| | Form*990-T | Exempt Organization Business In | | ax Returุก | ا م | OMB No 1545-0687 |
|----------|--|--|------------------|------------------|---|--|
| | • | (and proxy tax under section 6 | | | 100 | 2017 |
| | • | For calendar year 2017 or other tax year beginning JUL 1, 2017 , ar | | | <u>8</u> | ZU 17 |
| | Department of the Treasury Internal Revenue Service | ▶ Go to www.irs.gov/Form990T for instructions and th ▶ Do not enter SSN numbers on this form as it may be made public | | | ! | Open to Public Inspection for 50 1(c)(3) Organizations Only |
| | A Check box if address changed | Name of organization (Lagrand Check box if name changed and see in | nstructions.) | | _ (Empl | oyer identification number oyees' trust, see ctions) |
| | 8 Exempt under section | Print HONOLULU ACADEMY OF ARTS | | | 9 | 9-0079713 |
| | X 501(c <u></u> 1 3) | or Number, street, and room or suite no. If a P.O. box, see instructions | s. | | | ated business activity codes |
| | 408(e) 220(e) | Type 900 SOUTH BERETANIA STREET | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , |
| | 408A 530(a) 529(a) | City or town, state or province, country, and ZIP or foreign postal correct HONOLULU, HI 96814 | ode | | 900 | 099 |
| | C Book value of all assets at end of year | F Group exemption number (See instructions) | | | | |
| | . 120,049,9 | 53 • G Check organization type ► X 501(c) corporation | 501(c) trust | 401(a) | trust | Other trust |
| | H Describe the organization | 's primary unrelated business activity LOGO SALES | | | | |
| | I During the tax year, was | he corporation a subsidiary in an affiliated group or a parent-subsidiary cont | trolled group? | > [| Ye | s X No |
| | | nd identifying number of the parent corporation. | | | | |
| | | ► TANIA GINOZA | | one number 🕨 (| 808 | |
| | Part I Unrelate | |) Income | (B) Expenses | } | (C) Net |
| • | 1a Gross receipts or sale | | | 137-137 | | THE STATE OF THE S |
| ဗ္ဂ | | | 19,011. | | 30 | 不是是中华的 |
| CANNED | _2 _ Cost of goods sold (S | | | PERSONAL | | Man and the second |
| Z | 3 Gross profit Subtract | line 2 from line 1c | 19,011. | 2000年12日 | | 19,011. |
| m | 4 a Capital gain net incon | e (attach Schedule D) | | 1 8 1 K C 75 | | |
| Ü | b Net gain (loss) (Form | 4797, Part II, line 17) (attach Form 4797) | | MELTINETE TO | | |
| • | c Capital loss deduction | | | TO THE BANK | | |
| ٦٦ | 5 Income (loss) from p | rtnerships and S corporations (attach statement) 5 | | WINDS TO SEE | ALLEN. | |
| | • Home widowing (compact | · | | | | |
| _ | | ed income (Schedule E) 7 | | | | |
| } | | ralties, and rents from controlled organizations (Sch. F) 8 | | | | |
| 2019 | | a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | |
| 3 | • | rity income (Schedule I) | | , <u></u> | | |
| | 11 Advertising income (| | FO 004 | | | 50.004 |
| | • | | | Ellipheniki ish | | 52,024. |
| | 13 Total Combine lines | | 71,035. | | | 71,035. |
| | | ns Not Taken Elsewhere (See instructions for limitations on contributions, deductions must be directly connected with the unrel | • | | | |
| | 14 Compensation of of | cers, directors, and trustees (Sch <u>edule K)</u> | | | 14 | |
| | 15 Salaries and wages | RECEIVED | | | 15 | 5,689. |
| | 16 Repairs and mainter | ance | | | 16 | |
| | 17 Bad debts | dule) KB MAY 2 2019 SO-SR | | • | 17 | |
| | 18 Interest (attach sch | dule) B MAY (2 3 ≥ 2019 B | | | 18 | |
| | 19 Taxes and licenses | <u> </u> | | | 19 | |
| | 20 Charitable contribut | ons (See instructions for limitation rules OGDEN, UT | | | 20 | |
| | 21 Depreciation (attacr | Form 4562) | 21 | 1,145. | II. | , , , , , , |
| | | umed on Schedule A and elsewhere on return | 22a | | 22b | 1,145. |
| | 23 Depletion | | | | 23 | |
| | | erred compensation plans | | | 24 | 1 1 7 7 |
| | 25 Employee benefit pr | _ | | | 25 | 1,177. |
| | 26 Excess exempt expo | • | | | 26 | |
| | 27 Excess readership of | | DD 0030 | In Market | 27 | 0 670 |
| | 28 Other deductions (a | , | LE STAT | EMENT 2 | 28 | 8,679. |
| | | dd lines 14 through 28 | 40 | | 29 | 16,690. |
| | | axable income before net operating loss deduction. Subtract line 29 from lin | | IEMEXIM 2 | 30 | 54,345. |
| | | · | EE STAT | EMENT 3 | 31 | 54,345. |
| | | axable income before specific deduction. Subtract line 31 from line 30 | | | 32 | 1 000 |
| | | Generally \$1,000, but see line 33 instructions for exceptions) | 00 ambouth | mallar of acres | 33 | 1,000. |
| | 34 Unrelated business | taxable income. Subtract line 33 from line 32. If line 33 is greater than line | 52, enter the Sr | naner of zero or | 24 | ا ا |

