efi	le GRAPHIC pri	nt - DO	NOT PROCESS As Filed Data -	DLN:	93393238004001				
	990-T		Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047				
Form	390-I		2020						
		0	2020						
Deno	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public				
	al Revenue Service	►Do	not enter SSN numbers on this form as it may be made public if your organization is a 501		Inspection for 501(c)(3) Organizations Only				
A [Check box if address changed.								
_	Exempt under section 501(c3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. FIRST NATL BK TR TTEE PO BOX 69	1	up exemption number instructions)				
	408(e) 220(e) 408A 530(a) 529(a) 529A		City or town, state or province, and ZIP or foreign postal code ARDMORE, OK 734020069		Check box if an amended return.				
		C Boo	k value of all assets at end of year > 4,536,683						
	heck organization t		501(c) corporation ☑ 501(c) trust □ 401(a) trust □ Other trust □ App	licable re	einsurance entity				
	theck if filing only to	•	Claim credit from Form 8941 Claim a refund shown on Form 2439						
			ation filing a consolidated return with a $501(c)(2)$ titleholding corporation		▶ □				
			d Schedules A (Form 990-T)						
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled grou	p?	. ► Yes ✓ No				
	•		identifying number of the parent corporation ▶						
LT	he books are in car		MITH CARNEY CO PC Telepho S COMMERCE STE 33	ne numb	per ► (580) 226-1227				
		_	RDMORE, OK 73401						
Pa	art I Total Un	relate	d Business Taxable Income						
1	Total of unrelated instructions)		s taxable income computed from all unrelated trades or businesses (see	1	16,673				
2	Reserved .			2					
3	Add lines 1 and 2			3	16,673				
4	Charitable contrib	outions (see instructions for limitation rules)	4	7,837				
5	Total unrelated by	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	8,836				
6	Deduction for net	operatir	ng loss. See instructions	6	· · ·				
7			ss taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 fro	om line 5	5	7	8,836				
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000				
9			luction. See instructions 🐒 🕟 🕟 🕟 🔻 🔻 🔻	9	1,567				
10	Total deduction	ı s. Add li	nes 8 and 9	10	2,567				
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter		6.260				
				11	6,269				
	rt III Tax Com	•			_				
1	_		as corporations. Multiply Part I, line 11 by 21% (0.21)	1					
2	Part I, line 11 fro	m: 🗹	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or ☐ Schedule D (Form 1041) · · · · · · · · ▶	2	1,141				
3	Proxy tax. See in	nstructio	ns	3					
4	Other tax amount			4					
5	Alternative minim		` ''	5					
6		•	acility income. See instructions	6					
			h 6 to line 1 or 2, whichever applies	7	1,141				
For F	Paperwork Reduction	n Act Noti	ice, see instructions. Cat. No. 11291J		Form 990-T (2020)				

