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	990-T	Ex	cempt Organ							OMB No 1545 0047				
Form	330-1			-			ion 6033		امكرت					
		For cale	ndar year 2019 or other						20 - 0	2019				
	nent of the Treasury Rev⊬nue Serwce	▶ Do	► Go to www irs g not enter SSN numbers						~)(3)	Open to Public Inspection for 501(c)(3) Organizations Only				
A	Check box if	_ <u> </u>	Name of organization (nd see instructio			501(c)(3) Organizations Only oyer identification number				
_	address changed		,			3		,		oyees trust see instructions)				
B Exer	npl under section		LENBROOK SQU	JARE FOU	TAGN	ION, IN	_							
Λ	son(⊆ Q 23)	Print	Number street and roo						58-1	416941				
	108(e) 220(e)	or Type		lated business activity code										
	108A 530(a)		3747 PEACHTREE ROAD NE											
	529(a)		City or town slate or p	1										
	k value of all assets and of year		ATLANTA, GA	6216	10									
	,		up exemption number											
22	225,550,593 G Check organization type > X 501(c) corporation 501(c) trust 401(a) trust Other trust													
			nizalion's unrelated tra	des or busine	esses	▶ <u>1</u>		Describe	e the only	y (or first) unrelated				
trae	de or business her	e ►HOM	E CARE				If only one	complete Parts I	-V If mor	e than one describe the				
			end of the previous s	entence co	mplete	Parts I and I	l complete a s	Schedule M for ea	ch additio	nal				
	de or business the									<u> </u>				
			corporation a subsidia				ent-subsidiary	controlled group?		Yes X No				
	Yes enter the na e books are in care		Identifying number of	the parent co	rporati	on ►	Talamba	ле пиmber ▶ 40	ut 233	3000				
			or Business Incor	70		/A) I	ncome	T						
	Gross receipts or s	-	2,624,483		$\overline{}$	(A)	nçome	(B) Exper		(C) Net				
	Less returns and allowa		270217103	c Balance ▶	- 1c	2.	624,483							
	Cost of goods sol		ule A line 7\	Δ (^Δ)	2			 						
	Gross profit Sub	•	•	140	3	2,	624,483-			2,624,483				
	Capital gain net ii			• • •	4a				_	· · · · · · · · · · · · · · · · · · ·				
			Part II line 17) (attach Fe	orm 4797)	4b	1	RECE	IVED	1					
	Capital loss dedu				4c	1			,					
5	Income (Ioss) from a p	artnership or	an S corporation (attach state	ement)	5	7 5	1117 0	5 2021 C		-				
6	Rent income (Sch	edule C)			6	, <u>\$</u>	MAR 0	5 2021 19						
7	Unrelated debt-fir	nanced in	come (Schedule E)		7			ıα						
8	Interest annulues roya	lties and re	nts from a controlled organiza	tion (Schedule F	8		OGDE	NUT						
9	Investment income of a	section 50	l(r)(7) (9) or /17) organizali	on (Schedule O)	9	<u> </u>		111						
10	Exploited exempt	activity in	ncome (Schedule I)	/	10									
	Advertising incom		•		11		F 07.5	7.7000		5 076				
	· ·		tions attach schedule)		12		5,876	ATCH 1		5,876				
	Total Combine lin			l'Can inat	13		t30,359	d = d+ = 4+ = = = 1 /1	7 a al a b	2,630,359 ons must be directly				
			ne unrelated buşır			nis ioi iiiii	itations on	deductions) (i	Jedacii	ons must be directly				
14	\ \ i		directors and trustees				 .		144					
	Salaries and wage		directors and trustees	(Ocheodie IV	ŧ				14	1,958,959				
	Repairs and main								16	2,528				
	Bad debts								17					
	Interest (attach se	chedule) (see instructions)						18					
19	Taxes and licenses	S	•						19	263,767				
20	Depreciation (atta	ch Form	4562)				20	16,630						
21	Less depreciation	claimed	on Schedule A and els	sewhere on r	eturn		21a		21b	18,630				
22	Depletion	,							22					
23	Contributi <mark>ons t</mark> o d	leferred o	compensation plans						_23					
	Employee benefft								24	6,791				
	Excess exempt ex								25	 				
	Excess readership							n	26	255 055				
	Other deductions							ATCH 2	27	366, 959				
	Total deductions		_		la	ت تنجيل المواس	Cooking at 1	20 (28	2,617,634				
_			le income before ne							12,725				
,			g loss arising in tax ye e income. Subtract line			r arter Janua	iiy i ZUI8 (S€	e instructions)	30	12,725				
			otice, see instructions		- CJ				U 3	Form 990-T (2019)				
JSA			,						-	1 OIII 3 3 0 - 1 (2019)				

