Form **990-T** (2018) PAGE 141

Form 990-T	Ex	empt Örganization) دand proxy tax					rn	OMB N	0 1545-0687		
10111	For cale	ndar year 2018 or other tax year begin			•		,,	90	010		
Department of the Treasury		► Go to www.irs.gov/Form990		- -				<u>(4</u>)	A 10		
Internal Revenue Service	_	not enter SSN numbers on this form					c)(3)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only		
A Check box if address chang	ed	Name of organization (Check b	ox if na	me changed and see	instruction	s)		yer identific yees' trust, see	ation number instructions)		
B Exempt under section		CENTRA HEALTH, INC									
X 501(C 33)	Print	Number, street, and room or suite no	faPO	box, see instructions		_	54-0	715569			
408(e) 220	(e) Type							related business activity code e instructions)			
408A530	(a)	1920 ATHERHOLT ROAD					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
529(a)	_ ~	City or town, state or province, countr	y, and a	ZIP or foreign postal co	ode		6015	00 543	630		
C Book value of all asse at end of year		LYNCHBURG, VA 24501					6215	00 541	.610		
1265868801		eck organization type X 501	<u>_</u>	······································	504/5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	404(5)	44			
-	_	anization's unrelated trades or busine			501(c		401(a)	(or first) un	Other trust		
trade or business	•		3363		nly one	complete Parts I	•				
		e end of the previous sentence, co	mplete		•	•			20001100 1110		
trade or business,	•	·			_						
		corporation a subsidiary in an affil	ated g	roup or a parent-su	bsidiary o	controlled group?		▶	Yes X No		
		identifying number of the parent co									
J The books are in o	are of ▶Al	NDY MUELLER, PRESIDENT	r/CE	0 1	Telephor	ne number ► 43	4-200-	-4705			
		or Business Income		(A) Income	е	(B) Expen	ses	(C) Net		
1a Gross receipts	or sales	2,319,515.						İ	Ì		
b Less returns and all	cwancos	c Balance ►	1c	2,319,	515			•	45		
_		lute A, line 7)	2	0.010				ļ	210 515		
		2 from line 1c	3	2,319,	515.		<u>, </u>		2,319,515.		
		attach Schedule D)	4a					1			
•	•	Part II, line 17) (attach Form 4797)	4b								
		trusts	4c 5					RECE	TVED		
		er an S corporation (attach statement)	6				+		10		
		ncome (Schedule E)	7				45	NOV 6	2019		
		ents from a controlled organization (Schedule F)					잉	HWO A F	ツェ 10		
	-	91(c)(7), (9), or (17) organization (Schedule G)	9			***************************************	-				
10 Exploited exem	pt activity i	ncome (Schedule I)	10					DGDE	:N, UT		
11 Advertising inc	ome (Sched	dule J)	11								
12 Other income	See instruc	ctions, attach schedule)	12								
3 Total. Combine	lines 3 thr	ough 12	13	2,319,	515.			1	2,319,515.		
		Taken Elsewhere (See insti						or contrib	utions,		
aeaucii		t be directly connected with t									
		directors, and trustees (Schedule K)									
							(
1		(see instructions)									
•									76,758.		
		See instructions for limitation rules)							99,936.		
	-	4562)		ı		32,640					
22 Less depreciat	ion claimed	on Schedule A and elsewhere on re	eturn	22	a		22b		32,640.		
								1			
24 Contributions t	o deferred	compensation plans					24				
		s						· · · · · · · · · · · · · · · ·			
		Schedule I)									
		chedule J)						 	210 752		
		schedule)							.,210,753. .,420,087.		
		es 14 through 28						1	899,428.		
		ole income before het operating ig loss arising in tax years beginnir						 	1		
		e income Subtract line 31 from line		-					899,428.		
For Paperwork Redu	ction Act I	Notice, see instructions.		<u> </u>	<u> </u>	<u> </u>		7 Form	990-T (2018)		
8X2740 1000 25710N L	43V						91)	PAGE 1		

