# Exempt Organization Business Income Tax Return

OMB	No	1545-0687

y Form	390-T	I	Exempt Organization Busin and proxy tax under:	ess sect	Income 1 ion 6033(e	ax	Return	10	OMB No 1545-0	~ \vec{\pi}{\pi}			
		For cale	ndar year 2016 or other tax year beginning July	1,	2016, and ending	June	30 , <b>20</b> 1	<u>,</u> .		9			
•	ent of the Treasury Revenue Service		ormation about Form 990-T and its instructi				-	90t. c)(3).	Open to Public Inspection 501(c)(3) Organization				
A C	heck box if ddress changed		Name of organization ( Check box if name ch	anged	and see instruction	s)		_	yer identification n				
	ot under section	Dalas	Regents of the University of Colorado					(Emplo	yees' trust, see instru	ctions)			
	1( c )( <b>/)</b> 3 )	Print or	Number, street, and room or suite no. If a P O. box,	see in:	structions			84-6000555					
	8(e) 220(e)	Туре	1800 Grant Street, Suite 600					E Unrelated business activity codes					
☐ 40:	8A 🗌 530(a)	.,,,,	City or town, state or province, country, and ZIP or	foreign	postal code			(See instructions )					
☐ 52 <sup>s</sup>	9(a)		Denver, CO 80203		_		-	722320	541800	0			
C Book	value of all assets I of year	<b>F</b> Gr	oup exemption number (See instructions.	<u>)</u>						<b></b>			
at Cito	6,675,055,000	G C	neck organization type 🕨 🗵 501(c) corp	oratio	on 🗌 501	(c) tru	st 🔲	401(a)	trust 🔲 Othe	r trust			
H De													
I Dur	ing the tax year,	was th	e corporation a subsidiary in an affiliated grou	up or a	a parent-subsidi	ary co	ntrolled gro	oup? .	. ▶ ☐ Yes 🖸	No "			
			and identifying number of the parent corp			•							
J The	e books are in o	care of	► University Controller's Office		Tele	ephon	e number	<b>▶</b> (303	3)-837-2110				
Part			e or Business Income		(A) Income		(B) Exp	enses	(C) Net				
1a	Gross receipts	or sale	es 6,727,850										
b	Less returns and a	allowance		1c	6,727,850	00		ì	1	1			
2	Cost of goods	sold (S	Schedule A, line 7)	2		00							
3	•	•	t line 2 from line 1c	3	6,727,850	-			6,727,850	0 00			
4a	•		ne (attach Schedule D)	4a	0,12,1000					000			
b	. •		4797, Part II, line 17) (attach Form 4797)	4b		!				000			
c	Capital loss de	•	• •	4c						000			
5	•		erships and S corporations (attach statement)	5						000			
6	Rent income (	•	• • • • • • • • • • • • • • • • • • • •	6	<del>}</del>					000			
6			•	7				-+-		<del></del>			
(			ced income (Schedule E)		<u></u>			<del></del>		0 00			
8		-	and rents from controlled organizations (Schedule F)	8		<b>├</b> ─┤		$-\vdash$		000			
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9		$\vdash$				000			
10		•	ivity income (Schedule I)	10						00			
11	Advertising inc	•	•	11	1,000	00		239 00	761	100			
12	•		ructions; attach schedule)	12						00			
13	Total. Combin			13	6,728,850			239 00	6,728,611	1 00			
Part	<b>Deduction</b>	ns Not	Taken Elsewhere (See instructions for	r limit	ations on ded	uction	ns.) (Exce	pt for c	contributions,				
	deduction	s must	be directly connected with the unrelate	ed bu	<u>siness</u> income	9.)			<del></del>	<del>,</del> _			
14			cers, directors, and trustees (Schedule K)					14	<del></del>	<del> </del>			
15					MAY 2 4-2	018		1:		3			
16	•		ance	\		•		10	<del></del>				
17	Bad debts .			_	1. 1. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	i Tie		1					
18							ا .	18	<del></del>	<u> </u>			
19								1	9				
20			ons (See instructions for limitation rules) .				· · · .	2	0				
21			Form 4562)				278,620						
22	Less depreciat	tion cla	imed on Schedule A and elsewhere on re	turn .	22a			22	<b>b</b> 278,620	00			
23	Depletion							2	3				
24	Contributions	to defe	rred compensation plans					24	4				
25	Employee ben	efit pro	grams					2	5				
26	Excess exemp	t expe	nses (Schedule I)					20	6	<del>                                     </del>			
27			sts (Schedule J)						_ — — — —	000			
28			ach schedule)						<del></del>	<del></del>			
29			dd lines 14 through 28					29	<del></del>				
	Unrelated busi	ness ta	xable income before net operating loss de	ductio	on. Subtract lin	e 29 fi	rom line 1	3 3					
			duction (limited to the amount on line 30)						(551,050	,,,,,,			
32	Unrelated busi	iness ta	exable income before specific deduction.	 Subtr	act line 31 from	n lina	 30	3		200			
33	Specific deduc	ction (G	senerally \$1,000, but see line 33 instruction	ns for	exceptions)			3:	1,001,000	00)			
34	Unrelated bus	siness	taxable income. Subtract line 33 from lir	ne 32	If line 33 is ar	eater:	than line 3	12	<del></del>	<del> </del>			
	enter the small	er of ze	ero or line 32			(VI		34	4 (357,608	100			
For Par	perwork Reduct	ion Act	Notice, see instructions.				<u>·</u>	J2 J2	- 000				