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Par 32		58-1416841	Pag
วว	, 		
³ 2 1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
1	instructions)	32	12,72
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	344	
35	Total unrelated business taxable income before pre 2018 NQLs and specific deduction. Subtract line	<u> </u>	
	34 from the sum of lines 32 and 33	35	12,72
36	Deduction for net operating loss arising in tax years beginning before January 1 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	12,72
38	Specific deduction (Generally \$1 000 but see line 38 instructions for exceptions)	38	1,00
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37.	30 -	1,00
55	enter the smaller of zero or line 37		11 72
Dar	t V 1\Tax Computation	138	11,72
_	7	<u> </u>	0.4
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	2,46
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		
	the amount on line 39 from Tax rate schedule or Spring dute (Form 1041)	41	
42	Proxy tax See instructions	42	
43	Alternative minimum tax (trusts only)	43	
4	Tax on Noncompliant Facility Income See instructions	44	
15	Total Add lines 42 43 and 44 to line 40 or 41 whichever applies	45	2,4
	TV \\\ Tax and Payments	' 	
	Foreign lax credit (corporations attach Form 1118 trusts attach Form 1116) 46a		
	Other credits (see instructions)	<u> </u>	
	General business credit Attach Form 3800 (see instructions)	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	!	
	Total credits Add lines 46a through 46d	46e	
7	Subtract line 46e from line 45	47	2,4
8	Other taxes Check if from Form 4255 Form 861 Form 8697 Form 8866 Other (attach schedule)	48	
9	Total tax Add lines 47 and 48 (see instructions)	49	2,4
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II column (k) line 3	_ 5 0	
11 a	Payments A 2018 overpayment credited to 2019		
b	2019 estimated tax payments (0 51b 20,000		
С			
	Tax deposited with Form 3868 (o (, sitc 65,000	i	
d			
	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Foreign organizations Tax paid or withheld at source (see instructions) 51d Backup withholding (see instructions) 51e		
e f	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 516 517		
e f	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439		
e f g	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total		65.00
e f g	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total payments Add lines 51a through 51g	5 2	85,0
e f g	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Total payments Add lines 51a through 51g Estimated lax penalty (see instructions) Check if Form 2220 is attached	52 53	85,0
e f g	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total payments Add lines 51a through 51g	52 53 54	
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e f g 2 3 4 4 5 5 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Foreign organizations. Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments. Form 2439 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached. Tax due if line 52 is less than the total of lines 49.50 and 53, enter amount owed. Overpayment. If line 52 is larger than the total of lines 49.50, and 53, enter amount overpaid. Enter the amount of line 55 you want. Credited to 2020 estimated tax. \$35, 200. Refunded. Tax during the 2019 calendar year did the organization have an interest in or a signature or over a financial account (bank securities or other) in a foreign country? If "Yes," enter the name of the here. During the tax year did the organization receive a distribution from or was if the grantor of, or transferor to a foreign the amount of tax exempt interest received or accrued during the tax year. \$ Under penalties of perjuy: I declare that I have examined this return including accompanying schedules and statements and to the butties correct and complete. Declaration of prepaire (other than tax payer) is based on all information of which prepair has any knowledge. Max. 2.223.218. See the constructions.	other authority ay have to file foreign country gri trust? est of my knowledge y the IRS discuss	82,5 47,3 Yes
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e f g g 3 3 4 4 5 5 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total > 51g Total payments Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49 50 and 53, enter amount owed Overpayment If line 52 is larger than the total of lines 49 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax > 35, 200 Refunded Tax due life the 2019 calendar year did the organization have an interest in or a signature or 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 > During the tax year did the organization receive a distribution from or was if the grantor of, or transferor to a foreign the amount of tax exempt interest received or accrued during the tax year > Under penalties of periory I declare that I have examined this return including accompanying schedules and statements and to the but or or or officer to the introducing accompanying schedules and statements and to the but or or officer to the introducing of periory I declare that I have examined this return including accompanying schedules and statements and to the but or or officer to the penalties of periory I declare that I have examined this return including accompanying schedules and statements and to the but or or officer to the penalties of officer to the penalties of officer that the penalties of periory I declare that I have examined this return including accompanying schedules and statements and to the but or or officer to the penalties of officer t	other authority ay have to file foreign country gri trust? est of my knowledge by the IRS discuss to the preparer stemstructions? X Y	82,5 47,3 Yes This religions be
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e f g g s s s s s s s s s s s s s s s s s	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total ▶ 51g Total payments Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due if line 52 is less than the total of lines 49 50 and 53, enter amount owed Overpayment If line 52 is larger than the total of lines 49 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 35, 200 Refunded ▶ Statements Regarding Certain Activities and Other Information (see instructions over a financial account (bank securities or other) in a foreign country? If Yes' the organization may fine the amount of the enter ▶ During the tax year did the organization receive a distribution from or was if the granter of, or transferor to a foreign limit the amount of tax exempt interest received or accrued during the tax year Batelier the amount of tax exempt interest received or accrued during the tax year Under penalties of perjury 1 dectare that I have examined this return including accompanying schedules and statements and to the buttle correct and complete Dectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge LESLIE DOVE Signature of officer Date Print/Type preparers name MARC A AZAR Firm's name SMTTH & HOWARD, P C Firm's name SMTTH & HOWARD, P C Firm's name SMTTH & HOWARD, P C	other authority ay have to file foreign country gri trust? est of my knowledge y the IRS discuss hithe preparer stemstructions? X You PTIN	this retained belief
e f g g 3 3 4 4 5 5 7 7 8 8 8 9 Paid Prep	Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits adjustments and payments Form 2439 Other Total ▶ 51g Total payments Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49 50 and 53, enter amount owed Overpayment If line 52 is learger than the total of lines 49 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax ▶ 35, 200 Refunded Total ▶ 51g Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year did the organization have an interest in or a signature or 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 ▶ During the tax year did the organization receive a distribution from or was if the grantor of, or transferor to a foreign true amount of tax exempt interest received or accrued during the tax year. ▶ \$ Under penalties of perjury 1 dectare that I have examined this return including accompanying schedules and statements and to the Ditute correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. LESLIE DOVE Signature of officer Date Print/Type preparer's name MARC A AZAR Firm's name SMITH & HOWARD, P. C. Firm's name SMITH SM	other authority ay have to file foreign country gri trust? est of my knowledge by the IRS discuss in the preparer stemstructions)? X You mployed P917	Yes Yes this retainment belief 39349 0486