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

| Part II | Tax Computation | | | |
|---------|--|---------------------|---------------------------------------|----------|
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | | |
| | Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and: | | | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | | |
| | (1) \$ (2) \$ (3) \$ | , | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | | | |
| | (2) Additional 3% tax (not more than \$100,000) | | | |
| C | Income tax on the amount on line 34 | ► 35c | | 0. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | | |
| | Tax rate schedule or Schedule D (Form 1041) | > 36 | | |
| 37 | Proxy tax. See instructions | ▶ 37 | | |
| 38 | Alternative minimum tax | 38 | | |
| | Tax on Non-Compliant Facility Income. See instructions | 39 | | |
| | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | | 0. |
| | / Tax and Payments | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a | _ | | |
| | Other credits (see instructions) | _ | | |
| | General business credit Attach Form 3800 | _ | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | _ | | |
| | Total credits. Add lines 41a through 41d | 41e | | _ |
| | Subtract line 41e from line 40 | 42 | | 0. |
| | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule | · | | _ |
| | Total tax. Add lines 42 and 43 | 44 | | 0. |
| | Payments: A 2016 overpayment credited to 2017 | _ | | |
| | 2017 estimated tax payments | - | | |
| | Tax deposited with Form 8868 | _ | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 45d | _ | | |
| | Backup withholding (see instructions) 45e | _ | | |
| | Credit for small employer health insurance premiums (Attach Form 8941) Street of the section of | - | | |
| 9 | Other credits and payments: Form 2439 | | | |
| 40 | Form 4136 Other Total > 45g] | - ,, | | |
| | Total payments. Add lines 45a through 45g | 46 | | |
| | Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | ► 47 ► 48 | | 0. |
| | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | | 0. |
| | Enter the amount of line 49 you want. Credited to 2018 estimated tax | 50 | | <u> </u> |
| Part V | Statements Regarding Certain Activities and Other Information (see instructions) |] 30] | | |
| | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country | | | |
| | here | | | Х |
| | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | X |
| | If YES, see instructions for other forms the organization may have to file. | | | |
| | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my | nowledge and be | lief, it is true, | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | Marriah a IDO allas | | 41- |
| Here | Sopheli Com 5.14.19 CHAIRMAN | the preparer short | cuss this return wit wn below (see | tn |
| | Signature of officer Date Title | instructions)? | X Yes | No |
| | Print/Type preparer's name Preparer's signature Date Check | if PTIN | , | |
| Paid | Self- employ | ed | | |
| Prepai | ATAN M T VER | | 130314 | |
| Use O | nlv Firm's name ► KMH LLP Firm's EIN | ▶ 42- | 1539623 | |
| USE U | 1003 BISHOP STREET, SUITE 2400 | | | |
| | Firm's address ► HONOLULU, HI 96813 Phone no | 808-52 | <u>6-2255</u> | |

