					_ , ;	29P3E9C3E()	Æ Ø:	04	012	1
•	*		··	ac	\ <i>C</i> / .		<u> </u>	្តី	7 2	f
	7			41	JX 15	AUG 0 4	2020	18		`
	•	1		۱)ر را				日点		
4	TAR		Exempt Organization Busin	8 \$\$	Income	Tax Return	1	1.01	MB No. 1545	-0887
Form	990-T	(and proxy tax under section 6033(e)DGD								_
		For calo	onder year 2018 or other tax year beginning 09/		-		19 .		201	8
Donartm	ent of the Treasury	_	► Ge to www.ire.gov/Ferm9907 for instr							
	Revenue Service	▶ Do i	not enter SSN numbers on this form as it may be				1(c)(3).	Open (501(c)	to Public Insp (3) Organizat	ection for tions Only
$\overline{\Lambda}$	heck box if iddress changed		Name of organization (Check box if name ch				D Emp	loyer it	dentification	number
	pt under section		ROOSEVELT UNIVERSITY	·		•	(Emp	loyees'	trust, see ins	tructions.)
	n(C)(3)	Print	Number, street, and room or suite no. If a P.O. box	ı, see ins	tructions.		İ	36-	-2167854	
☐ 40)8(e) 🗌 220(e)	Type	430 SOUTH MICHIGAN AVENUE						usiness activ	ity code
□ 40	18A 🗀 530(a)	1	City or town, state or province, country, and ZIP or	rforeign	postal code		(566	instruc	tions.)	
	9(a)		CHICAGO, IL 60605						53	
C Book	yalue of all assets d of year		oup exemption number (See instructions							
	422,474,684		neck organization type 🕨 🗷 501(c) corp)1(c) trust] 401(a)			ner trust
			organization's unrelated trades or busines						r first) unre	
			WABASH BUILDING			plete Parts I-V.				
			at the end of the previous sentence, con	nplete	Parts I and	II, complete a S	chedul	e M f	or each a	lanoitibt
	<u>-</u>		omplete Parts III–V.							
			e corporation a subsidiary in an affiliated gro			idiary controlled g	roup? .	. ▶	☐ Yes	✓ No
			and identifying number of the parent corp	oratio		alambana a mumba		 -	(040) 044 0	
Part			▶ PATRICK ALFORQUE le or Business Income		(A) Inco	elephone numbe	penses		312) 341-2 (C) Na	
ta	Gross receipts				(A) meen	(6) 2	rbenses	+	(C) NE	<u>" </u>
b	Less returns and a			16	507.98	.a				
2			Schedule A, line 7)	2	26,95				٧,	/
3	-		t line 2 from line 1c	3	481,03				481/0	30
4a	•		me (attach Schedule D)	4a	,.	0				0
b			4797, Part II, line 17) (attach Form 4797)	46		o		\dashv	$-\!\!\!/-$	0
c	Capital loss de	-		4c		0			/	0
5	•		tnership or an S corporation (attach statement)			0		,/		0
6	Rent income (-	· · · · · · · · · · · · · · · · · · ·	6	36,52	5 2	4,866		11,6	59
7	-		ced income (Schedule E)	7		0	/0			0
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8		0 /	0		,	0
9	Investment incom	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9		0	0			0
10	Exploited exer	npt act	ivity income (Schedule I)	10		0	0			0
11	Advertising inc	come (S	Schedule J)	11	_	9	0			0
12			tructions; attach schedule)	12		0			•	0 .
13			3 through 12	13	517,55		4,866		492,6	89
Part			Taken Elsewhere (See Instructions fo				ept for	contr	ibutions,	
			be directly connected with the unrelate				 [.	• •		
14	•		cers, directors, and trustees (Schedule K)				—	14	470.0	0
15			· · · · · · · · · / · · /				· -	15	178,6	-
16	-		ance				<u> </u>	16		0
17 18			dule) (see instructions)				-	17	062 4	
19	~		/ '					18	952,47	0
20		_	ons (See instructions for limitation rules) .				<u> </u>	20		0
20 21			Form 4562)				. F	-	.	
22			imed op Schedule A and elsewhere on re				<u> </u>	<u>2b</u>	365,28	86
23	•							23		0
24			rred compensation plans				_	24		0
25	Employee hen	efit ord	grams	• •			_	25	·	0
26	Excess exemp	t exper	nses (Schedule I)					26		0
27	Excess reader	ship co	ests (Schedule J)	•				7		0
28	Other deduction	ons (att	ach schedule)				<u> </u>	28		0
20			id lines 14 through 28			· •		×0	1 496 44	40

