*Form 990-T	E	EXTENDED TO MAKE EXAMPLE TO MAKE TO MA	sine	ss Income T			OMB No 1545-0687						
		(and proxy tax und		• • • •	1706	ا ۾!	2040						
	For cale	andar year 2018 or other tax year beginning $JUL~1$ ,				<u> 19</u>	2018						
Department of the Treasury		Go to www.irs.gov/Form990T for in				, l	Open to Public Inspection for 50 1(c)(3) Organizations Only						
Internal Revenue Service		Do not enter SSN numbers on this form as it may			tion is a 501(c)(3)	Employer identification number							
A Check box if address changed		Name of organization ( Check box if name c	hanged	l and see instructions.)		(Empl	oyees' trust, see ctions )						
B Exempt under section	Print	BLACK RIVER OUTDOOR ED	UCA!	rion program	[, I		0-0156468						
X 501(C 103_ )	I Tuna I	Number, street, and room or suite no. If a P.O. bo		ated business activity code astructions)									
408(e) 220(e)	'ype	60 COTTER MILL RD, SUITE, NO. 214											
408A530(a)													
529(a) GREAT NECK, NY 11021-3104 525990													
C Book value of all assets at end of year F O 4 C 5 O													
		G Check organization type ► X 501(c) corp	poration		· · · · · · · · · · · · · · · · ·	a) trust	Other trust						
	•	ion's unrelated trades or businesses.	1		the only (or first) u		then and						
		EE STATEMENT 14			complete Parts I-V								
		ce at the end of the previous sentence, complete Pa	ırts ı an	ia II, complete a Schedule	IVI TOT EACH ADDITIO	nai trade	or						
business, then complete		v. pration a subsidiary in an affiliated group or a parei	et auba	diana controlled group?		Ye	s X No						
		fying number of the parent corporation.	II-5UD5	idially controlled group?		۰۰۰ ۱۰	5 22 140						
			СОМІ	PANY Telepho	one number 🕨 :	212-	303-0244						
		e or Business Income	<u></u>	(A) Income	(B) Expense		(C) Net						
1a Gross receipts or sale				(.,,	(-,,								
b Less returns and allo		c Balance	1c										
2 Cost of goods sold (S			2			-							
3 Gross profit. Subtrac		(/ \ / \ \	3										
4a Capital gain net incor		¥ \1	4a	128,507.			128,507.						
	•	art II, line 17) (attach Form 4797)	4b		/	~							
c Capital loss deduction			4c										
•		hip or an S corporation (attach statement)	5	-12,856.	✓STMT	16	-12,856.						
6 Rent income (Schedu		,	6										
7 Unrelated debt-finance	ced incom	e (Schedule E)	7	1									
8 Interest, annuities, ro	yalties, an	d rents from a controlled organization (Schedule F)	8										
9 Investment income o	f a section	n 501(c)(7), (9), or (17) organization (Schedule G)	9										
10 Exploited exempt acti	ivity incor	ne (Schedule I)	10										
11 Advertising income (	Schedule	<b>1</b> )	_11										
12 Other income (See in			12	/	· · · · · · · · · · · · · · · · · · ·		115 651						
13 Total. Combine lines	s 3 throug	h 12	13	115,651.			115,651.						
Part II Deduction	ons No	t Taken Elsewhere (See instructions for tions, deductions must be directly connected	oř limita Livith t	ations on deductions)	income )								
			a with t	ine unrelated business	income )	1 4. 1							
•		ectors, and trustees (Schedule K)				14							
15 Salaries and wages						15							
16 Repairs and mainter	nance					16							
17 Bad debts	adula) (aa	a unatrustional				17							
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	euule) (Se	e ilisti detions)				19	2,778.						
	inne /Saa	instructions for limitation rules)				20	277701						
21 Depreciation (attach	-			21		1	<del></del>						
		Schedule A and elsewhere on return		22a		22b							
23 Depletion	annou on	Solitogale A and disciminate on rotain				23							
24 Contributions to def	erred com	nensation plans	1	RECENTE	D	24							
25 Employee benefit pr		ponsation plans			ကျပ္တု	25							
26 Excess exempt expe	~	nedule I)	B610	JUL 2 1 202	o  Ÿ	26							
27 Excess readership c			ď	*** 7	188-08 188-08	27							
28 Other deductions (a	-		l	000000		28							
29 Total deductions. A				OGDEN, U	<u>                                     </u>	29	2,778.						
/		come before net operating loss deduction. Subtrac	t line 29	9 from line 13	`	30	112,873.						
		oss arising in tax years beginning on or after Janua				31							
		come. Subtract line 31 from line 30			31	32	112,873.						
· · · · · · · · · · · · · · · · · · ·		vork Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)						

