OVEMBER 16. 2020 29393340068 3 0

	Form	990-T	<u> </u>	Exempt Organization Bus	ines	ss Income T	ax Return	1	OMB No 1545-0047
		•		(and proxy tax unde	er sec	ction 6033(e))			2040
			For cal	lendar year 2019 or other tax year beginning		, and ending		—	2019
		ment of the Treesury Revenue Service	▶	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				Open to Public Inspection for 501(c)(3) Organizations Only	
	A _	Check box if address changed		Name of organization (Check box if name c	hanged a	and see instructions.)	(Emp	loyer identification number ployees' trust, see uctions)	
	B Ex	empt under section	Print	ABILITYFIRST				5-1690983	
	X	501(cQ)3)	Of	Number, street, and room or suite no. If a P.O. box	k, see ins	structions.			lated business activity code instructions)
		408(e) 220(e)	Туре	1300 EAST GREEN STREET		···	_		
		408A 530(a)		City or town, state or province, country, and ZIP or		400			
		529(a)		PASADENA, CA 91106-260		531	120		
	C at e	k value of all assets	00		orotion.	F01/a) trust	401/2	\ truct	Other trust
	U. Ent			G Check organization type X 501(c) corp	oration 1) trust	Other trust
			_	tion's unrelated trades or businesses. EE STATEMENT 1			the only (or first) un complete Parts I-V.		
				ce at the end of the previous sentence, complete Pa	rte I and				
		iness, then complete			i to i allu	in, complete a Schedule	W TO Each addition	iai ti aut	3 UI
				oration a subsidiary in an affiliated group or a paren	ıt-subsıc	diary controlled group?	>	ΤY	es X No
				tifying number of the parent corporation.		and y commond group	,		
				KASHIF KHAN		Teleph	one number 🕨 6	26-	316-7903
•	Par	t I Unrelated	Trac	le or Business Income		(A) Income	(B) Expense	S	(C) Net
	1 a	Gross receipts or sale	s	10,488.					,
	b I	Less returns and allov	wances	c Balance	16	10,488.			
	2	Cost of goods sold (S	chedule	A, line 7)	2	7,283.			
	3	Gross profit. Subtract	line 2 fr	om line 1c	3	3,205.			3,205.
	4 8	Capital gain net incon	ne (attac	h Schedule D)	4a				<u> </u>
				art II, line 17) (attach Form 4797)	4b				
		Capital loss deduction			4c		 		<u> </u>
				ship or an S corporation (attach statement)	5	420 007			420 007
		Rent income (Schedu	•		6	430,807.			430,807.
		Unrelated debt-financ		· ·	7				
				nd rents from a controlled organization (Schedule F)	8				
		investment income of Exploited exempt acti		on 501(c)(7), (9), or (17) organization (Schedule G)	10				
		Exploited exempt acti Advertising income (S	-	•	11				
		Other income (See in:		·	12				†·····
		Total. Combine lines			13	434,012.			434,012.
	Par		ns No	t Taken Elsewhere (See instructions fo					· · · · · · · · · · · · · · · · · · ·
0	2 14 15 16 17			be directly connected with the unrelated busin					
Ę	J 4	Compensation of off	ıcers, dı	rectors, and trustees (Schedule K)	-			14	39,994.
Ź	<u>1</u> 5	Salaries and wages						15	123,476.
2	16	Repairs and mainten	ance					16	
Ë	17	Bad debts						17	
`	18 19 20	Interest (attach sche	dule) (s	ee instructions)				18	
2	19	Taxes and licenses				1 1	100 064	19	
_		Depreciation (attach		•		20	100,064.		100 064
0	21	•	aimed oi	1 Schedule A and elsewhere on return		21a		21b	100,064.
	22	Depletion	nred	RECEIVED	1			22	
3031	23	Contributions to defe		imperisation plans	اکال			24	23,568.
_	24 25	Employee benefit pro Excess exempt expe		chedule I) S NOV 2 0 2020	8			25	23,300.
	25 26	Excess exempt expe	•		100			26	
	27	Other deductions (at	-		니 트	SEE STAT	EMENT 2	27	200,851.
	28	Total deductions. A			28	487,953.			
	29	Unrelated business t		29	-53,941.				
	30			loss arising in tax years beginning on or after Janua					
		(see instructions)	-					30	0.
	31	Unrelated business t	axable ı	ncome. Subtract line 30 from line 29				31	-53,941.
	923701	1 01-27-20 LHA FO	r Paper	work Reduction Act Notice, see instructions					Form 990-T (2019)

