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	'ũ'			EXTENDED TO M	/ A V	15 201	20	293	932/	7122	:44
	. /	oen.⊤ ≕l	· F	Exempt Organization Bus		•		Tay Re	turn	OMB No 154	5-0687
,	Form	336-1	-	(and proxy tax und				ux nc	1906		
	\bar{r}_{ij}	5 / .	For ca	lendar year 2018 or other tax year beginning JUL 1,				DN 30.	2019	20 1	18
				Go to www.irs gov/Form990T for i						20	. •
	Departr Internal	ment of the Treasury / I Revenue Service	>	Do not enter SSN numbers on this form as it may					1(c)(3).	Open to Public In 501(c)(3) Organiza	spection for ations Only
	A	Check box if address changed		Name of organization (Check box if name of	changed	and see instru	ictions.)		D Empt (Emp	oyer identification loyees' trust, see ictions)	
			Deint	ARAPAHOE MENTAL HEALTH	1 CE	משיתות	TNC			4-04729	382
•		empt under section 501(CV(B)	Print or	Number, street, and room or suite no. If a P.O. bo			LIVC .		_	ated business act	
		408(e) 220(e)	Type	116 INVERNESS DRIVE EA	-)5		(See i	nstructions)	
		408A 530(a)		City or town, state or province, country, and ZIP of			-				
		529(a)		ENGLEWOOD, CO 80112		•			446	110	
	C Bool	k value of all assets		F Group exemption number (See instructions.)	>						
		19,315,1	<u>81.</u>	G Check organization type X 501(c) cor	poration	n 50 ⁻	(c) trust		401(a) trust	Oth	er trust ,
	H Enti	er the number of the d	organiza	tion's unrelated trades or dusinesses.	1			- ,	irst) unrelated		
				ARMACY OPERATION		-	-		rts I-V. If more		
			-	ce at the end of the previous sentence, complete P	arts I ar	id II, complete	a Schedul	e M for each a	additional tradi	e or	
		iness, then complete f		-v. oration a subsidiary in an affiliated group or a pare	nt-cubs	idiany controlle	d aroun?		► UY6	s X No	
				tifying number of the parent corporation.	111.3003	nulary controlle	o group.		- ''	,S LAE 110	
				RANDY BOOTON			Teleph	one number	▶ 720-	707-635	50
	Par	tèl ≇ Unrelated	Trac	de or Business Income		(A) Inco	me	(B) Ex	penses	(C) N	et
	1a (Gross receipts or sales		933,390.						XXXXX	7
		Less returns and allow		c Balance	10		<u>.390.</u>	30 (40)		2000	
		Cost of goods sold (So			2		726.			204	
		Gross profit, Subtract			3	304	664.	20041	Park Carrier	304	,664.
		Capital gain net incom	-	•	4a 4b	· -31	742.	300 C W W W W W W W W W W W W W W W W W W	CV AND COMPA	- 31	,742.
		Capital loss deduction		art II, line 17) (attach Form 4797)	4c	31	, / 12 •				, / = 2 •
-57 L		•		thip or an S corporation (attach statement)	5						
,		Rent income (Schedul		mp of all o corporation (alleged citizents)	6			23.5/de , mes 6,000	MONTHS TO NO.		
•		Unrelated debt-finance		ne (Schedule E)	7						
}	8 I	nterest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8						
	9 I	investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G	9						
		Exploited exempt activ	-	,	10						
		Advertising income (S		•	11			Au69427. x22592000	65 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ļ	
		Other income (See ins			12	272	922.			272	,922.
	13 Par	Total. Combine lines		gii 12 ot Taken Elsewhere (See instructions fo					 	212	, 344.
	ходост			utions, deductions must be directly connecte							•
	14	Compensation of offi	cers, di	rectors, and trustees (Schedule K)		REC	EIVI	ED	14		
	15	Salaries and wages			I	,		SC	15	230	,001.
	16	Repairs and maintena	ance		ļŗ	ממא ומ	1 0 2		16		
	17	Bad debts		•	Ì	APR	1 3 2	اري الاتا	17		
,	18	Interest (attach sched	dule) (s	ee instructions)	1			<u></u>] <u>∝</u>	18		
3	19 20	Taxes and licenses	nn (Ca	e instructions for limitation rules)		OGL	EN,	UT	19 20		
•	21	Depreciation (attach f	•	•	<u>. </u>		21	4	14.		
<u>د</u> 3	22	•		n Schedule A and elsewhere on return			22a	_	22b		414.
7	23	Depletion		•		Ļ		-	23		
	24	Contributions to defe	rred co	mpensation plans					24		
	25	Employee benefit pro	grams						25		
;	26	Excess exempt exper		•					26		
>	27	Excess readership co	•	•		CHE	OM 3 T	TO MENTER	27	150	111
_ 3		Other deductions (att				SEE	STAT	EMENT	2 24 29 29		,114. ,529.
3 5	29 30	Total deductions Ad		-	et line O	0 from line 12			7 29 30		,607.
	31			ncome before net operating loss deduction Subtra oss arising in tax years beginning on or after Janua			ctions)		41	110	********
	32			oss ansing in tax years beginning on or after bands ncome. Subtract line 31 from line 30	ary 1, 21	o io (accimandi	ununaj		3 12	-116	,607.
				work Reduction Act Notice, see instructions.						Form 990	