Form	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	ınstructions)	33		905,	273
34	Amounts paid for disallowed fringes	34		304,	751
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions),	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				-
	of lines 33 and 34	36	1,	210,	024.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,	000
38	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	1,	209,	024.
Par	t IV Tax Computation	<u> </u>			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		253,	895.
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	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			253,	895
_	t V Tax and Payments	1 1			-
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		1			
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)	- 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	 			
	Total credits Add lines 45a through 45d	45e		252	005
46	Subtract line 45e from line 44	46		253,	895.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		050	
48	Total tax. Add lines 46 and 47 (see instructions)	48		253,	895.
49	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	1 1			
	2018 estimated tax payments				
	Tax deposited with Form 8868	.			
d	Foreign organizations Tax paid or withheld at source (see instructions)]			
е	Backup withholding (see instructions)]			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f].			
g	Other credits, adjustments, and payments Form 2439	1 1			
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51	,	489,6	632.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	:	235,	737.
55	Enter the amount of line 54 you want	55			
Par	t VI Statements Regarding Certain Activities and Other Information (see Instruction	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	_	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-			
	here ▶				x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an truct			х
٠,	If "Yes," see instructions for other forms the organization may have to file	gii iiusi			
50					
58	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	v knowledce	and beli	ef it
C:~-	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	55. Ot III	, anomicuge	ana 001	, it l
Sign	DEPOTE THE AMERICAN AND A STREET OF THE AMERI		IRS discuss		
Her			preparer sh		7
		e instructio		es	No
Paid	Print/Type preparer's name Preparer's sofinature Date Check 11/6/19	ıf لـــا،	PTIN		
_	PARC BERGER X / / / / / Self-e	mployed	1		
	Only Firm's name BDC USA, LLP Firm's		13-538		
	Firm's address > 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102	_{2 no} 70	3-893-	0600	

Form 990-T (2018)					Page 3			
Schedule A - Cost of Goods Sold. Er	iter method of inve		<u> </u>					
1 Inventory at beginning of year 1		6 Inventory	at end of yea	ar	6			
2 Purchases 2		7 Cost of	goods so					
3 Cost of labor 3		6 from	line 5 En	iter here and in	_			
4a Additional section 263A costs		Part I, line	2		7			
(attach schedule) 4a				section 263A (w	oth respect to Yes No			
b Other costs (attach schedule) . 4b		_ ' ' '	•	or acquired for	, ,, , , , , , , , , , , , , , , , , , ,			
5 Total. Add lines 1 through 4b . 5		to the org	anization?	<u> </u>	x			
Schedule C - Rent Income (From Real P	roperty and Pers	onal Property	Leased V	Vith Real Proper	ty)			
(see instructions)								
1. Description of property								
(1)								
(2)	<u> </u>							
(3)								
(4)								
2. Rent recei	ved or accrued			_				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	nd personal property for personal property s is based on profit or	y exceeds	exceeds in columns 2(a) and 2(b) (attach schedule)					
(1)								
(2)								
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)				(b) Total deduction Enter here and on Part I, line 6, colum	page 1,			
Schedule E - Unrelated Debt-Financed I	ncome (see instru	ctions)						
Description of debt-financed property	I	ss income from or le to debt-financed		debt-finance	nnected with or allocable to ced property			
		property		nt line depreciation ch 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 adjurence of or alloca debt-financed (attach schedule)	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)		%						
(2)		%						
(3)		%						
(4)		%						
Totals				e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Total dividends-received deductions included in co				<u></u> ▶				