	990-T (2	020)								Page 2
Part		Tax and Payments								
1a	Foreign	tax credit (corporations attach Form 1118	3; trusts attach For	m 1116)	1a					
b	Other c	edits (see instructions)			1 b					
C	General	business credit. Attach Form 3800 (see in	nstructions)		1c					
d	Credit fo	or prior year minimum tax (attach Form 8	801 or 8827) .		1 d					
е	Total c	edits. Add lines 1a through 1d						1e		
2	Subtrac	t line 1e from Part II, line 7						2		1,141
3	Other ta	xes. Check if from: Form 4255 ☐ Other (attach sta		Form 869	7] Form 8866		3		
4		ix. Add lines 2 and 3 (see instructions). [1294. Enter the tax amount here	Check if include:	s tax previ	ously d	leferred unde	r 	4		1,141
5	2020 ne	t 965 tax liability paid from Form 965-A o	or Form 965-B, Par	t II, colum	n (k), l	ine 4		5		0
6a	Paymen	ts: A 2019 overpayment credited to 2020			6a		34,764			
b	2020 es	timated tax payments. Check if section 6-	43(q) election appl	ies ▶ 🗌	6b					
С		osited with Form 8868			6c					
d	Foreign	organizations: Tax paid or withheld at so	urce (see instructio	ns) .	6d					
е	_	withholding (see instructions)			6e					
f	Credit fo	or small employer health insurance premi	ums (attach Form 8	3941) .	6f					
		edits, adjustments, and payments: \Box F								
	☐ Form	4136 Other		Total ►	6g					
7	Total p	ayments. Add lines 6a through 6g . .						7		34,764
8	Estimat	ed tax penalty (see instructions). Check if	Form 2220 is atta	ched			. ▶□	8		
9	Tax du	e. If line 7 is smaller than the total of line	s 4, 5, and 8, ente	r amount c	wed .		>	9		
10	Overpa	yment. If line 7 is larger than the total o	f lines 4, 5, and 8,	enter amo	unt ov	erpaid	>	10		33,623
11	Enter th	e amount of line 10 you want: Credited	to 2021 estimate	d tax▶		6,000 R	efunded▶	11		27,623
Pari	: IV	Statements Regarding Certain Ac	tivities and Otl	ner Info	matic	on (see inst	ructions)			
1	At any t	ime during the 2020 calendar year, did th	ne organization hav	e an intere	est in o	r a signature	or other aut	nority	over a Y	res No
		account (bank, securities, or other) in a						nCEN I	Form 114,	
	Report	of Foreign Bank and Financial Accounts. If	"Yes," enter the n	ame of the	foreig	n country her	e ►			N _a
2	During	he tax year, did the organization receive	a distribution from	or was it	+bo av		anafarar ta	- forci		No No
2	_	see instructions for other forms the orga			tile gra	antor or, or tr	ansieror to,	a lorei	en crust:	 10
3		e amount of tax-exempt interest received	·		nar.		▶ ¢			
		organization change its method of accour	_	•			•			No
		'Yes," has the organization described the								- 110
Par		Supplemental Information	change on Form 5.	JO, JJO LZ	., 550	11,011011111	120: 11 140,	СХРІС	mi iii i aic v	
		••		1.10						
Provid	e the ex	planation required by Part IV, line 4b. Als	o provide any otne	r addtiona	Inrorn	nation. See in	structions.			
	Lund	er penalties of perjury, I declare that I have exa	mined this return incl	uding accom	nanvin	r schadulas and	ctatomonte a	nd to th	ne hest of my know	wledge and
		ef, it is true, correct, and complete. Declaration of								
Sig	n									
Hei		10UNLVE475V	2021 00 26	TRUCT OF	TTCED.			May th	e IRS discuss this	return
		JOHN VEAZEY	2021-08-26	TRUST OF	FICER				ne preparer shown	
	ľ	Signature of officer	Date	Title				(see ir	structions)? 🗹 Y	es 🏻 No
		Print/Type preparer's name	Preparer's signature			Date	Check it	PTI	N 447357	
Paic	1	REBECCA A HEMBREE CPA					self-employe	1.00	++/33/	
	oarer	Firm's name SMITH CARNEY & CO PC					Firm's EIN ►	73-12	25615	
	Only	Firm's address > 5 COMMEDCE STE 33					Dhans : /F	20) 224	: 1227	
-55	~y	Firm's address ► 5 S COMMERCE STE 33					Phone no. (5	50) 226	0-122/	
		ARDMORE, OK 73401							F 22	O T (2020)

Name: MARGARET SMITH WEEKS & MARIE STUART

SMITH MEMORIAL CHARITABLE TRUST

EIN: 73-6242611

Description	Amount
LEASE OPERATING EXPENSE	308,330
INTANGIBLE DRILLING COSTS	1,904
OTHER EXPENSES	510

Total other costs: 308,330

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TY 2020 OtherDeductionSchedule

Name: MARGARET SMITH WEEKS & MARIE STUART

SMITH MEMORIAL CHARITABLE TRUST

EIN: 73-6242611

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount: **Investment management**

amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount			
PROFESSIONAL FEES	4,624			
INSURANCE	7,779			
STATE TAXES	31			