| Schedule A - Cost of Goods | s Sold. Enter | method of inven | itory valuation N/A | | | | | | |
|--|-------------------|---|---|--|------------------------|--|--|--|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | · · · · · · | 6 | | | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Sul | btract line 6 | 2 4 4 | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here a | and in Part I, | | | | | |
| 4 a Additional section 263A costs | | | line 2 | | 7 | | | | |
| (attach schedule) | 4a | | 8 Do the rules of section : | 263A (with respect to Yes No | | | | | |
| b Other costs (attach schedule) | 4b | | property produced or a | equired for resale) apply to | | 4 5 7 7 20 | | | |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | | | | | | |
| Schedule C - Rent Income | (From Real | Property and | d Personal Property I | Leased With Real P | ropert | y) | | | |
| (see instructions) | | | <u> </u> | | | | | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | <u>,, ,</u> | | | |
| (3) | | | | | | | | | |
| (4) | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | 2. Rent receiv | ed or accrued | | 2/2) Dad at at an al | | | | | |
| (a) From personal property (if the per rent for personal property is more i10% but not more than 50% | e than | of rent for p | and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income) | ge columns 2(a |) and 2(b) (| cted with the income in (attach 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 | | nter - | • | (b) Total deductions Enter here and on page Part I, line 6, column (8) | | 0. | | | |
| Schedule E - Unrelated Del | bt-Financed | l Income (see | instructions) | | | | | | |
| | | | 2 Gross income from | 3 Deductions directly to debt-fin | connected anced pro | with or allocable perty | | | |
| 1 Description of debt-fi | nanced property | | or allocable to debt- 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 or debt-fin | e adjusted basis allocable to anced property h 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) | | | % | | | | | | |
| (2) | | | % | | | | | | |
| (3) | | | % | | | | | | |
| (4) | | | % | | | | | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A) | | Enter here and on page 1, Part I, line 7, column (B) | | | |
| Totals | | | • | | 0. | 0. | | | |
| Total dividends-received deductions in | ncluded in colum | n 8 | • | | | 0. | | | |

| 1 Name of controlled organization | | | | Exempt Controlled Organizations | | | | | | | | |
|-------------------------------------|------------------|--|------------------------------|---|---|--|--|------------------------|---|---|--|--|
| Name of controlled organizat | tion | | | | 3 Net unrelated income (loss) (see instructions) | | Total of specified payments made | | 5. Part of column 4 that is included in the controlling organization's gross income | | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | 1 | | | | | | |
| (4) | | | | 1 | | <u> </u> | | † – | | | | |
| Nonexempt Controlled Organi | zations | | | | | <u> </u> | | <u> </u> | | | | |
| | | | - (1+++) | 0.7-1-1 | of specified pay | | 10 . Do a of col | 0 15 | | 44 0-4 | | |
| 7. Taxable Income | | unrelated incom see instructions | | y rotare | made | mients | 10. Part of colu in the control gros | ling orgai s income | nization's | | uctions directly connected income in column 10 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | , | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (4) | | | | ч | | | Add colu Enter here an line 8, | | e 1, Part I, | Enter he | i columns 6 and 11 are and on page 1, Part I, ane 8, column (B) | |
| Totals | | | | | | • | | | ٥. | | 0. | |
| Schedule G - Investme | ent Inco | me of a | Section | n 501(c) (| 7), (9), or | (17) O | rganizatio | n | | | - 1 2 - | |
| · | <u> </u> | | | | | | 3. Deducti | | 4. Set- | asides | 5. Total deductions | |
| 1 Desc | cription of inco | ome | | | 2 Amount o | if income | directly conn (attach sche | | | schedule) | and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | · | | | | | | | | | | 1 | |
| (4) | | | | ., | | | | | | | | |
| | | | | | Enter here and Part I, line 9, c | olumn (A) | ALTERNATION OF THE PARTY OF THE | | | | Enter here and on page 1 Part I, line 9, column (8) | |
| Totals Schedule I - Exploited | Exemp | t Activity | Incon | ne, Othe | r Than A | 0. dvertis | ing Incom | e e | Car was trud | o talking the | 0. | |
| (see instri | uctions) | Т | | • | T 4 | | Τ | | 1 | | | |
| 1 Description of exploited activity | unrelated | Gross d business ne from business | directly with pi of ur | xpenses connected roduction related ss income | 4. Net inco from unrelate business (c minus colui gain, compu throug | ed trade or column 2 mn 3) If a site cots 5 | 5. Gross ind from activity is not unreli- business ind | that ated | attribut | penses table to mn 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | 1 | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | + | | | | | •• | | | | | | |
| (4) | | | | | | | | | | | | |
| | page | ere and on 1, Part I,), col (A) | page | ere and on 1, Part I, 0, col (B) | | | | | | | Enter here and on page 1 Part II, line 26 | |
| Totals | 1 | 0. | | 0. | La Deal S | | | | | A State of the State of State | 0. | |
| Schedule J - Advertis | | | | | | | | | | | | |
| Part I Income From | Periodi | cals Rep | orted o | on a Con | isolidate | d Basis | | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | ad | 3 Direct vertising costs | or (loss) col 3) If a | ertising gain col 2 minus gain, compu through 7 | 5. Circul | | 6. Read cos | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | 1 | | | <u>-</u> - | SECT. | ¥.5.5. | | | T | | THE PARTY OF THE | |
| (2) | | | | | | 7.7 | | | | | | |
| (3) | | | | | | | | | 1 | | 经验的数据 | |
| (4) | · | | _ | | | | % | | 1 | | | |
| (1) | | | + | | with the second | anna Mhallaid | | | + | | er personal subject to the subject t | |
| Totals (carry to Part II, line (5)) | • | | 0. | 0 | | | | | | | 0. | |