Form 990-T (2018)	CENTRA I										715569 Page
Schedule F-Interest, Ann	uities, Royalties	s, and	Rents	s Fro	m Contro	lled O	rganiza	i ons (se	e instruction	ons)	
			Exem	pt Cor	ntrolled Or	ganızatı	ons				
Name of controlled organization	2. Employer identification numb	per				of specified included		of column 4 that is d in the controlling tion's gross income		6 Deductions directly connected with income in column 5	
(1)								1-			
(2)											7
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8 Net unrelated in (loss) (see instruc		5. Total of specified			inclu	art of column ded in the co zation's gros	Deductions directly nnected with income in column 10			
(1)									m		
(2)											
(3)									_		·
(4)											
							Enter	columns 5 a here and on I, line 8, colu	page 1,	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment In		<u></u>			<u></u>	<u></u> ▶					
Schedule G-Investment I	ncome of a Sec	ction	501(c) (7), ((9), or (17) Orga	nization	see ins	tructions)		
1 Description of income	2. Amount of income		a Deductions directly connected (attach schedule)				et-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)			
(1)											
(2)											- mu
(3)											
(4)			. 4								5-1-1
	Enter here and on pag Part I, line 9, column				•						Enter here and on page 1 Part I, line 9, column (B)
Totals	1.0.11.11.11										
Schedule I-Exploited Exc	empt Activity In	come	, Othe	r Tha	an Adverti	sing Ir	ncome (see instru	ictions)		-
1. Description of exploited activity	2 Gross unrelated business income from trade or business	coni pro	3 Expenses directly connected with production of unrelated pusiness income		4 Net inconfrom unrelat or business 2 minus col If a gain, co cols 5 three	ed tradé (column umn 3) ompute	from a	s income trivity that inrelated is income 6 Expo		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-								
(2)						•					
(3)											
(4)											
•	Enter here and on page 1, Part I, line 10, col (A)	pag	here and je 1, Part 10, col(i I,							Enter here and on page 1, Part II, line 26
Totals											
Schedule J- Advertising Ir											
Part I Income From Per	iodicals Report	ed on	ı a Coı	nsolie	dated Bas	SIS	Ι				
1. Name of periodical	2. Gross advertising income	-	3 Direct advertising cos		4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute		culation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)									L		
(4)											
Totals (carry to Part II, line (5))						·		<u>. </u>			5000 T
											Form 990-T (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2 Gross 3. Direct 5. Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs costs ıncome a gain, compute cols 5 through 7 not more than ıncome column 4) <u>(1)</u> (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (B) Part II, line 27 line 11, col (A) Totals, Part II (lines 1-5) >

1. Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning __ , 2018, and ending

(A) Income

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

(C) Net

manic or org	amzation	
CENTRA	HEALTH,	INC

1 a Gross receipts or sales

Part I Unrelated Trade or Business Income

Employer identification number

54-0715569

(B) Expenses

Unrelated business activity code (see instructions) ▶ 900099 Describe the unrelated trade or business ► INVESTMENT INCOME FROM PARTNERSHIPS

Excess readership costs (Schedule J).....

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Unrelated business taxable income Subtract line 31 from line 30

1 a	Gross receipts or sales									
, p	Less returns and allowances C	Balance ►	1c							
2	Cost of goods sold (Schedule A, line 7)		2							
3	Gross profit Subtract line 2 from line 1c		3							
4 a	Capital gain net income (attach Schedule D)		4a							\ <u>\</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b							
С			4c							
5	Income (loss) from a partnership or an S corporation	ı (attach		_						
	statement)	CH 4	5		6,	. 806				6,908
6	Rent income (Schedule C)		6							
7	Unrelated debt-financed income (Schedule E)		7							
8	Interest, annuities, royalties, and rents from a contro	lled								
	organization (Schedule F)		8							
9	Investment income of a section 501(c)(7), (9), or (17)	')								
	organization (Schedule G)		9							
10	Exploited exempt activity income (Schedule I)	[10							,
11	Advertising income (Schedule J)	[11							
12	Other income (See instructions, attach schedule)	[12							
13	Total. Combine lines 3 through 12	[13		6,9	908.				6,908
14	Deductions Not Taken Elsewhere (See and deductions must be directly connected where Compensation of officers, directors, and trustees (Science of the content of the conten	th the un	relate	d business i	ncom	e)		т-	14	
15	•	•								
16	Salaries and wages								15	
17	Repairs and maintenance							–	16	
	Bàd debts								17	
18	Interest (attach schedule) (see instructions),								18	414
19 20	Taxes and licenses							• • • -	19	649
	Charitable contributions (Con instructions for limitati	اممانیه مم							~~	
	Charitable contributions (See instructions for limitati							• • •	20	649
21	Depreciation (attach Form 4562)				21		••••			649
22	Depreciation (attach Form 4562)	here on re	turn		21 22a				22b	649
22 23	Depreciation (attach Form 4562)	here on re	turn		21 22a				22b 23	649
22 23 24	Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsew Depletion	here on re	turn		21 22a				22b 23 24	649
22 23	Depreciation (attach Form 4562)	here on re	turn		21 22a				22b 23	649