7 0111 333	ARAPANCE MENTAL HEALTH CENTER, INC. 84-04	72982	Pago 2
Part			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-116,607.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	 " -	
	lines 22 and 24		116 607
37		36	-116,607.
	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,	111	
r =	enter the smaller of zero or line 36	3 8	-116,607.
	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See Instructions for tax computation, Income tax on the amount on line 38 from:	3 4	
	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 42 to line 20 or 40 whichough applies		
Part \			0.
			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	J:':	
0	Other credits (see instructions)	411	
C	General business credit. Attach Form 3800	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schodule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	B 1 4007		
	2049 cel-mated to a payments	- [, ,]	
	· · · · · · · · · · · · · · · · · · ·	- '`\	
	Tax deposited with Form 8868	-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	- : .	
	Backup withholding (see instructions)	4. 1	
	Credit for small employer health insurance premiums (attach Form 8941) \$501	J" 1	
g	Other credits, adjustments, and payments: Form 2439	1/	
	Form 4136 Other Total ▶ 50g	.	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see Instructions). Check if Form 2220 is attached 🕨 📖	\$2	
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	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	\$5	
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1 1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country]"]
			' ' X
	here >		$- \frac{x}{x} $
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		·
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of lax-exempt interest received or accrued during the lax year ▶ \$		1 (15
٥.	Under penaltites of pertury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knick correct, and complete Doctaretion of proparer (other than taxpayer) is based on all information of which preparer has any knowledge CFO/CHIEF BUSINESS	owieago and bi	экэт, II 15 t гое ,
Sign		lay the IRS dis	cuss this return with
Here	1 ATUM RUAN 476/20 OFFICER	ha preparor sho	own below (see
	Signature of Cincer Date Title	nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	· · · · · · · · · · · · · · · · · · ·
D = 1-1	self- employed	ı	
Paid	EVILE EDITICH CDA KVIR ERITCH CDA 03/26/20		313324
Prepa	Firm's come & FTDF RATILLY LLD		0472962
Use (7001 E. BELLEVIEW AVE., STE. 700		
		303-77	0-5700
823711 01	-05-18	1-1	orm 990-T (2018)