Part		ax Computation							
35	_	izations Taxable as Corporations. See instructions for tax computations (sections 1561 and 1563) check here ▶ ☐ See instructions and:		Controlled gro	up				
а	(1) \$	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brace. (3)		in that order)					ļ   
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$			]			
	(2) Add	litional 3% tax (not more than \$100,000)	\$						
C		e tax on the amount on line 34				35c		_	
36		Taxable at Trust Rates. See instructions for tax computate			on				
	the am	ount on line 34 from:   Tax rate schedule or   Schedule D (Form 10	141) .			36			
37	Proxy '	tax. See instructions		•		37			
38	Alterna	ative minimum tax			•	38			
39	Tax on	Non-Compliant Facility Income. See instructions				39			
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> </u>	<u></u>		40		0	00
Part		ax and Payments				·			,
41a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			1 1			
b		credits (see instructions)	41b			1 1			
C		al business credit. Attach Form 3800 (see instructions)	41c						
d		for prior year minimum tax (attach Form 8801 or 8827)	41d			ļļ			
е		credits. Add lines 41a through 41d				41e		0	00
42		ct line 41e from lin <u>e 4</u> 0 <u>.</u> <u>.</u> <u>.</u>				42		0	00
43		ixes. Check if from 🔲 Form 4255 🗌 Form 8611 🔲 Form 8697 🔲 Form 8866 🗌		ttach schedule)	•	43			
44		ax. Add lines 42 and 43 .				44		0	00
45a		ents: A 2015 overpayment credited to 2016	45a			1 1			1
b		stimated tax payments	45b			1			
С		posited with Form 8868	45c						
d	•	n organizations. Tax paid or withheld at source (see instructions)	45d						
е		p withholding (see instructions)	45e	1		1			
f		for small employer health insurance premiums (Attach Form 8941).	45f						
g		credits and payments: Form 2439							
	☐ Forr		45g	00	00				
46	-	payments. Add lines 45a through 45g				46		0	00
47		ted tax penalty (see instructions). Check if Form 2220 is attached			_	47			
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			00
49		ayment. If line 46 is larger than the total of lines 44 and 47, enter amount		•	<b>&gt;</b>	49			00
50		e amount of line 49 you want			_	50		0	00
Part	_	statements Regarding Certain Activities and Other Information				<del></del>		I Vaa	Ma
51		time during the 2016 calendar year, did the organization have an interesting and the control of						Yes	No
		financial account (bank, securities, or other) in a foreign country? If Yl N Form 114, Report of Foreign Bank and Financial Accounts. If YES, e							
	here >				e ioi	eigir cou	ишу		
52		Frani the tax year, did the organization receive a distribution from, or was it the grant	ce, Ger			·		<u>X</u>	<del>  ,</del>
52	_	see instructions for other forms the organization may have to file.	or or, or	transieror to,	a ioit	agn trust	•		X
53		he amount of tax-exempt interest received or accrued during the tax ye		<b>c</b>				}	
		penalties of perjury, I declare that I have examined this return, including accompanying schedule			he bes	st of my kno	wledge	and he	lef it is
Sign		orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of wi	hich prepa	arer has any knowl	edge				
Here	I .	( aut C/( in the locations) Associate VP	2 L Iniv	ersity Controlle	<b>.</b>	May the li			
		ture of officer Date PASSOCIATE VP	u OIIIV	Charle Contione	_	(see ınstru			
Delet	<u> </u>	Print/Type preparer's name Preparer's signature		Date	T		D'	ΠN	
Paid		Tropard o digitature				eck ∐if			
Prepa		Firm's name				f-employed	<u> </u>		
Use (	Only	Firm's address >				n's EIN ▶	_		
		I min a dedicas P			1 Luc	ne no			