Form 95	oct (2010) ABILITYFIRST	95-3	1690983 Page 2
Par	t III Total Unrelated Business Taxable Income		
` 32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions)	32	-53,941.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the ours of lines 32 and 33	35	-53,941.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-53,941.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	-53,941.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	0.
41	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax, See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	t V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
c	General business credit. Attach Form 3800		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1	
e	Total credits. Add lines 46a through 46d	46c	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach achandula)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments A 2018 overpayment credited to 2019		
þ	2019 estimated tax payments		
G	Tax deposited with Form 8868		
đ	Foreign organizations Tax paid or withheld at source (see instructions) 516		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	4,760.
53	Estimated tax penalty (see instructions). Check if Form 2223 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	4,760.
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax 4,760. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions)	56	0.
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		•
Eđ	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$- \frac{x}{x}$
58	If "Yes," see instructions for other forms the organization may have to file.	•	
50	Enter the amount of tax-exempt interest received or accruec during the tax year		
99 =	·	ne and belief	. It la true
Sign	Under panelties of profile, I foreign that I have exemined this ratum, including accompanying schedules and statements, and to the best of my knowned correct, and complay if perfection of preparer (other then texpaper) is based on all information of which preparer has any knowledge		
Higre			ouse this return with rwn below (ase
X	Clarature of different	voctions)?	'
	Print/Type preparer's name Premarer's sinnature Check If	PTIN	
Paid	Samuel State		
Prep	T TO DEMIL O MINITA DESC. Set Stocky of Information	P01	399868
•	Only Firm's name > GREEN HASSON & JANKS LLP Firm's EIN		1777440
Jac	10990 WILSHIRE BLVD., 16TH FLOOR		
		310)	873-1600
923711 (orm 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > COS	T					
1 Inventory at beginning of year	1	5,993.		Inventory at end of yea			6	4,3	316.	
2 Purchases	2	11,949.	7	Cost of goods sold. St	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	7,2	283.	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No	
b Other costs (attach schedule)	* 4b	-6,343.		property produced or a	cquired	l for resale) apply to				
5 Total. Add lines 1 through 4b	5	11,599.	<u> </u>	the organization?					X	
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)			
Description of property								-		
(1) CAMP PAIVIKA	-									
(2) CLAREMONT CENTER										
(3) LONG BEACH CENTE	R									
	NTER									
	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	i of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a			in	
(1)				330,0	01.	· · · · · · · · · · · · · · · · · · ·				
(2)				14,8						
(3)				21,8	50.					
(4)				64,1	06.					
Total	0.	Total		430,8	07.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		430,8	07.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.	
Schedule E - Unrelated Deb		Income (see	nstru	ctions)		<u> </u>				
			2	. Gross income from		3. Deductions directly con to debt-finance				
1. Description of debt-fir	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	T	(attach schedule		
						(attacs) scriedule)		(attach schoolie	,	
(1)										
(2)										
(3)				· ·						
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	j. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(cc	8. Aliocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column		
Totals				▶		0			0.	
Total dividends-received deductions in	cluded in columr	18				>	•		0.	
	<u> </u>							Form 990-1	Г (2019)	

** SEE STATEMENT 4

Schedule F - Interest,	Annuities, Roya	Ities, and					tion	see ins	structio	ns)
	1	}	Exempt	Controlled O	rganizatio	ons				·
 Name of controlled organizat 	identi	nployer fication nber		related Income e instructions)	4. Toti payn	al of specified nents made	includ	rt of column 4 led in the contration's gross	rolling	Deductions directly connected with income in column 5
(1)	-									
(2)			······	,					──†	······································
(3)										<u>, </u>
(4)				·						 -
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated inco	me (loss)	0 Total	of specified payr	nents	10 Pert of colu	nn 9 tha	t is included	11 0	Deductions directly connected
7. Taxable Income	(see Instruction	19)	3. 10tal	made	116.113	10. Part of colur in the controlli gross	ng organ	nization's		th Income in column 10
(1)		 -			1					
(2)	-									
(3)										
(4)										
	L				1	A 444	5	4 10	١.	Add solumns C and 11
						Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	nt Income of a	Section !	501(c)(7	'), (9), or (17) Org	anization				
(see insti										
						3. Deduction		4. Set-	asides	5. Total deductions
1. Desc	oription of income			2. Amount of	income	directly conne (attach sched		schedule)	and set-asides (col 3 plus col 4)	
(1)	·									
(2)										
(3)										
(4)			•		i					
				Enter here and			-			Enter here and on page 1,
				Part I, line 9, co	lumn (A)					Part I, line 9, column (8)
Totals			•	-	٥.١	•				0.
Schedule I - Exploited		Income	, Other	Than Adv		g Income				
(see instru	uctions)			1 .				т		1
1. Description of exploited activity	Gross unrelated business income from trade or business	3. Exp directly co with prod of unre business	onnected duction elated	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a s cols 5				penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		<u> </u>								
(4)	 									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I, col (B)	-	ı		=	-		Enter here and on page 1, Part II, line 25
Totals •	0.	<u> </u>	0.		-	<u> </u>				
Schedule J - Advertision					Dania			-		<u></u>
Part I Income From	Periodicals Rep	ortea on	a Con	solidated	Dasis					
1. Name of periodical	2. Gross advertising income		. Direct rtising costs	4. Advert or (loss) (c col 3) If a gr cols 5 th	ol 2 minus sin, compute	5. Circulat		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>		····		-					ı
(2)	***	-						<u> </u>		Ţ·
(3)	<u> </u>			\dashv						٦'
(4)				_						
V.7					<u></u>	 		<u> </u>		
Totals (carry to Part II, line (5))	•	0.	0							0. Form 990-T (2019)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 5		%	
Total. Enter here and on page 1, Part II, line 14		>	39,993.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