%

%

%

>

Form 990-T (2019)

Enter here and on page 1 Part I line 7 column (B)

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1 Part I line 7 column (A)

Schedule F - Interest, Annu	uties, Royalties		and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations												
1 Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	f column 4 then the control on the control	gnill	6 Deductions directly connected with income in column 5					
(1)															
(2)							<u> </u>								
(3)					<u> </u>			_							
(4)							<u></u>			<u> </u>					
Nonexempt Controlled Organiz		_		_		10 Do	rt of column	O that as	- 14	Dodustava desettu					
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of specific payments made		រ ា ខៅមថ	ed in the co zation's gros	ntrolling		Deductions directly nected with income in column 10					
(1)															
(2)									<u> </u>						
(3)										 -					
(4)				<u>.</u>			columns 5 a			dd columns 6 and 11					
Totals Schedule G-Investment In	come of a Sec	ction 50	1(c)(7), (9), or (17	►) Orga	Enter Part I	here and on line 8 colu	page 1 mn (A)	Ent	erhere and on page 1 rt ⊟ine 8 columin (B)					
1 Description of income	2 Amount of	псоте		3 Deduc directly con (attach sch	nected			f-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)					
(1)															
(2)										_ 					
(3)															
(4) Totals ▶	Enter here and Part I line 9 or	olumn (A)								Enter here and on page 1 Part I line 9 column (B)					
Schedule I-Exploited Exe	mpt Activity In	come, C	ther	Than Advert	sing In	come (see instru	ictions)							
Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	Expenses directly needed with oduction of unrelated unresisted cross income 4 Net incomi from unrelate or business (2 minus coil f a gain coil cols 5 thro		ed trade (column umn 3) ompute 5 Gross from act is not u		ctivity that altri		nses ble Io n 5	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)	Enter her page 1 line 10	Part I		<u>.</u>		-		_	Enler here and on page 1 Parl II line 25					
Totals ► Schedule J-Advertising Inc	come (see instri	uctione		1		_									
Part I Income From Perio	_		Cons	solidated Bas											
Income Hom Ferr	odicais Neport	eu on a	CON	Solidated Das) 			г —							
1 Name of periodical	advedising		advertising adve		2 Gross advertising advertising costs advertising advertising costs a gain or		201 21 If I		culation come	6 Reade costs		7 Excess readership costs (column 6 minus column 5 but not inore than column 4)			
(1)															
(2)															
(3)															
(4)			-												
Totals (carry to Part II line (5))										Form 990-T (2019)					

58-1416841

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 not (B)				Enter here and on page 1 Part II line 26
Totals, Part II (lines 1-5)	>					

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

1 Name	2 Tille	3 Percent of lime devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		0/	
otal Enter here and on page 1 Part II line 14			

Form 990-T (2019)

ATTACHMENT	1	

PART I - LINE 12 - OTHER INCOME OTHER REVENUE

5,876.