	•	
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Page 3

Sche	dule A—Cost of Goods So	ld. En	ter method of i	invento	ry va	aluation 돈								
1	Inventory at beginning of year		1		6	Inventory a	at end of year	6						
2	Purchases		2		7	Cost of	goods sold. Subtract							
3	Cost of labor		3			line 6 from	line 5. Enter here and		Ì					
4a	Additional section 263A cos	ts 🗀				in Part I, lir	ne 2	7	]	0	00			
	(attach schedule)	4	la	1	8	Do the rul	les of section 263A (wi	th res	pect to	Yes	No			
b	Other costs (attach schedule)		lb			property p	roduced or acquired for	resal	e) apply					
5	Total. Add lines 1 through 4b		5	0 00		to the orga	anization?							
Sche	dule C—Rent Income (From	n Rea	al Property an	d Pers	onal	Property I	Leased With Real Pro	pert	y)					
(see	instructions)													
1. Desc	ription of property													
(1)														
(2)						<u> </u>								
(3)					·									
(4)				· · · · · · · · · · · · · · · · · · ·			_ <del></del>							
	2. Ren	t receive	ed or accrued				T							
	om personal property (if the percentage of personal property is more than 10% but more than 50%)		(b) From real a percentage of ren 50% or if the ren	t for perso	onal pro	operty exceeds	3(a) Deductions directly in columns 2(a) an				те			
(4)										_				
(1)														
(2)														
(3)														
(4) Total			Total											
Total			Total				(b) Total deductions.							
	al income. Add totals of columns a		d 2(b) Enter				Enter here and on page 1, Part I, line 6, column (B) ▶							
	nd on page 1, Part I, line 6, column dule EUnrelated Debt-Fi		d Income (co	inetrue	tions	<u></u>	Part I, line 6, column (b							
30116	Description of debt-finance			<b>2</b> . Gr	oss inc	come from or debt-financed	Deductions directly connected with or allocable to debt-financed property							
	1. Description of debt-financ	eu piop	erty	alloca		perty	(a) Straight line depreciation (attach schedule)	duction nedule)						
<u>(1)</u>								<u>↓</u>						
(2)			<del></del>											
(3)									<u>.                                      </u>					
(4)			<u>.</u>	<u> </u>										
	acquisition debt on or	of or lebt-fina	e adjusted basis allocable to anced property h schedule)		4 dı	olumn vided ilumn 5	7. Gross income reportable (column 2 × column 6)		Allocable d ımn 6 × tota 3(a) and	of col				
(1)_						%								
(2)						%								
(3)						%								
(4)						%								
							Enter here and on page 1, Part I, line 7, column (A)		r here and t I, line 7, c					
Totals						<b>&gt;</b>		L	_					
Total c	dividends-received deductions inc	luded	ın column 8				>	-						
_									Form 9	90-T	(2016)			