DLN: 93393238004001

Name: MARGARET SMITH WEEKS & MARIE STUART

SMITH MEMORIAL CHARITABLE TRUST

EIN: 73-6242611

Form Number or IRC Section Number	Other income description	Other income amount
	WELL SHUT-IN	57

Total Other Income Amount: 57

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

efile GRAPHIC print - DO NOT PROCESS As Filed Data -					- DLN: 93393238004001				
SCHEDULE A Unrelated Busine				siness	Taxab	OMB No. 1545-0047			
(Fo	rm 990-T)		an Unrel						2020
	tment of the Treasury al Revenue Service	►Go to <i>www.irs.g</i> . ►Do not enter SSN number						501/c\/3\	pen to Public Inspection for 01(c)(3) Organizations Only
MAR	Name of the organiza GARET SMITH WEEK TH MEMORIAL CHARI	S & MARIE STUART					mployer ide 242611	entification	number
c (Jnrelated business a	ctivity code (see instructions) ▶ 211110	D Sequ	ence:	1		of	1
E [Describe the unrelate	d trade or business ▶ OIL 8	GAS WORKI	NG INTER	EST				
Pa	rt I Unrelated	Trade or Business Inc	ome		(A)	Income	(B) Ex	penses	(C) Net
1a	Gross receipts or sa	ales 443,786	,						
b	Less returns and allow	vances	c Baland	ce ▶ 1 c		443,786	5		
2	Cost of goods sold	(Part III, line 8)	·	. 2		310,744			
3	Gross Profit. Subtra	act line 2 from line 1c		. 3		133,042	2		133,042
4a		ome (attach Sch D (Form 10 tions)		. 4a					· · · ·
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see instruction	ons) 4b					
c	Capital loss deduct	on for trusts		4c					
5	• •	a partnership or an S corpo	•						
6	Rent income (Part :	(V)		. 6		0)	0	
7	Unrelated debt-fina	nced income (Part V)		. 7		0)	0	
8		royalties, and rents from a /I)		. 8		0)	0	
9	Investment income organizations (Part	of section $501(c)(7)$, (9), o VII)	r (17)	. 9		0)	0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10					
11	Advertising income	(Part IX)				0)	0	
12	•	instructions; attach stateme	•		% J	57	7		57
13	Total. Combine line	es 3 through 12		. 13		133,099)	0	133,099
Pai		ns Not Taken Elsewher with the unrelated busin		ructions 1	or limitati	ons on dedu	uctions) De	ductions m	ust be directly
1	Compensation of o	ficers, directors, and trustee	es (Part X) .					. 1	52,034
2	Salaries and wages							. 2	
3	Repairs and mainte	nance						. 3	
4	Bad debts							. 4	
5	Interest (attach sta	tement) (see instructions)						. 5	
6	Taxes and licenses							. 6	17,971
7	Depreciation (attac	h Form 4562) (see instruction	ons) 🐒 🕟			. 7		3,129	
8	Less depreciation c	laimed in Part III and elsewl	nere on returr	n .		. 8a		8b	3,129
9	Depletion							. 9	30,858
10	Contributions to de	ferred compensation plans .						. 10	
11		rograms						. 11	
12		enses (Part VIII)						. 12	
13		costs (Part IX)							0
14		attach statement) 🕏 🕠 .							12,434
15									116,426
16	Unrelated business	income before net operating	loss deducti	on. Subtra	ct line 15 f	rom Part I. lir	ne 13. columi	n (C) 16	16.673

Deduction for net operating loss (see instructions)

For Paperwork Reduction Act Notice, see instructions.