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

27

28

29

30

27

28

29

30

1,063.

5,845.

5,845.

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

COMMUNITY LAB, MANAGEMENT SERVICES, AND CLINICAL ENGINEERING

7	עריים א	CHMENT	2
н	TTA	イロはむひょ	4

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

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	2,319,515. 0. 1,320,151.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 99,936.
CHARITABLE CONTRIBUTION	99,936.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	99,936.

2571ON L43V PAGE 148

ATTACHMENT 3

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

COMMUNITY LAB EXPENSE

1,210,753.

PART II - LINE 28 - OTHER DEDUCTIONS

1,210,753.

ATTACHMENT 4

PARTNERSHIP INCOME

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

CENTRAL ATLANTIC HEALTH NETWORK, LLC

6,908.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

6,908.

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

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

CENTRA HEALTH INC Identifying number 54-0715569

	MIKA HEADIH, INC								1 24 0/13303
	ess or activity to which this form relates								
	ENERAL DEPRECIATION								
Par	Election To Expense C Note: If you have any lis				vou comp	olete Part I.			
1	Maximum amount (see instructions).]	1	1,000,000
2	Total cost of section 179 property pla	aced in service (see in	nstructions)					2	32,640
	Threshold cost of section 179 proper							3	2,500,000
4	Reduction in limitation. Subtract line	3 from line 2 If zero o	or less, enter -0)				4	
5 (Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1. If zero or less, enter	-0- If marned filing			-	- 1	5	1,000,000
6	(a) Description				isiness use only				
							32,6	640.	
	Listed property. Enter the amount fro								
	Total elected cost of section 179 pro							8	32,640
9	Tentative deduction Enter the smalle	r of line 5 or line 8						9	32,640
	Carryover of disallowed deduction fro							10	
	Business income limitation. Enter the							11	1,225,580
	Section 179 expense deduction Add					. <u></u>		12	32,640
	Carryover of disallowed deduction to				▶ 13				
	Don't use Part II or Part III below for								
Par			•	•		•		e inst	ructions)
	Special depreciation allowance fo		•				1		
	during the tax year. See instructions						í	14	
	Property subject to section 168(f)(1) (15	
Par	Other depreciation (including ACRS) t III MACRS Depreciation (I	An't include listed	nroperty S	oo inetriic	tione \	· · · · · · · ·		16	
гаі	MACKS Depreciation (E	Jon t include listed		tion A	110113 /	<u>.</u>			
17	MACRS deductions for assets placed	t in service in tax ves						17	
	If you are electing to group any a	•							1
	asset accounts, check here	•	-	-		- 1			
	Section B - Assets						reciati	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/invonly - see in	estment use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property			,					
b	5-year property								·
С	7-year property								
d ·	10-year property		- "	-					_
e ´	15-year property								
f 2	20-year property								
g 2	25-year property				25 yrs		S/		
h l	Residential rental				27 5 yrs	ММ	S/		
	property				27 5 yrs	ММ	S/		
i I	Nonresidential real		ļ		39 yrs	MM	S/		
	property					MM	S/		
	Section C - Assets P	laced in Service D	Ouring 2018	Tax Year	Using the A	Alternative De	-		System
	Class life						S/		
	12-year				12 yrs	N454	S/		
	30-year		<u> </u>		30 yrs	MM	S/		
	t IV Summary (See instruction	one \	<u> </u>		40 yrs	MM	S/	<u> </u>	<u> </u>
		•						24	
	_isted property Enter amount from lin Fotal Add amounts from line 12,			nd 20 :-	• • • • • • • • • • • • • • • • • • •	and line 24. T	:	21	
	notal Add amounts from line 12, here and on the appropriate lines of yo							22	32,640
23	or assets shown above and place or tion of the basis attributable to se	ed in service during	the current	year, ent	er the 23	1	• • • • •		32,310