Unrelated business taxable income before net operating lose deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

For Paperwork Reduction Act Notice, see Instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Cat. No. 11291J

(1,003,759) Form **990-T** (2018)

(1,003,759)

612

30 31 32

	-1 (2018)		Page Z
art I			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1	
	instructions)	33	0
}	Amounts paid for disallowed fringes	34	
•	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1	
	instructions)	35	0
•	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	o
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	0
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0
irt l'		1 1	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
	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	
	Proxy tax. See instructions	41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0
art \		**	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a	ТТ	
	Other credits (see instructions)	-	
	General business credit. Attach Form 3800 (see instructions)	1 1	(
	(00000000000000000000000000000000000000	{	,
		45-	<u></u>
	Total credits. Add lines 45a through 45d	45e	0
	Subtract line 45e from line 44	46	
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	0
	Total tax. Add lines 46 and 47 (see instructions)	48	0
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018]	
	2018 estimated tax payments	.	
	Tax deposited with Form 8868	1	
	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	- 1	İ
	Backup withholding (see instructions)	↓	. ,
	Credit for small employer health insurance premiums (attach Form 8941) . 50f	↓ .	
	Other credits, adjustments, and payments: Form 2439	<u>-</u>	
	☐ Form 4136 ☐ Other ☐ 0 Total ► 50g 0		
	Total payments. Add lines 50a through 50g	51	0
2	Estimated tax penalty (see instructions). Check if Form 2220 is attached $\ldots \ldots \ldots \ldots$	52	
}	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . •	54	0
<u> </u>	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 0 Refunded ▶	55	0
rt \	Statements Regarding Certain Activities and Other Information (see instructions)		
3	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	ther aut	thority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	reign c	ountry · ·
	here >		
•	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	aign trus	st?
	If "Yes," see instructions for other forms the organization may have to file.		
;	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		0 -
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the beautiful declares that I have examined this return, including accompanying schedules and statements, and to the beautiful declares that I have examined this return, including accompanying schedules and statements.	st of my k	unowledge and belief, it is
gn	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the	e IRS discuss this return
9.,	7//3/20 TREASURER		e preparer shown below
_		(ജ്ജ ന്ദ്ര	tructions)? [Yes No
_	Signature of officer Date Title	<u> </u>	
re	Print/Type preparer's name Preparer's signature Date	ack 🗀	# PTIN
re id	Print/Type preparer's name Preparer's signature Date 7/6/2020 Ch	eck 🗆	п
ere id epa	Print/Type preparer's name Preparer's signature JENNIFER BURKE Preparer's signature 7/6/2020 Ch 7/6/2020 sel		red P01342224

Sche	dule A—Cost of Goods Sold.	Enter	method of in	ventory	valuation >				_		
1	Inventory at beginning of year	1	0	6	Inventory a	at end o	fyear	6		0	
2	Purchases	2	26,959	7	Cost of	goods	sold. Subtract)	
3	Cost of labor	3	0		line 6 from	ilne 5.	Enter here and	I			
4a	Additional section 263A costs				in Part I, Iir	ne 2 🗀		7] :	26,959	
	(attach schedule)	4a	0	8	Do the rul	les of s	section 263A (v	ith res	pect to	Yes	No
b	Other costs (attach schedule)	4b	0		property p	roduce	d or acquired fo	r resal	e) apply		
5	Total. Add lines 1 through 4b	5	26,959				n?				1
	dule C—Rent Income (From Finstructions)	leal P	roperty and	Person	al Property	Lease	With Real P	ropert	y)		
1. Desc	ription of property							,			
(1) AU	DIO VISUAL EQUIPMENT					_					
(2)											
(3)											
(4)											
	2. Rent red	eived or	accrued				_				
	om personal property (if the percentage of rei personal property is more than 10% but not more than 50%)	pe	(b) From real an ercentage of rent f 50% or if the rent i	or personal	property exceeds	a	(a) Deductions directions (a) a in columns 2(a) a	tly conne nd 2(b) (e	cted with thattach sche	ne incom dule)	i 0
(1)	36,52	25								24	4,866
(2)									`		
(3)			· -						•	•	
(4)										-	
Total	36,52	25 Tot	al			0 0,5	otal deductions.				
here a	tal income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)		. ▶		36,52	Ente	r here and on pag I, line 6, column (e 1,		24	4,866
Sche	dule E-Unrelated Debt-Finar	icea i	ncome (see			3.1	Deductions directly o	onnecte	d with or all	ocable to	
	1. Description of debt-financed p	maad.			to debt-financed		debt-fine	inced pro	perty		
	1. Description of debt-intended p	торыту			property		light line depreciation litach schedule)	n	(b) Other do (attach so		5
(1)											
(2)											
(3)											
(4)											
	acquisition debt on or of debt-financed debt-	or alloo	d property	4	. Column I divided column 5		ss income reportable umn 2 × column 6)		. Allocable o umn 6 × tota 3(a) and	al of colu	
(1)					96		,				
(2)					` %						
(3)					%						
(4)					%						
-							ere and on page ' line 7, column (A)		er here and t I, line 7,		
Totala				_				0			0
	dividends-received deductions includ	 ad in c	alumn B					<u> </u>			0
	PIATO-100-100-100 ACARCAGIO II MINI					· · ·	· · · · ·	·		100 T	