Form 990-			ſ, I	80-01	56468	Page 2
Part				1	<del>-  </del>	110 000
33	Total of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)	1	_83	112,873.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years	beginning before January 1, 2018 (see in	nstructions) S	TMT 17	35	83,786.
36	Total of unrelated business taxable income before s	pecific deduction. Subtract line 35 from th	ne sum of			
	lines 33 and 34			م.	36	29,087.
37	Specific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		B	37	1,000.
38	Unrelated business taxable income. Subtract line		line 36	0		
"11	enter the smaller of zero or line 36	or nom and so: If this or to greater than		{ }	38	28,087.
IDSet II	Tax Computation	· · · · · · · · · · · · · · · · · · ·		<del></del>	1 00 1	
		00 h.: 040/ (0.04)		\$ 1.	1 00	5,898.
39	Organizations Taxable as Corporations. Multiply I			, 4	39	3,030.
40	Trusts Taxable at Trust Rates. See instructions for		unt on line 38 from:	_	<del>  </del>	
3	Tax rate schedule or Schedule D (For	m 1041)		▶	· 40	
41	Proxy tax. See instructions			•	· <u>  41/                                      </u>	·
42	Alternative minimum tax (trusts only)				42	
43/1	Tax on Noncompliant Facility Income. See instruct	tions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, while	chever applies		•	44	5,898.
(Part	▼ Tax and Payments		]	•	, ,	
45a	Foreign tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a			
	Other credits (see instructions)	,	45b			
C	General business credit. Attach Form 3800		45c			
	Credit for prior year minimum tax (attach Form 880)	1 or 8827)	45d	<u>.</u>		
. d "; e	Total credits. Add lines 45a through 45d	101 6027)	730		45e	
	•			•	46	5,898.
46	Subtract line 45e from line 44	5 0044	- 0000 T Out-			3,030.
47	<del></del>	Form 8611 🔲 Form 8697 🔲 Forn	1 8866 Other	(attach schedule)		E 000
48	Total tax. Add lines 46 and 47 (see instructions)		•	, ,	-{   48   _	5,898.
49	2018 net 965 tax liability paid from Form 965-A or F	form 965-B, Part II, column (k), line 2	1 3 1		49	0.
Š0 a	Payments: A 2017 overpayment credited to 2018		50a	•		
₹ b	2018 estimated tax payments		50b		_ υ	
c	Tax deposited with Form 8868		50c			
d	Foreign organizations: Tax paid or withheld at sourc	e (see instructions)	50d			
е	Backup withholding (see instructions)		50e			
	Credit for small employer health insurance premium	is (attach Form 8941)	,50f			
		rm 2439		,		
; 9		her Total	▶ .50g	- ' †		
ļ	Total payments. Add lines 50a through 50g	101	1.0001	1	51	
51		rm 2220 is attached		, (		241.
52	Estimated tax penalty (see instructions). Check if Fo			, §	3   32	6,139.
53	Tax due. If line 51 is less than the total of lines 48,			_	7 53 54	0,133.
54	Overpayment. If line 51 is larger than the total of lin		ì		<u> </u>	
55	Enter the amount of line 54 you want: Credited to 2			efunded	<u> 55  </u>	
Part \		· · · · · · · · · · · · · · · · · · ·				<del></del>
56	At any time during the 2018 calendar year, did the o				`	Yes No
	over a financial account (bank, securities, or other) i	in a foreign country? If "Yes," the organiza	ition may have to fil	е		
	FinCEN Form 114, Report of Foreign Bank and Finan	ncial Accounts. If "Yes," enter the name of	the foreign country			
	here <b>&gt;</b>					X
57	During the tax year, did the organization receive a di	stribution from, or was it the grantor of, o	or transferor to, a fo	reign trust?		X
	If "Yes," see instructions for other forms the organization					
58	Enter the amount of tax-exempt interest received or	•				
	Under penalties of derjury, I declare that I have examined t	this return, including accompanying schedules an	d statements, and to the	e best of my know	ledge and beli	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any knowledg	je F		
Here	IN ( BUILDING)	/.Is· low   CONTR	OLLER		-	iscuss this return with hown below (see
	Signature of officer	Date Title	<del>ODDDIN</del>		instructions)?	
	<u> </u>	Propagar's supporture	Data	Chack		T=7   40   160
	Print/Type preharer's name	Preparer's signature	Date	Check		
Paid	DICUADO GUETERI	DICUADD SWELFE	07/14/20	self- employe		000000
· Prepa	DONTADTO C CO		07/14/20	1		0085938
Use C	nly Firm's name ► BONADIO & CO.			Firm's EIN	10	-1131146
	7936 SENEC			<b>1</b>	/245	BAB 8801
	Firm's address > CLINTON, N	Y 13323		Phone no.		797-7781
823711 01-	09-19					Form <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation > N/A					
1 Inventory at beginning of year	1	-		Inventory at end of yea	6_		_		
2 Purchases	2			Cost of goods sold. Si	ubtract I	line 6			
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Yes No	ð				
<ul> <li>Other costs (attach schedule)</li> </ul>	4b			property produced or a					
5 Total. Add lines 1 through 4b	5			the organization?		<del>-</del>			
Schedule C - Rent Income ( (see instructions)	From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)					•				_
(2)									_
(3)		-					_		
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a		ed with the income in ttach schedule)	
(1)									
(2)									
(3)									
(4)							•		
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>	0	•
Schedule E - Unrelated Deb	t-Financed	Income (see	e instru	ctions)					
				. Gross income from		3. Deductions directly con to debt-finan			
1. Description of debt-fir	anced property			or allocable to debt- financed property		Straight line depreciation (attach 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 adjusted basis of or allocable to debt-financed property (attach schedule)				Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					_
(2)				%					_
(3)				%					_
(4)				%					
			•			inter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)	
Totals				<b>•</b>		0		0	
Total dividends-received deductions in	cluded in column	18			•	<u></u>		0	_
							•	Form <b>990-T</b> (201	_