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 | > | 0. | 0. | TALL STATE OF THE | ONDERSEA | (本)。100.世级的 | 0. |
| Totals, Part II (lines 1-5) | • | 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 |
| Schedule K - Compens | atio | | | Trustees (see in | estructions) | compression and and and and and and and and and an | |

| 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 (2017)

Form 4562

Department of the Treasury Internal Revenue Service (99

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.

2017
Attachment

Sequence No 179

Name(s) shown on return Business or activity to which this form relates HONOLULU ACADEMY OF ARTS FORM 990-T PAGE 1 99-0079713 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 510,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,030,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 5 5 Opliar 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 (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10_Carryover of disallowed deduction from line 13 of your 2016 Form 4562 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 EZZEVILE SIZE 13 Carryover of disallowed deduction to 2018 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 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 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property) (See instructions) 1,145 17 17 MACRS deductions for assets placed in service in tax years beginning before 2017 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 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property vear placed (business/investment use only - see instructions) in service 19a 3 year property b 5-year property С 7-year property d 10-year property 15-year property е 20-year property 25 yrs S/L 25-year property g 27 5 yrs MM S/L h Residential rental property MM S/L 27 5 yrs MM S/L 1 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/I þ 12-year 12 yrs S/L 40-year 40 yrs MM 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 1,145 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22