LEASE OF NON-RESIDENTIAL FACILITIES AND SALE OF MERCHANDISE AT THE CAMP SITE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
PROGRAM SUPPLIES EQUIPMENT MAINTENANCE BUILDING OCCUPANCY			70,182. 118. 130,551.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27		200,851.

FORM 990-T	N	ET OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	35,217.	35,217.	0.	0.
06/30/15	59,678.	18,070.	41,608.	41,608.
12/31/16	34,040.	0.	34,040.	34,040.
12/31/17	50,927.		50,927.	50,927.
NOL CARRYOV	ER AVAILABLE TH	IS YEAR	126,575.	126,575.

FORM 990-T	COST OF	GOODS	SOLD	- OTHER	COSTS	STATEMENT 4
DESCRIPTION						AMOUNT
LOSS ON VALUE/DONATED						-6,343.
TOTAL TO FORM 990-T,	SCHEDULE	A, LIN	E 4B			-6,343.

FORM 990-T		OMPENSATION OF OFFICE RS AND TRUSTEES	STATEMENT 5		
NAME		TITLE	PERCENT	COMPENSATION	
K. KUNSEK		CAMP DIRECTOR-			
		CAMP PAIVIKA	15.00%	12,449.	
A. STOVER		CENTER			
		DIRECTOR-LONG			
		BEACH CENTER	13.00%	10,636.	
J. MARTIN		CENTER DIRECTOR-			
		CLAREMONT CENTER	15.00%	10,523	
J. LIM		CENTER DIRECTOR			
		HARRY A. MIER			
		CENTER	10.00%	6,385.	
TOTAL TO FORM	990-T, SCHEDULE K			39,993	

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	ORM 990-T PAGE 1 990-T														,
Asset No	Description	Date Acquired	Method	Lıfe	005>	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CAMP PAIVIKA BUILDING & EQUIPMENT	01/01/09	sL	.000		16	,663,160.	,			5,663,160.	553,887.		77,501.	631,388.
	LONG BEACH CTR	01/01/09	st_	.000	1	1 <u>6</u> :	,601,786.				2,601,786.	49,409.		7,343.	<u>56,752.</u>
	CLAREMONT	01/01/09	SL	.000	į	16	,787,797.	,			1,787,797.	29,746.		4,520.	34,266.
	HARRY A. NIER	01/01/14	gr_i	.000	-	16	,893,260.				3,893,260.	50,526.		10,700.	61,226.
	* TOTAL 990-T PG 1 DEPR				1		14946003.		<u></u>		14946003.	683,568.		100,064.	783,632.
		. <u></u>		<u>-</u>	_	_									
	<u> </u>				1	-								\ 	
		·			1	_									<u> </u>
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		-			_	_									
[1.		١ .		l	l		_	l -	l				ļ

928111 04-01-19

(D) · Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562

Depreciation and Amortization

(Including Information on Listed Property) 990-T

► Attach to your tax return.

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

OMB No 1545-0172

Sequence No 179

Department of the Treasury Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates 95-1690983 ABILITYFIRST FORM 990-T PAGE 1 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,550,000. 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 filling separately, see instructions (c) Elected cost (a) Description of property (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 2018 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 13 Carryover of disallowed deduction to 2020 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) 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 15 100,064. 16 Other depreciation (including ACRS) 16 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 2019 18 If you are electing to group any essets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a b 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property мм S/L 27.5 yrs Residential rental property MM 27.5 yrs S/L MM S/L 39 vrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year 30-year 30 yrs MM S/L c 40 yrs ММ 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. 100,064. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