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Ente	er method of invent	ory v	aluation ► N/A				
1 Inventory at beginning of year	1	0.		Inventory at end of yea	r		6	0.
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6	,	
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	<u>628,72</u> 6.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	* 45	628,726.		property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	628,726.		the organization?				X
Schedule C - Rent Income (see instructions)	(From Rea	I Property and	Pe	rsonal Property	Leas	ed With Real Pro	pert	()
Description of property								
_(1)							-	
(2)								
(3)								
(4)								
		ived or accrued				3(a) Deductions directly	connec	ted with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for pe	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) ar	nd 2(b) (a	attach schedule)
(1)	······································							
(2)							•	
_(3)								
(4) Total								
Total	0.	Total			0.	.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Finance	d Income (see #	nstru	ctions)		* 		
			2	Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		erty
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
_(1)							+	
(2)								
(3)								
_(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of o	ge adjusted basis r allocable to nanced property ch schedule)	6	. 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)				%				
				%				
(3)				%		<u></u>		
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions is	ncluded in colun	nn 8		•			.	0.

** SEE STATEMENT 4

			Evomet /	Controlled O	raen:201	2000		(222		<u></u>
Name of controlled organizat	identif	nployer lication nber	3. Net unr	related income e instructions)	4 , To	otal of specified ments made	includ	t of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
							1			
(1)							ļ			
(2)							ļ			
(3) ,										_
(4)					<u> </u>		<u> </u>			
Nonexempt Controlled Organiz						Γ				
7. Taxable Income	8. Net unrelated incor (see instruction		9, Total	of specified paya made	nents	10 Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)		-								
(3)						Ī				
(4)										
						Add colur Enter here and line 8,		a 1, Part I, A)	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	<u> </u>							0.		0.
Schedule G - Investme	nt Income of a	Section	501(c)(7), (9), or	(17) O	rganizatior	1			
(see instr										
1. Descr	ription of income			2. Amount of	income	3. Deduction directly connect (attach scheduction)	ected	4. Set-	asides * schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)	1								•	
(2)		_								
(3)										
(4)		-								
Totals				Enter here and Part I, line 9, co	on page 1, lumn (A)				34	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt Activity	y Income	e, Othe	r Than Ac		ing Income	?	300 1000 C	X.3732.	···
(see instru	ictions)	,				·				
1. Description of exploited activity	2. Gross unrelated business Income from trade or business	3. Expe directly co with prod of unrel business	nnected duction lated	4. Net Incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross income from activity is not unrelated business income.	that ted		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	,			,						
(4)		1								
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	0.		0.	######################################				912/678/97B	DAK 20. 20.00	<u> </u>
Schedule J - Advertision				ام مقد ام دار م	Doois					
Part Income From I	Periodicais Rep	ortea on	a Con	isolidated	Basis	·				
1. Name of periodical	2. Gross advertising income		- Direct tising costs	or (loss) (c col 3) If a g				6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							·			
(2)										
(3)			_ •							
(4)										
Totals (carry to Part II, line (5))		0.	0							0.
== (== 3 == == m; m= (e))								·		Form 990-T (2018

Form 990-T (2018) ARAPAHOE MENTAL HEALTH CENTER, INC. 84-04729
| Partill 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 periodica	al	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)		<u> </u>					
(4)							
Totals from Part I	· •	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	ا. ٥ ا	0.				0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