17

Unrelated business taxable income. Subtract line 17 from line 16

17 18

Schedule A (Form 990-T) 2020

16,673

Cat. No. 740360

Sched	dule A (Form 990-T) 2020				Page 2
Part	Cost of Goods Sold Enter m	ethod of inventory valu	uation ▶		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement	•		4	0
5	Other costs (attach statement) 🥞			5	310,744
6	Total. Add lines 1 through 5			6	310,744
7	Inventory at end of year			⊢	0
8	Cost of goods sold. Subtract line 7 from line 6				310,744
9	Do the rules of section 263A (with respect to pr				☐ Yes 🗹 No
Par	t IV Rent Income (From Real Proper	<u> </u>			
1	Description of property (property street address	, city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	A				
	В				_
	c ∐				
	D L	Α	В	С	
2	Rent received or accrued	Α	В		<u>U</u>
_	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter h	ere and on Part I, line	6, column (A) . 🕨	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through	ıh D. Enter here and on Pa	ort I line 6 column (B)		0
	t V Unrelated Debt-Financed Incom				
1	Description of debt-financed property (property	street address, city, state	, ZIP code). Check if a	dual-use (see instructio	ns)
	<u> </u>				
	в 🗆				
	c ⊔				
		Α	В	С	
2	Gross income from or allocable to debt-		В		
_	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
	allocable to debt-financed property (attach statement).				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and o	on Part I, line 7, colum	n (A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6		Ι		
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter her	e and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				Schedule	A (Form 990-T) 2020

	t VI Interest, Annuit	ios Boys	ltice and De	nto fro	m Combuol	lad Over	-i-stises	/soo instrusti	2001	Page 3	
Раг	interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			•			
	Exempt Controlled Organization 3. Net unrelated 4. Total of specified 5. Part of col								6. Deductions directly		
1. Name of controlled organization		2. Employer identification number	ication income (los		(loss) payme		that is included in the controlling organization's gross income		connected with income in column 5		
(1)								_			
(2)											
(3)											
(4)											
			Non	exempt C	ontrolled Or	ganization:	s				
	7. Taxable income	inco	et unrelated ome (loss) instructions)	I .	Total of spe payments m					Deductions directly connected with come in column 10	
(1)											
(2)											
(3)											
(4)											
Γotal Part	s	ome of a		(c)(7), ((9), or (1) 3. Deduc	7) Organ	iization (se	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides	
					1	statement			(add columns 3 and 4)	
(1)											
(2)											
(3)											
(4)			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Total				0						0	
Part	Exploited Exen	npt Activi	ty Income, (Other Th	ıan Adver	tising In	i come (see	instructions)			
1	Description of exploited acti	ivitiy:									
2	Gross unrelated business in	come from	trade or busine	ss. Enter	here and on	Part I, line	e 10, column	(A)	2		
3	Expenses directly connected column (B)								3		
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7							4			
5	Gross income from activity	that is not u	unrelated busin	ess incom	e				5		
6	Expenses attributable to inc								6		
7	Excess exempt expenses. S								7		

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
1 1	Name(s) of periodical(s). Check box if reporting to	wo or more periodical	s on a consolidated basi	s.	
	A 🔲				
	В				
	с <u>Ц</u>				
	D L				
Enter	r amounts for each periodical listed above in the co	rresponding column.			_
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part	I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greate	er of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pa	rt X Compensation of Officers, Directo	ors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)	FIRST NATIONAL BANK TRUST CO	TRUSTEE		0 %	52,034
(2)					
(3)					
(4)					
	I. Enter here and on Part II, line 1				52,034
Par	rt XI Supplemental Information (see in	structions)			
				Schedule	A (Form 990-T) 2020