Forn	n 4562 (2018)											54	-0715	569	Page 2
	rt V Listed Pr entertainm	operty (Include ent, recreation, o	r amuseme	ent)											ed fo
	24b, columr	any vehicle for whas (a) through (c) of	Section A,	all of S	Section I	B, and S	Section	C if a	pplicable						ıly 24a
	_	Depreciation and													
<u>24a</u>	Do you have evidend	ce to support the bus		ent use	claimed'	? <u> </u>	es X	No	24b If "\	∕es," ıs t	he evide	nce writt	en?	Yes	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment usi percentage	Cost	(d) or other b		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elected s	(i) section 179 ost
25	Special depreciati	on allowance for sed more than 50%									. 25				
26	Property used mo									<u></u>	.	II.		1	
	 · ·		9	6]						-
			- 9	6											
			9	6											
27	Property used 50%	% or less in a qualifi	ed business	use	•										
			9	6						S/L -					
				6						S/L -					
				6						S/L -					
28	Add amounts in co	olumn (h), lines 25	through 27	Enter	here ar	nd on Iir	ne 21, p	age 1			. 28	l			
<u>29</u>	Add amounts in co	olumn (ı), line 26 E											. 29		
_			Sectio												
	nplete this section fo our employees, first ar													rovided	vehicles
-	our employees, mat ar	iower the questions in	7 00000011 0 10		a)		b)		(c)		d)	Т.	e)		f)
	O. Takal burana akan sakarah malan dan sa dunas				icle 1		Vehicle 2 Vehicle 3				icle 4		ıcle 5	,	icle 6
30	 Total business/investment miles driven during the year (don't include commuting miles) 														
31	Total commuting n		· F												
		=	mmuting)												
72	miles driven	•	minding)												
33	Total miles drive		ear Add			_									
		2	l l												
34	Was the vehicle		Г	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		/ hours?	· -												
35	Was the vehicle		Г										}		
	than 5% owner or	related person?	[
36	Is another vehic														
	use [?]	<u>.,</u>													
Ans	Se swer these question	ection C - Questions to determine if								-		-		who a	ren't
mo	re than 5% owners	or related persons	See instruct	ions							_				,
37	•								vehicles	, includ	ling co	mmutir	ıg, by	Yes	No
^^	your employees?														
38	•	•		•		•				•			-		
39	Do you treat all us	he instructions for v	venicies use Inlovees as r	a by c	orporate	e onice									
40		nore than five ve							n from				 ut the		
70		, and retain the info													
41						e demo	 nstratio	 n use?	? See ins	truction	 s				
		ver to 37, 38, 39, 4													
Pa	rt VI Amortizat					•	_			•	-				
			(b)								(е)		40	
	(a) Description	of costs	Date amortii begins		Am	(c) nortizable	amount		(d) Code se		Amorti perio percei	d or	Amortiza	(f) ation for th	าเร year
42	Amortization of co	sts that begins duri	ng your 201	8 tax	year (se	e instru	uctions)					<u> </u>			
		<u>~</u>			<u> </u>										
43	Amortization of co	sts that began befo	ore your 201	8 tax	year_							43			
44	Total. Add amoun	its in column (f) Se	ee the instru	ctions	for whe	ere to re	port .					44			