BUILDING EXPENSES 59,528 COMPUTER SERVICES 22,887 PHARMACY SUPPLIES 22,810 DUES AND FEES 21,993 MARKETING 4,743 DUES AND FEES 537 CONFERENCES 537 CONFERENCES 537 CONFERENCES 185 CONFERENCE 185 CONFERENCE 18	BUILDING EXPENSES 59 COMPUTER SERVICES 22 PHARMACY SUPPLIES 22 DUES AND FEES 21 MARKETING 4 OFFICE EXPENSES CONFERENCES HOUSEHOLD/MISC SUPPLIES LIABILITY INSURANCE 4 OTHER EXPENSES POSTAGE/PRINTING 2 PURCHASED SERVICES ADMIN. 7 TELECOMMUNICATIONS 3 ADVISORY FEES 5 TRAVEL WRITE-OFF OF PREPAID LOAN COSTS 10 AMORTIZATION 11 TOTAL TO FORM 990-T, PAGE 1, LINE 28 159 FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN LOSS PREVIOUSLY LOSS AVAILABLE TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR 06/30/17 69,230. 0. 69,230. 69,			OTHER DEDUCTI	IONS	STATEMENT	
COMPUTER SERVICES 22,887 2,887	COMPUTER SERVICES PHARMACY SUPPLIES DUES AND FEES 21 MARKETING OFFICE EXPENSES CONFERENCES HOUSEHOLD/MISC SUPPLIES LIABILITY INSURANCE OTHER EXPENSES POSTAGE/PRINTING PURCHASED SERVICES ADMIN. TELECOMMUNICATIONS ADVISORY FEES TRAVEL WRITE-OFF OF PREPAID LOAN COSTS AMORTIZATION TOTAL TO FORM 990-T, PAGE 1, LINE 28 LOSS PREVIOUSLY FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN LOSS PREVIOUSLY LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR 06/30/17 69,230. 0. 69,230. 69,	TIDING BY				AMOUNT	
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DEFICE EXPENSES 537 185 185 186 182	OFFICE EXPENSES CONFERENCES HOUSEHOLD/MISC SUPPLIES LIABILITY INSURANCE OTHER EXPENSES POSTAGE/PRINTING PURCHASED SERVICES ADMIN. FELECOMMUNICATIONS ADVISORY FEES FRAVEL WRITE-OFF OF PREPAID LOAN COSTS AMORTIZATION 11 FOTAL TO FORM 990-T, PAGE 1, LINE 28 159 FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN 1055 PREVIOUSLY AVAILABLE FAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR 106/30/17 69,230. 69,	RKETING					
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1,728	LIABILITY INSURANCE OTHER EXPENSES POSTAGE/PRINTING PURCHASED SERVICES ADMIN. 77 PELECOMMUNICATIONS ADVISORY FEES PRAVEL WRITE-OFF OF PREPAID LOAN COSTS AMORTIZATION 11 POTAL TO FORM 990-T, PAGE 1, LINE 28 159 FORM 990-T NET OPERATING LOSS DEDUCTION STATEMEN LOSS PREVIOUSLY LOSS PREVIOUSLY LOSS AVAILABIT APPLIED REMAINING THIS YEAR 106/30/17 69,230. 69,230. 69,	NFERENCES				18	35.
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4562

Internal Revenue Service

Depreciation and Amortization

990-T (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

Sequence No 179

Business or activity to which this form relates Name(s) shown on return ARAPAHOE MENTAL HEALTH CENTER INC FORM 990-T PAGE 1 84-0472982 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) 2,500,000. 3 3 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 (a) Description of property (c) Elected cost (b) Cost (business use only) 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 8 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 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V 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 15 414. 16 Other depreciation (including ACRS) Rart III MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (e) Convention (a) Classification of property (g) Depreciation deduction in service 19a 3-year property 5-year property b 7-year property C d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property g 27 5 yrs ММ S/L h Residential rental property 27 5 yrs ММ S/L 39 yrs MM S/L Nonresidential real property S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 30-year 30 yrs MM S/L С 40 yrs MM S/L 40-year Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 414. 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

84~0472982 Page 2 ARAPAHOE MENTAL HEALTH CENTER, INC. Form 4562 (2018) 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? Yes No 24b If "Yes," is the evidence written? Yes No (c) (b) (e) (i) (d) (f) (h) (a)
Type of property Date Business/ Elected Basis for depreciation Recovery Method/ Depreciation Cost or placed in investment section 179 (list vehicles first) deduction period Convention other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 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 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 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 (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle 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 34 Was the vehicle available for personal use Yes No Yes No Yes Nο Yes No Yes Yes No 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 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 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 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? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (c) (d) (e) (f) (a) Description of costs (b) Amortization for this year Date amortization begins oenod or cercentac 42 Amortization of costs that begins during your 2018 tax year

43

44

43 Amortization of costs that began before your 2018 tax year

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