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN	: 93393238004001
	EDULE I	Alternative	Minimum Ta	x –Estates and Trust	S	OMB No. 1545-0092
(For	m 1041)	7.11.001.11.01.11.01				2020
-	tment of the Treasury	NGo to www ire go	► Attach to I	Form 1041 tructions and the latest informat	ion	2020
	al Revenue Service		// <i>F01111104</i> 1 101 1115	cructions and the latest illiormat		
Name	e of estate or trus	st			Employer i	dentification number
					73-6242611	
Pa	rt I Estate'	s or Trust's Share of Alte	rnative Minimum	Taxable Income		
1	Adjusted total ir	ncome or (loss) (from Form 104	1, line 17). ESBTs, s	ee instructions	1	8,836
2	Interest				2	
3	Taxes				3	
4	Refund of taxes				4	()
5	. ,	rence between regular tax and A	•		5	
6		ess deduction. Enter as a positiv			6	
7	·	pecified private activity bonds ex			7	
8	=	ousiness stock (see instructions			8	
9		ntive stock options (excess of A		, , , , , , , , , , , , , , , , , , ,	9	
10		nd trusts (amount from Schedul				
11		roperty (difference between AM		•		
12		assets placed in service after 1	•	•	12	
13		s (difference between AMT and (difference between AMT and re	-	•	13	
14 15		conference between AMT and re s (difference between regular ta	-		15	
16		racts (difference between AMT a	· ·		16	
17	-	fference between regular tax ar	,		17	
18	- `	xperimental costs (difference be	•		18	
19			_		-	()
20						()
21						-1,567
22		net operating loss deduction (Se	-		22	()
23				ugh 22		7,269
		Part II below before going to li				, , = = =
24	Income distribut	tion deduction from Part II, line	42	24		
25	Estate tax dedu	ction (from Form 1041, line 19)		25		
26	Add lines 24 and	d 25			26	
27	Estate's or trust	's share of alternative minimum	taxable income. Sub	tract line 26 from line 23 .	27	7,269
	If line 27 is:					_
			orm 1041, Schedule (G, line 1c. The estate or trust isn't lia	ble for	
	the alternative r	minimum tax. , but less than \$186,400, go to	line 43			
		nore, enter the amount from lin		o to line 50.		
	• ESBT's, see in					
Pai	t III Income	e Distribution Deduction	on a Minimum Ta	ıx Basis		
28		ative minimum taxable income (28	
29	•	empt interest (other than amou			. 29	
30	-	rom Schedule D (Form 1041), lii		•		
31	_	r the tax year allocated to corpu		· ·		
	purposes (from	Form 1041, Schedule A, line 4)			· · 31	
32	Capital gains pa	id or permanently set aside for	charitable purposes f	rom gross income (see instructions)	32	
33	Capital gains co	mputed on a minimum tax basis	s included on line 23		33	()
34	Capital losses co	omputed on a minimum tax bas	is included on line 23	. Enter as a positive amount	34	
35	Distributable ne or less, enter -0		ncome (DNAMTI). Co	mbine lines 28 through 34. If zero	35	
36	Income required	d to be distributed currently (fro	m Form 1041. Sched	ule B, line 9)	-	
37	·-			d (from Form 1041, Schedule B, line		
38		ns. Add lines 36 and 37			38	
39		ome included on line 38 (other t				
40		e distribution deduction on a m			40	<u>'</u>
		ection Act Notice see the Inc				T (Form 1041) (2020)

Schedule I (Form 1041) (2020)

Schedule I (Form 1041) (2020)

If line 55 is \$197,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3.958 from the result

Enter the **smaller** of line 81 or line 82 here and on line 50

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93393238004001 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number MARGÀRET SMITH WEEKS & MARIE STUART SMITH MEMORIAL CHARITABLE TRUST OIL & GAS WORKING INTEREST 73-6242611 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) · · · · · 1,040,000 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,590,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 • 8 Tentative deduction. Enter the **smaller** of line 5 or line 8. 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 3,129 Property subject to section 168(f)(1) election 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · 17 If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use 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 g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ΜМ 39 yrs. S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L

3,129

Part V 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? \square Yes \square No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 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 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the 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 No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use 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 use? 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. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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? See instructions. . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Amortization Part VI (b) (e) (c) (d) (f) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year begins percentage **42** Amortization of costs that begins during your 2020 tax year (see instructions):

43 Amortization of costs that began before your 2020 tax year

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

43

Additional Data

Software ID:

Software Version:

EIN: 73-6242611

Name: MARGARET SMITH WEEKS & MARIE STUART SMITH MEMORIAL CHARITABLE TRUST