PART I - LINE 12 - OTHER INCOME

<u>5,876</u>

ATTACHMENT 2

AMORT]ZATION			110 57
A DUDDOTT CTAIC			119,57
ADVERTISING			5,46
FEES-ACCOUNTING			3,23
FEES-PAYROLL			17,60
FEES-CONSULTING			13,33
INSURANCE			89,76
OFFICE EXPENSES			25,09
POSTAGE			2,39
JTILIT'IES			23,73
LICENSES			6,58
JNIFORMS			23
TRAVEL			8
BACKGROUND CHECKS			1,56
SUBSCRIPTIONS			49
RENTS			56,35
HEALTH SUPPLIES			
			91
[RAINING			40
MEALS@50%			11

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return ► Go to www irs gov/Form4562 for instructions and the latest information Atlachment Sequence No 179

Name(s) shown on return LENBROOK SQUARE FOUNDATION, INC Identifying number

58-1416841

Busines	s or activity to which this form relates								
GEN	ERAL DEPRECIATION	I							
Part I	Election To Expense C Note If you have any lis				you com	olete Part I			
1 Ma	aximum amount (see instructions)		<u></u>					1	1,020,000
	tal cost of section 179 property pla		2	18,630					
	reshald cast of section 179 proper		3	2,550,000					
4 Re	eduction in limitation. Subtract line	3 from line 2 If zero d	orless enter ()	,			4	1,020,000
sep	arately see instructions (a) Description	of property		(b) Cost (b)	rsin es s use on	ly) (c) Elect	od cost		1,020,000
	(a) Description	огрюрату		(D) Cost (DC	13111633 0146 011	(C) LIEC			-
		_					18,	630	<u> </u>
7 1 1	aled property. Enter the amount from			<u> </u>	7			0.50	
	sted property. Enter the amount from		ın column (o)	haaa C aad				T .	18,630
	tal elected cost of section 179 pro		in column (c),	ines 6 and	1			8	18,630
	ntative deduction. Enter the smalle		110 Form 4500					9	18,030
	arryover of disallowed deduction fro	•				5 Cas		10	18,630
	siness income limitation. Enter the				•	5 See instruct	ions	11	18,630
	ction 179 expense deduction Add							12	10,000
	erryover of disallowed deduction to				13	<u> </u>	_		
	Don't use Part II or Part III below for				ant maked	a hatad proper		o inot	trustrono \
Part								e inst	Tuckons)
•	ecial depreciation allowance fo	r qualified propert	y (oth er tha	in listed	property) p	laced in servi	ce		
	ring the tax year. See instructions							14	ļ.——
	operty subject to section 168(f)(1)	election						15	
	her depreciation (including ACRS)				 			16	
Part	MACRS Depreciation (on't include listed			tions)				
				tio n A				Т	
	ACRS deductions for assets placed	•	•					17	<u>L </u>
	you are electing to group any a	ssets placed in sei	rvice during t	he lax ye.	ar i nto one	or more gener	al		
as:	set accounts check here							<u> </u>	
	Section B - Assets						recia	tion S	ystem
_	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/invoily see in	estment use	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a 3	year properly								
b 5	year properly								
c 7	-year property								
d 10	year properly								
e 15	-year property								
f 20	-year property								
g 25	-year property				25 yrs		s	i/L	
h Re	esidential rental				27 5 yrs	ММ	S	i/L	
pro	operty				27 5 yrs	MM	S	//_	
ı No	onreside ntia l real				39 yrs	MM	S	5/L	
	pperty		-			ММ	S	5/L	
	Section C - Assets P	laced in Service D	During 2019	Тах Үеаг	Using the	Alternative De	preci	ation	System
20a Cla	ass life						S	l/L	
	year				12 yrs		S	3/L	
	year		_		30 yrs	ММ	9	3/L	
	-year				40 yrs	ММ	S	S/L	
	V Summary (See instructi	ons)	_1		<u> </u>	· 			
	sted property. Enter amount from lin		-					21	
	tal Add amounts from line 12		7 lines 19 a	ind 20 in	column (a)	and line 21 E	nter		
he	re and on the appropriate lines of y	our return. Partnersh	ips and Scorp	orations - s	ee instructio			22	18,630
23 Fo	r assets shown above and place rtion of the basis attributable to se	ed in service during ction 263A costs	g the curren	tyear ent	er the 2:	3			