Form 990-T (2018)

0.

% %

▶

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 14
BUSINESS ACTIVITY

INVESTMENTS IN PUBLICLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 15

PARTNERSHIP ACTIVITY: SUMMARY PTP K-1S, LINE 20V:

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION	NET INCOME OR (LOSS)
ENTERPRISE PRODUCTS PARTNERS - ORDINARY BUSINESS INCOME	
(LOSS)	16,108.
MAGELLAN MIDSTREAM PTRS - ORDINARY BUSINESS INCOME (LOSS)	8,540.
SPECTRA ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME	4 172
(LOSS)	-4,173.
WILLIAMS PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-20,432.
ENERGY TRANSFER PARTNERS - ORDINARY BUSINESS INCOME (LOSS) ENERGY TRANSFER OPERATING LP - ORDINARY BUSINESS INCOME	-8,700.
(LOSS)	-4,175.
BLUEKNIGHT ENERGY PARTNERS, L.P ORDINARY BUSINESS	•
INCOME (LOSS)	-24.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-12,856.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	32,736.	32,736.	0.	0.
06/30/10	55,266.	55,266.	0.	0.
06/30/11	74,263.	74,263.	0.	0.
06/30/12	30,589.	30,589.	0.	0.
06/30/13	13,275.	13,275.	0.	0.
06/30/15	7,269.	7,269.	0.	0.
06/30/17	42,020.	42,020.	0.	0.
06/30/18	83,786.	0.	83,786.	83,786.
NOL CARRYO	VER AVAILABLE THIS	YEAR	83,786.	83,786.