Sch	edule F-Interest, Ann	uities,	Royalties,	and I	Rent	s From (Controlled Org	anizations (se	e instru	ctions)	
)	Name of controlled organization		Employer cation number	a. Net	unrela	ted Income structions)	4. Total of specified payments made	5. Part of column included in the conganization's gro	controlling	conne	eductions directly acted with Income in column 5
(1)											
(2)											
(3)					`						
(4)	and One to the di Oue to the						<u></u>				
None	xempt Controlled Organia	zations						-			
	7. Taxable Income		Net unrelated in- ose) (see instruct				tal of specified /mente made	10. Part of colum included in the c organization's gre	controlling	connec	eductions directly cted with income in column 10
(1)						·		,			
(2)	· · ·		·		\perp						
(3)								_ 			.
(4)								 		-	
	′ (Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. Here and on page 1, Hine 8, column (B).
Total			<u>.</u>	<u> </u>		,		<u> </u>		0	0
Sch	edule G-Investment	lncom	e of a Sect	ion 5	01(c			zation (see inst	tructions		A.I. d
	1. Description of Income		2. Amount o	f incom	0	direc	Deductions city connected ach schedule)	4. Set-aside (attach schedi		and s	ntal deductions et-asides (col. 3 olus col. 4)
(1)											
(2)							···				
(3)	<u>,</u>										
(4)			Endar bana and	AN NO	44 1	ļ		<u> </u>		Enter her	re and on page 1,
			Enter here and Part I, line 9, c								ne 9, column (B).
Total	•				0						0
	edule I-Exploited Exc		Activity Inc	ome.		er Than	Advertising In	come (see inst	tructions	s)	
	Description of exploited activ		2. Gross unrelated business inco from trade of business	me or	3. Ex di conne prodi uni	openses rectly oted with uction of related as 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	6. Exp	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			_								
(2)										_	
(3)	<i>r</i>								ļ		
(4)			Enter have one	100 8	-mbay la			<u> </u>	L		Enter here and
Total	•	•	Enter here and page 1, Part line 10, col. (I,	page	ere and on 1, Part I,), col. (B). 0					on page 1, Part II, line 26.
	s	ncom	e (see instru	_)		l				
Par						Consoli	dated Basis				
	Name of periodical		2. Gross advertising income	,		Direct sing costs	4. Advertising gain or (lose) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)]]
(3)											
(4)											
Total	s (carry to Part II, line (5))	▶		0		0	o				0
				7						F	orm 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	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	• 0	0		وت فين رافيد	Q.,	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).	٠ ن رد	and the v		Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0				0
Schedule K-Compensation o	f Officers, Direc	ctors, and Tru	stees (see instru	ictions)		
1 Namo			2. Title	3. Percent of		tion attributable to

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	<u> </u>	🕨	0

Form 990-T (2018)

Form 990T Part II, Line 18	Interest		
•	•		
	Description		Amount
WABASH BUILDING			
(1) WABASH BUILDING - 2009 BONDS			952,475
		Total for Part II, Line 18	952,475

Form 990T Part II, Line 31 -

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2018	1,003,759				1,003,759
Totals	1,003,759	0	0	0	1,003,759

	Deduction for net operating loss arising in tax years beginning before January 1, 2018
Form 990T Part III, Line 35	Deduction for het obereting loss enging in tex veers beginning betone Jenuary 1 2018
	Bodackion to not operating roos chaing in tax yours so given a solution of the solution of

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2013	1,194,420				1,194,420	2033
2014	1,150,820				1,150,820	2034
2015	981,940				981,940	2035
2016	1,108,643				1,108,643	2036
2017	1,183,032				1,183,032	2037
Totals	5 618 855	0	0	0	5,618,855	

Schedule C, Line 3(a)	Deductions directly connected with the income in columns 2(a) and 2(b)	_
	,	

WABASH BUILDING		
(1) AUDIO VISUAL EQUIPMENT	Description	Amount
	AUDIO VISUAL EXPENSE	24,866
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)		24,866

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

DAttach toy our taxre turn.