Form 990-T (2016)								Page 4
Schedule F-Interest, Annuitie	s, Royalties,			Controlled Org	anizations (se	e instruc	ctions)_	
Name of controlled organization identified identif	2. Employer ntification number	3. Net unrel	ated income		5. Part of columnincluded in the corganization's gro	controlling	conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)							_	
(4)							<u> </u>	
Nonexempt Controlled Organizatio	ns 	<del></del>			<del>-,</del>			<del></del> _
7. Taxable Income	7. Taxable Income  8. Net unrelated income (loss) (see instruct			tal of specified yments made	10. Part of column included in the coorganization's gro	controlling	conne	eductions directly cted with income in column 10
(1)								
(2)			<u></u>		<del></del>		ļ	
(3)							-	
Totals					Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 lere and on page 1, line 8, column (B)
Schedule G—Investment Inco	me of a Sect	ion 501(	:)(7) (9)	or (17) Organi	zation (see inst	ructions	3	
1. Description of income	2. Amount of		3. direc	Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			1					
(2)								
(3)								
(4)			ļ					
	Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B)
Schedule I—Exploited Exemp		oma Otl	or Than	Advertising In	come (see inst	ructions	.\	
Schedule I—Exploited Exemp	L ACTIVITY ITICS	T			COME (See mist	Tuctions	<u>''</u>	2 5
1. Description of exploited activity	2. Gross unrelated business inco from trade o business	or connected with		Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	is not unrelated attribu		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)			<u>.                                    </u>					
(4)	Enter here and page 1, Part line 10, col (/	I, page	nere and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Totals Schedule J—Advertising Inco	me (see instruc	tions)		<u> </u>	····			
Part I Income From Perio			Consoli	dated Basis	<u></u>			
	Tiouis Hopsi		<u> </u>	4. Advertising				7. Excess readership
1. Name of penodical	2. Gross advertising income		Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs		costs (column 6 minus column 5, but not more than column 4)
(1) The Scribe	1,0	000	239					
(2)		_						1
(3)								
(4)								
Totals (carry to Part II, line (5))	1,000	00	239.00	761.00	0 00		0.00	0.00 orm <b>990-T</b> (2016)

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	<b>&gt;</b>	1,000.00	239.00				0 00
		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)	<b>•</b>	1,000.00	239.00				0.00

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		, , <del>)</del>	

Form **990-T** (2016)

## Form 4626

Department of the Treasury Internal Revenue Service

### **Alternative Minimum Tax—Corporations**

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

2016

Name		Employer	ienuncau	on number
Regent	s of the University of Colorado	84-6000555	<u> </u>	
	Note: See the instructions to find out if the corporation is a small corporation exempt	from the	1	
	alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1	(357,608)
2	Adjustments and preferences:			
а	Depreciation of post-1986 property	]	2a	
b	Amortization of certified pollution control facilities		2b	
C	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
е	Adjusted gain or loss		2e	
f	Long-term contracts	[	2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	<del></del>
i	Tax shelter farm activities (personal service corporations only)		2i	
i	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
ı	Depletion		21	
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	
0	Other adjustments and preferences	1	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.		3	(357,608.00
	Adjusted compart comings (ACE) adjustments			
4	Adjusted current earnings (ACE) adjustment:	(2 222		
а	ACE from line 10 of the ACE worksheet in the instructions	(357,608)	!	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	0.00	<b>.</b>	
С	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c	0.00		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior		l	
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)		1	
е	ACE adjustment			
	• If line 4b is zero or more, enter the amount from line 4c		4e	0.00
_	• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount		_	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .		5	(357,608.00
6	Alternative tax net operating loss deduction. See instructions		6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held interest in a REMIC control of the corporation held in the co		_	
	interest in a REMIC, see instructions		7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on lines 8a	ne 8c):		
а	Subtract \$150,000 from line 7 (if completing this line for a member of a	1	1	
	controlled group, see instructions). If zero or less, enter -0			
b	Multiply line 8a by 25% (0.25)		l	
С	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled)	• • •		
	see instructions) If zero or less, enter -0-		8c	
9	Subtract line 8c from line 7. If zero or less, enter -0		9	
10	Multiply line 9 by 20% (0.20)		10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	Tentative minimum tax. Subtract line 11 from line 10		12	
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0- Enter her	Į.		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return perwork Reduction Act Notice, see separate instructions.		14	Form <b>4626</b> (2016)

Department of the Treasury

#### Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2016

Attachment Sequence No 179 ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return 84-6000555 Form 990-T Regents of the University of Colorado **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 2 2 Total cost of section 179 property placed in service (see instructions) . . . 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 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 (b) Cost (business use only) (a) Description of property 6 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 . . . . . . . 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2017. 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. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) Part 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 2016 . . . . . . . . 278,620 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 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service 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. h Residential rental 27.5 yrs. S/L MM property 27.5 yrs. S/L MM i Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-vear 40 yrs. S/L 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. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 278,620.00 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2016)

Form **4562** (2016)