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

BLACK RIVER OUTDOOL				80-	0156468				
Part I Short-Term Capital Gai	ins and Losses (See	instructions.)							
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other besis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	n 9, )	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b									
1b Totals for all transactions reported on									
Form(s) 8949 with Box A checked					<u></u>				
2 Totals for all transactions reported on									
Form(s) 8949 with Box B checked									
3 Totals for all transactions reported on									
Form(s) 8949 with Box C checked									
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4					
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5					
6 Unused capital loss carryover (attach computa	ation)			6	( )				
7 Net short-term capital gain or (loss). Combini	e lines 1a through 6 in column	h		7					
Part II Long-Term Capital Gain	ns and Losses (See	nstructions.)							
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9, )	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b									
8b Totals for all transactions reported on									
Form(s) 8949 with Box D checked									
9 Totals for all transactions reported on									
Form(s) 8949 with Box E checked									
10 Totals for all transactions reported on									
Form(s) 8949 with <b>Box F</b> checked	128,507.				128,507.				
11 Enter gain from Form 4797, line 7 or 9				11					
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 33	7		12					
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13					
14 Capital gain distributions	14	128,507.							
15 Net long-term capital gain or (loss). Combine	5 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h								
Part III Summary of Parts I and									
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16					
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	e 7)	17	128,507.				
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.		18	128,507.				
Note: If losses exceed gains, see Capital losse			•						

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Name(s) shown on rotum. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	ntification no.
BLACK RIVER OU							156468
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which	ow, see whether ation as Form 10	you received any 99-B Either will	r Form(s) 1099-B o show whether your	r substitute statem r basis (usually you	ent(s) from yo r cost) was rep	ur broker A su ported to the IF	bstitute RS by your
[Partill] Long-Term. Transaction	ons involving capite	al assets you held i	more than 1 year are	generally long-term (s	ee instructions)	For short-term to	ransactions,
see page 1  Note: You may aggregate at codes are required. Enter the	l long-term transact	tions reported on F Schedule D, line 8a	form(s) 1099-B showii a, you aren't required	ng basis was reported to report these trans	d to the IRS and	i for which no adj 8949 (see instru	ustments or ctions)
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	X. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fori	m 8949, page 2, for (	each applicable box
(D) Long-term transactions rep						)	
(E) Long-term transactions rep  X (F) Long-term transactions no	•	•	-	ported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustment, it	any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	i loss. If you e i in column (g),	nter an amount , enter a code in	Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the Note below and	column (f). Se	ee instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP UNITS	VARIOUS	VARIOUS	128,507.				128,507.
					<u>-</u>	·····	
		<u> </u>					
	<del> </del>						
<del></del>							
					· · · · ·		
						-	
	-						
	ļ						
	ļ						
2 Totals. Add the amounts in colur negative amounts). Enter each to							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18

Form 8949 (2018)

Schedule D, line 8b (If Box D above is checked), line 9 (If Box E above is checked), or line 10 (If Box F above is checked)

## 4562

Internal Revenue Service

Name(s) shown on return

## **Depreciation and Amortization**

(Including Information on Listed Property) 990-PF

Attach to your tax return.

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

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No 179

Identifying number

BLACK RIVER OUTDOOR EDUCATION PROGRAM, I FORM 990-PF PAGE 1 80-0156468 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. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,500,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶ 13 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 ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 163,565. 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 9,479. 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use (d) Recover period (a) Classification of property (e) Convention (g) Depreciation deduction only - see instructions) 3-year property 19a 5-year property h 8,529. 7 YRS. 200DB 944. MO 7-year property 10-year property d 15-year property 19,965 20 YRS MO 150DB 187. 20-year property S/L 25-year property 25 yrs q MM S/L 27 5 yrs h Residential rental property 27.5 yrs. MM S/L 1 39 vrs MM S/L i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L 30 yrs MM S/L С 30-year 40 yrs MM S/L d 40-year Part IV Summary (See instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 174,175. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