Form	4562 (2019)											ь.	D-1410	841	Page 2
	rt V Listed Pr entertainm	roperty (Include nent, recreation, o	r amusem	ent)					s, certa					•	ed fo
	Note For a 24b, column	any vehicle for wh ns (a) through (c) of	ich you ard f Section A,	e using all of S	g the s Section	tandard B, and	d mileag Section	e rat Cıfa	e or de c pplicable	ducting	lease e	expens	se, com	olete o	nly 24a
		- Depreciation and					e the ins	structi	ons for l	mits for	r passe	nger a	utomobil	es)	
24a	Do you have eviden	ce to support the bus	iness/investm	ent use	e claimed	? Y	es 🔪	No	24b If "	Yes is 1	the evide	nce wri	llen?	Yes	X No
,	(a) Type of property (list vehicles first)	(b) Date placed In service	(c) Business/ investment us percentage	se Cost	(d) or other b		(e) sis (or depre usiness/inve use only	stment	(f) Recovery period	Met	(g) thod/ ænlion		(h) reciation duction	Elected	(I) section 179 ost
25		ion allowance for sed more than 50%							uring	<u> </u>	25				_
26		re than 50% in a qu								_	1 20	L		٠	
				%	_								-		
	<u> </u>			%	•										
				%			•	•••		-					
27	Property used 50°	% or less in a qualif	ed business	use	_			_							
				%						S/L -					
				%						S/L			_		
				%		_				S/L -]	
		otumn (h) lines 25					ne 21, p	age 1			28				
<u>29</u>	Add amounts in co	olumn (ı), line 26 E	nter here a	nd on	lıne 7, p	age 1				_		<u>.</u>	29	<u> </u>	
			•	-			on Use								
Com	iplete this section for	or vehicles used by	a sole prop	rietor	part ner	or othe	er 'more	lhan	5% owne	er or r	elated p	erson	lf you p	provided	vehicle
U yu	ui empioyees first at	nswer the questions in	1 Section C (c					Compi				venici			
					(a) nde 1		b) ncle 2	Ve	(c) ehicle 3		d) iicle 4	l ve	(e) hicle 5		(f) ncle 6
	the year (don't inc	restment miles driv clude commuting m	iles)										_		
		miles driven during	- 1			<u> </u>					<u>.</u>			-	
	miles driven	•	m mu ting) -												
33	Total miles drive lines 30 through 3	en during the ye 32	ear Add		., <u> </u>										
	Was the vehicl use during off-duty		personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Was the vehicle than 5% owner or	used primarily by related person?	a more												
36		cle available for	personal												
		ection C - Questic	ne for Em	nlovo	re Who	Provi	ide Veh		for Hea	by Th	our Em	nlovo	1	l	
	wer these question	ns to determine if or related persons	you meet a	an exc						-				who a	ren't
37		a written policy s			ohibits	all per	sonal us	se of	vehicles	ıncluc	ding co	mmuti	ng by	Yes	No
38	Do you maintain	a written policy s he instructions for v										ing, b	y your		
		se of vehicles by em				o onice	,	.UI3, (JI 1/0 UI	more o	**11012			<u> </u>	 -
		more than five vel				s, ohta	un infor	matio	n from	vour er	noloves	s aho	out the	ļ	
		s, and retain the info				.,				,					
41	Do you meet the re	equirements conce ver to 37, 38, 39, 4	rning qualif	ed aut	tomobile										
	t VI Amortizat	_													
	(a) Description	of costs	(b) Date amorti		An	(c) nortizable	e amount		(d) Code se	clion	Amortiz perior percer	zation d or	Amortiz	(f) ation for II	hıs year
42	Amortization of co	sts that begins duri	ng your 20	19 tax	year (se	ee instri	uctions)								
	GOODWILL		07/15/				793, GR	9	197		15	· · · · · · · · · · · · · · · · · · ·		11	9,579
		sts that began befo										43			
44	Total Add amour	nts in column (f) Se	ee the instru	ctions	for whe	ere to re	eport					44		11	9, 579
IC A	·	·											Fo	rm 456	2 (2010