Detowww.irs.gov/Form45621 or instructions and the latest information.

OMB No. 1545-0172

Sequence No. 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return 36-2167854 ROOSEVELT UNIVERSITY Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 2 0 2 Total cost of section 179 property placed in service (see instructions) 3 1,000,000 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- 4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 1,000,000 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 0 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562. 10 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 0 14 15 0 365,286 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 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 (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method placed in service only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. MM S/L c 30-year 30 yrs. d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) 0 21 Listed property. Enter amount from line 28 ' 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 365,286 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form	4562 (2018)																	Page 2
	t V Listed	Proper		clude a				rtain (other	veh	icles	, ce	rtain a	ircraft	, and	prope	rty us	
		ainment, r For any ve		-		•		etaada	ed mila	200	mta .	or da	duction	leace	avnanc	a com	olete or	ahı 24a
		olumns (a)												lease !	expens	5, Will	piet e u i	пу 24а
	Section A	-Depreci	ation an	d Other	Informa	tion	ı (Ca	ution: S	See the	e inst	ructi	ons fo	r limits	for pas	senger	autom	obiles.)	
240	Do you have e	vidence to su	pport the	business/i	nvestment	t use	clain		Yes [No	2	4b ff	"Yes," i	s the ev	idence v	ritten?	☐ Yes	☐ No
	(a) (b) Business/ love of property (list vehicles first) Date placed in service percentage			use Cost o	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)			Rec	Recovery Meth		(g) ithod/ vention	(h) Depreciation n deduction		E	(i) Elected section 17 cost	
25	Special dep	eciation allowance for qualifi			ified liste	ed i	property placed in			service (during						
	the tax year	he tax year and used more than 50% in a qualified business use. See instructions . 25 0													,			
26	Property use	ed more the	an 50% i		ied busii	ness	e use	:				1		,				
			<u> </u>	%		_						1						
				% %								-						
27	Property use	ed 50% or i	less in a		husines	e 116	.e.					1		!		!_		
	Property used 50% or less in a qualif				100 200000 000			T			S/L		•					
		%									S/L-							
				%								S/L-						
	Add amount				_					-	•		28			0 29		
29	Add amount	s in columi	n (i), iine		ection E						_		• • •	<u>· · · · · · · · · · · · · · · · · · · </u>	•	29		
Com	plete this sect	ion for vehic	cles used	_									er," or	related _I	person.	lf you p	rovided	vehicle
	ur employees,																	
30	Total business/investment miles driven during the year (don't include commuting miles) .				g Ve	(a) Vehicle 1		(b) Vehicle 2			(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31	Total commuting miles driven during the year								<u> </u>					-	†			
	Total other personal (noncommuting) miles driven						<u> </u>			-								
33	Total miles driven during the year. Add lines 30 through 32				d 🗀													
						0		0		<u> </u>	0		0		0		0	
34	Was the vehicle available for personal				Yes	+	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
35	use during off-duty hours?				8													
36	Is another veh		•			+				1				 	 	 	 	
	wer these que than 5% ow	estions to d	letermine	•	eet an e	XC0	ption	ho Pro to con	vide V pletin	ehic g Se	les fo	or Us B for	e by Ti vehicle	eir Em s used	ployee by emp	s oloyees	who ar	en't
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									ng, by	Yes	No						
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						-	•										
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? See instructions																	
Pa	Note: If you Amor		37, 38,	39, 40, o	r 41 is "\	Yes,	," do	n't com	plete :	Secti	on B	for th	e cove	red veh	icles.			
	(a) (b) Description of costs (b) Date amortize (b)			tization	on (e) Amortizable amount				(d) Code section			on	(e) Amortization period or Amortiz percentage			(f) ration for this year		
42	Amortization of coets that haging du				during your 201			tay year lead instruct				tione):			· · · · · · · · · · · · · · · · · · ·			

0

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43 Amortization of costs that began before your 2018 tax year
44 Total. Add amounts in column (f). See the instructions for where to report .

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