/L	
h	Residential rental property	/		27 5 yrs	ММ	S/L	
	-	/		39 yrs	MM	S/L	
i	Nonresidential real property	/			ММ	S/L	
	Section C - Assets F	Placed in Service	During 2019 Tax Year Us	ing the Alterr	native Depre	ciation Sys	stem
20a	Class life					S/L	-
b	12-year		·	12 yrs		S/L	
	30-year	/		30 yrs	MM	S/L	
d	40-year	/		40 yrs	MM	S/L	
Par	rt IV Summary (See instructions)						
		. 00				21	
21 L	isted property Enter amount from line	28					
	isted property Enter amount from line otal. Add amounts from line 12, lines		es 19 and 20 in column (g)	, and line 21			
22 1	· · ·	14 through 17, lin			r	22	1,621,534.
22 1	otal. Add amounts from line 12, lines	14 through 17, lins of your return Pa	artnerships and S corporat		r		1,621,534.

INTERNATIONAL TENNIS HALL OF FAME 13-6144356 Page 2 INCORPORATED Form 4562 (2019) 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? No Yes J No 24b If "Yes," is the evidence written? Yes (c) (e) (i) (b) (f) (g) (a) Type of property (d) (h) Date Elected Business/ Basis for depreciation Depreciation Cost or Recovery Method/ placed in investment section 179 (business/investme (list vehicles first) period Convention deduction other basis use percentage use only) service 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 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 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 (f) (b) (c) (d) (e) (a) Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle 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 Yes Yes 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No No 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 Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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 (d) (f) (b) (c) (e) (a) Amortization for this year Description of costs Date amortization Amortization period or percentage

 44 Total. Add amounts in column (f) See the instructions for where to report
 44

 916252 12-12-19
 Form 4562 (2019)

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42 Amortization of costs that begins during your 2019 tax year

43 Amortization of costs that began before your 2019 tax year