4326.T_1

_		, 		. am										0.5	1600	002	
_	rm 4562 (2019)		LITYFI						- (1					95-	<u> 1690</u>	983	Page 2
Р	art V Listed Proper entertainment,				ner venic	cies,	certa	aın aırcı	ratt, ai	na pr	operty	usea to	r				
	Note: For any	vehicle for w	hich you are	using the	e standar	rd mi	leag	e rate c	r ded	ucting	g lease	expens	e, comp	olete on	iy 24a,		
	24b, columns (-			
			on and Other			utio	n:S	ee the		1							
<u>24a</u>	Do you have evidence to s			ent use c	laimed?		<u> </u>	es	No	1			-	nce writt	en?	│ Yes	No_
	_ (a)	(b) Date	(c) Business	,	(d)		Reel	(e) Is for depr	eciation	1	(f)		g)	_ `	h)		(ı) cted
	Type of property (list vehicles first)	placed in	investmen	t	Cost or other basis			siness/inve	estment	1100	covery		thod/ ention		eciation uction		n 179
	(list verileles in st)	service	use percenta	ige C	Allei Dasis			use onl	у)			0011	-			CC	ost
25	Special depreciation allo	owance for q	ualified listed	propert	y placed	ın se	rvice	e during	the t	ax ye	ar and						
_	used more than 50% in	a qualified b	usiness use									_	25				
<u> 26</u>	Property used more tha	n 50% ın a q	ualified busin	ess use													
		<u> </u>		%													
_		L		%			<u> </u>			<u> </u>		_					
				%										<u> </u>			
27	Property used 50% or le	ss in a quali	fied business	use													
				%								S/L -					
]		%								S/L -					
				%								S/L -					
28	Add amounts in column	(h), lines 25	through 27	nter he	re and on	line	21,	page 1					28				
29	Add amounts in column	(i), line 26, E	nter here and	on line	7, page	1		-							29		
	·				B - Infor		ion d	on Use	of Ve	hicle	s						
Cai	mplete this section for ve	hicles used !	by a sole pro	orietor. D	artner. o	r oth	er "n	nore th	an 5%	own	er." or	related	person.	If you pr	ovided v	ehicles	
	our employees, first ans				•								•				
,	, oar ampioyada, marama	4			, , , , ,							5					
_		· · · · · · · · · · · · · · · · · · ·			(a)	Τ	(k	D)		(c)		(d)	(e)	(f	
30	Total business/investment	miles driven d	uring the		ehicle	1	-	ncle		Vehic			iicle	1 .	ncle	Veh	-
•	year (don't include commu		2gc														
31	Total commuting miles	• •	the vear														
	Total other personal (no	_	-			1											
02	driven	, iooiiiiiiotiiiig	,														
33	Total miles driven during	the vear					-		†								
•	Add lines 30 through 32	-				ł											
34	Was the vehicle available		al usa	Yes	No	V	es	No	Ye		No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	e ioi person	ai use	163	110	† <u>-</u> -	-	140	 '`	╧	110	163	- 110	103	110	163	140
25	Was the vehicle used pr	umarılı by a	more	-	 	\vdash			 	\dashv							
33	than 5% owner or relate		111016														
26	Is another vehicle availa	•	nal			+			1	—├~					 		
30		ble for perso	mai														
	use?	C* 0	- Questions		James M	ا مالا		.:	-:-1		laa bu	Thou F					
۸				•	•						-				rom!#		
	swer these questions to o re than 5% owners or rela	-		xceptioi	n to com	pietii	ıy o	ection t	י וטו ע	emon	es use	d by em	pioyees	WIIO ai	en t		
_	Do you maintain a writte			ohibite	all parcar	aal u	50.01	fyobjek	ac inc	hidin	a com	mutina	by your			Yes	No
3/	· .	in policy stat	tement mat p	CHIDILS	ali persor	iai u	S 0 01	i veriicie	35, IIIC	iuuiii	g com	muung,	by your			Tes	I NO
	employees?			. مدرمارمام،			-4	حداد بط								 	
38	Do you maintain a writte												our			1	
	employees? See the ins					ricers	s, air	rectors,	or 1%	orm	iore ov	wners					
	Do you treat all use of v	-															+
40	Do you provide more that					intori	matic	on trom	your	empl	oyees	about					
	the use of the vehicles,								_								+
41	Do you meet the require															-	L
<u></u>	Note: If your answer to	37, 38, 39, 4	U, or 41 is "Y	es," don	τ comple	ete S	ectio	on B for	tne c	overe	ea veh	cies					
٢	art VI Amortization	.		/h\	т		(c)				(d)	T	(0)	— т		/ f \	
	(a) Description of	costs	Dat	(b) e amortizatioi	n	Amo	(C) rtizabi	le			(d) Code		(e) Amortiza	tion		(f) nortization	
_	A	- 4 1		begins	1	an	nount				section		penad or per	centage	fo	r this year	
42	Amortization of costs th	at begins du	ring your 201	e tax ye	ar T									Г			
					+				+					-+			

43 Amortization of costs that began before your 2019 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

916252 12-12-19

Form **4562** (2019)