	Note: For any v 24b, columns (	ehicle for w	hich vou are u	sina the	standar ection B	d mileag , and Se	ge rate or ection C	dedu	cting lease cable	e expens	e, comp	olete or	nly 24a,	_		
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution: S	See the ii	nstruc	tions for li	mits for p	asseng	er autor	nobiles)			
24	a Do you have evidence to s	upport the bu	siness/investme	nt use cla	aimed?	Y	es 🗌	No	24b If "Y	es," is th	e evide	nce writ	ten <sup>o</sup>	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	l (bu	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depr	(h) eciation uction	Ele: sectio	(i) Elected section 179 cost	
25	Special depreciation allo	wance for q	ualified listed	property	/ placed	ın servic	e during	the ta	x year and	i						
	used more than 50% in a	a qualified bu	usiness use								25					
<u>26</u>	Property used more than	n 50% in a qi	ualified busine	ss use												
_			Ç	%								ļ				
_			9	%						<u> </u>						
_		<u> </u>		%						L				_		
<u>27</u>	Property used 50% or le	ss in a qualif	fied business i	ıse					,	<del>,</del>				<b>.</b>		
_				%						S/L -		ļ			1	
_			9	%			_			S/L -		ļ				
			9	%						S/L -		ļ				
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21,	page 1				28	l				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here and	on line	7, page 1	<u> </u>							29			
	omplete this section for vel your employees, first ansv		by a sole prop	rietor, pa		r other "	more tha	ın 5% (	owner," o					ehicles	· · · · ·	
				(	(a)	(	b)		(c)	(c	i)	(	(e)	(f	)	
30	Total business/investment r	miles driven di	uring the	Vel	hicle	Vel	hicle	V	ehicle	Veh	ıcle	Vel	hicle	Veh	ıcle	
	year (don't include commut					ļ		ļ			•	-				
31	Total commuting miles of	irıven durıng	the year													
32	Total other personal (nor	ncommuting	) miles													
	driven									ļ		ļ				
33	Total miles driven during															
	Add lines 30 through 32		_		T		T	<u> </u>	T	l 1		<b>.</b>	1			
34	Was the vehicle available	e for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No_	Yes	No	
	during off-duty hours?			<u> </u>	-	<del> </del>	<del> </del>	<u> </u>	+							
35	Was the vehicle used pr		more		1				ł							
•	than 5% owner or related	•	1		<del>                                     </del>	<del>                                     </del>	-		<del> </del>	<del>  </del>						
36	Is another vehicle availal	ole for perso	nai					1								
_	use?	0	0	<u> </u>		(h a D-a	ida Mala	:-! 4		. The size F						
۸ ــ	awar thaca awartiana ta d		- Questions f	•	-				-							
	swer these questions to d ore than 5% owners or rela	-		ception	i to comp	neung S	section b	ior ve	ilicies use	a by em	oloyees	wno a	ren t			
	Do you maintain a writte			ohibits a	ıll person	al use o	f vehicle	s, ınclı	uding com	muting, l	by your			Yes	No	
20	employees?  Do you maintain a writte	n naliou otot	amont that are	abibita n	oroonal i	uso of w	objeles (	voont							1	
36	employees? See the inst	•	•	•			-	•		•	uı					
20	Do you treat all use of ve			•		iceis, ui	rectors, v	JI 170 (	or more o	MILEIZ				<b> </b>	<del>                                     </del>	
	Do you provide more that	_				nformati	on from	VALIFA	molovees	about					t	
70	the use of the vehicles, a		•	•		momati	1011 110111	your e	прюусез	about				1		
41	Do you meet the require					monstrat	tion use?	,							<u> </u>	
٠.	Note: If your answer to 3		• .						vered veh	ıcles				·		
P	art VI Amortization	лг, <del>оо, оо, ч</del>	0, 01 41 10 10	0, 0011	COOMPIC	to ocoti	0/1 /5 10/	110 00	vereu ven	10100						
	(a) Description of	costs	Date	(b) amortization begins		(C) Amortizat amount			(d) Code section		(e) Amortiza senod or per		An fo	(f) nortization r this year		
<u>42</u>	Amortization of costs tha	at begins dui	ring your 2018		ır											
_								$I^{-}$								
_																
43	Amortization of costs that	at began bef	ore your 2018	tax yea	r							43				

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