Pa		a Properi	• •					r venic	cies, ce	erraii	n airci	raπ,	certaii	ı com	puters	, and p	гор	епу
		for enterta	-				•	ard mil	0000 ro	to or	dodu	otina	logge	ovnon		anlota d	h.	240
		For any voolumns (a)		•		_			•			•	lease	expens	se, con	ibiere c	villy .	<b>24</b> a,
		Depreci		•							• •		for no	200000	or outo	mobiles	<u> </u>	
24:	Do you have e								No							Ye:		No
<u> </u>	(a)	(b)	(c)	JOHN COOK II TAC	stricit us	Claim	(e)			240			ille ev		WIILLEIT	<u> </u>	<u>,                                     </u>	NO
	ne of property flet   Date placed   Business/			se Costoro	d) other basis		Basis for depreciation (business/investment use only)  (f) Recorperation				· 1			(h) preciation eduction			ected section 179 cost	
25	Special depreciation allowance for quality the tax year and used more than 50% in											25	·	<u>-</u>				
26	Property use	ed more that	an 50% in	a qualifie	d busin	ess us	e:											
			9	6												_		
			+	6														
				6														
27	Property use	ed 50% or	T	_	usiness	use:				1_								
				6		-					/L-							
				6						+	/L-							
20	Add amaiint			6 25 Abrous	h 27 E	ntor b		an line	21		<del>/L</del>	20						
	Add amount Add amount			_					-	_	٠ [	28			29			
<u> </u>	Add allibuilt	.s iii coluiiii	11 (1), 1111 <del>C</del> 2				rmatior					-		•	23			
Com	plete this sect	ion for vehic	cles used b									or re	elated p	erson.	If you p	rovided	vehi	cles
to yo	ur employees,	first answe	r the ques	tions in Se	ction C t	o see i	f you me	et an e	exceptio	n to c	comple	ting t	his sec	tion for	those	ehicles.		
						1)		(b)		(c)		(0	1)		(e)		(f)	
30	Total business the year (don'			•	Vehi	Vehicle 1 Vehicle 2			Vel	Vehicle 3 Vehicle			cle 4 Vehicle 5			Vehicle 6		3
31	Total commut	ing miles dri	iven during	the year														
32	Total other miles driven	•	l (noncoi	mmuting)														
33	Total miles lines 30 thro		ing the y															
34	Was the ve			•	Yes	No	Yes	No	Yes	N	lo Y	es/	No	Yes	No	Yes	١	lo
	use during o	-							ļ	-							ļ	
	Was the veh than 5% own	ner or relat	ed person	?														
36	Is another veh				<u> </u>		<u> </u>	<u> </u>		<u> </u>				L	1			
Ancy	vor those ave	Section	C-Que	stions for	Emplo	yers V	Vho Pro	ovide V	ehicles	s for	Use b	y The	eir Em	ployee	<b>:</b>			4
	ver these que than 5% ow						n to con	npietin	g Section	on B	tor vei	nicies	susea	by em	pioyee	s wno <b>a</b>	ren	ι
37		ntain a writ	•	•		•	ts all pe	rsonal	use of	vehic	cles, ir	nclud	ing co	mmutir	ng, by	Yes	Ň	lo
38	Do you mair employees?	ntain a writ	ten policy	statemer	nt that p	rohibi I by c	ts perso	onal us	e of ve	hicle	s, exc	epto	ommu	ting, b	y your	_		
39	Do you treat								,		,,	. <b>.</b> .			• •	-	+	
40	Do you prov							tain inf	ormatic	n fro	m you	ır em	 Iployee	s abo	ut the	-	+	
	use of the ve	ehicles, and	d retain the	e informat	ion rece	ived?					٠.	•						
41	Do you meet																	
_	Note: If you	r answer to	37, 38, 3	9, 40, or 4	11 is "Ye	es," do	on't com	plete	Section	B fo	r the c	over	ed vehi	cles				
Par	t VI Amor	tization	<del>-</del>															
	(a Descriptio			( <b>b)</b> Date amortiza begins	ation	Amo	(c) ortizable a	mount		(d Code s	i) section	(e) Amortization tion period or percentage			Amortiz	(f) Amortization for this year		
42	Amortization	of costs th	nat begins	during yo	ur 2016	tax y	ear (see	instruc	ctions)									—
							<u> </u>											
40	A	-6										$oxed{\bot}$						_
43 44	Amortization Total. Add a	or costs th	nat began	before yo	ur 2016	tax ye	ear		• •					43				
77	iviai. Aug a	มเมเบนเทเรี เกิ	COIUITIN (I	i. See the	instruct	ions fo	or where	to rer	nort					144				