23

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

portion of the basis attributable to section 263A costs

| Part V Listed Property Include automobiles, certain other vehicles, certain aircraft, cetain computers, and property used for enterfaroment, including the property of the property of the standard milespan and to reducting lesses expense, complete only 24a, 26b, columns [9] through (b) of Section A., all of Section B, and Section C of applicable Section A - Depreciation and Other Information (Calutions Section Internations for Internations for Internations for Internations for Internations (Calutions Section Internations of Internations for Internations for Internations (Calutions Internations International Internations Internati | FORM 4302 (2017) | | ODODO 1 | | | | | - 60 | <u> </u> | | | | | | aye z |
|--|----------------------------|--------------------|-------------------------|----------------|------------|-------------|-----------------------------|---------|------------|---------------|----------|-------------|-----------|----------------|--------------|
| Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (0) through (for of Section A. 1 all' Section B. and Section C. 1 against Section B. and Section B. and Section C. 1 against Section B. and Sect | | | | ertain oth | ner vehici | les, cert | ain aircr | aft, ce | rtain com | puters, a | ind prop | erty use | d for en | tertainme | ent, |
| Section A - Depreciation and Other Information (Caution: See the instructions for funds for passenger automobiles) 24 | Note: For ar | y vehicle for w | hich you are ι | | | | | r dedu | cting leas | e expen | se, com | plete on | ly 24a, 2 | 4b, colu | mns |
| 28a Bit you have endence to support the brainest/investment use claimed? | | | | | | | | | | | | | | · | |
| ta) Type of property Date Cot Structure Cot Structure Cot Dear for separation Dear for separatio | | | | | | | | 1 | | | | | | | - · |
| Type of Property (list vehicles in placed in Session Control (list vehicles) placed in Session Control (list vehicles) period of Service (list vehicles) period (list vehi | 24a Do you have evidence | | | ent use cla | aimed? | <u> Ц Ү</u> | | J No | 24b If "Y | | | nce writt | en? L | | |
| used more than 50% in a qualified business use Property used more than 50% in a qualified business use State | Type of property | Date placed in | Business/ investment | : | Cost or | | is for depre siness/inve | stment | Recovery | Me | thod/ | Depre | ciation | Elec sectio | ted n 179 |
| 27 Property used more than 50% or less an a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Log (h) Log (| 25 Special depreciation | allowance for c | ualified listed | property | placed i | n servic | e during | the t | ax year an | d | | | | | |
| 27 Property used 50% or less in a qualified business use | used more than 50% | in a qualified b | usiness use | | | | | | | | 25 | | | | |
| 95 96 97 97 97 97 97 97 97 | 26 Property used more t | han 50% in a c | qualified busin | ess use | | | | | | | | | | | |
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| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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 (a) Description of costs (b) Oate amortization begins Amortizable amount employees about (c) (d) (e) (f) Amortization pend or percentage Amortization for this year 43 Amortization of costs that began before your 2017 tax year | Answer these questions | to determine if | you meet an | exceptio | n to com | pleting: | Section | B for v | ehicles u | sed by e | mployee | s who a | ren't mo | re than 5 | 5% |
| 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 (a) (b) (c) (d) (e) Amortization pend or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2017 tax year | owners or related persor | ıs | | | | | | | | | | | | | |
| 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 (a) Description of costs (b) Date amortization Begins Amortizable Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | 37 Do you maintain a w | ritten policy sta | tement that p | rohibits a | all persor | nal use | of vehicl | es, inc | luding co | mmuting | , by you | r | | Yes | No |
| 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 (a) (b) (c) (d) (e) Amortization Amortization Amortization Amortization Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | employees? | | | | | | | | | | | | | | |
| 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 (a) Description of costs (b) Oate amortization Amortization Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | 38 Do you maintain a w | ritten policy sta | tement that p | rohibits į | personal | use of v | vehicles, | exce | ot commu | ting, by | your | | | | |
| 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 (a) Description of costs (b) Date amortization Amortization Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | employees? See the | instructions fo | r vehicles use | d by cor | porate of | ficers, c | directors | , or 19 | 6 or more | owners | | | | | |
| 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 (a) Description of costs (b) Date amortization Amortization Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | 39 Do you treat all use | of vehicles by e | mployees as | personal | use? | | | | | | | | | | |
| At 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 (a) Description of costs (b) Oate amortization Amortizable amount Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | 40 Do you provide more | than five vehic | cles to your er | nployees | s, obtain | ınforma | tion fron | ı your | employee | s about | | | | | |
| At 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 (a) Description of costs (b) Oate amortization Amortizable amount Amortization For this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | | | • | | | | | - | | | | | | L | |
| 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 (a) Description of costs Date amortization begins Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | | • | | | | monstra | ation use | 97 | | | | | | | |
| Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code Section Amortization pend or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year | Note: If your answer | to 37, 38, 39, | 40, or 41 is "Y | es," don | 't comple | ete Sect | tion B fo | r the c | overed ve | hicles | | | | | |
| Description of costs Date amortization Amortization Amortization Section Amortization Amortization Amortization Section Pend or percentage For this year 42 Amortization of costs that begins during your 2017 tax year 43 43 Amortization of costs that began before your 2017 tax year 43 | | | | | | | · | | | | | | | _ | |
| 42 Amortization of costs that begins during your 2017 tax year 43 Amortization of costs that began before your 2017 tax year 43 | | | Da | e amortization | | Amortiza | ble t | | Code | | Amortiza | ition | A fr | mortization | |
| 43 Amortization of costs that began before your 2017 tax year 43 | 42 Amortization of cost | s that begins d | uring your 20 | | ar | - | | | | | , | y- I | | | |
| | | | | | T T | | | Т | | $\overline{}$ | | | | | |
| | | ···· | | | 1 | | | + | | + | | \dashv | | | |
| | 43 Amortization of cost | s that began be | efore your 201 | 7 tax ve | ar | | | | | | | 43 | | | |
| | | • | • | | | renort | | | | | | | | | |

| FORM 990-T | | OTHER INCOME | | STATEMENT | 1 |
|--|--------------------------|-------------------------------|--|------------------------|---|
| DESCRIPTION | | | | AMOUNT | |
| AMOUNTS PAI | 52,024 | | | | |
| TOTAL TO FO | RM 990-T, PAGE 1, | LINE 12 | • | 52,0 | 24. |
| FORM 990-T | | OTHER DEDUCTI | ons | STATEMENT | 2 |
| DESCRIPTION | | | | TNUOMA | |
| PURCHASES F REPAIRS AND SUPPLIES | FREIGHT | | | 3 1 3 | 2. 98. 24. 34. 12. 63. 69. 46. |
| TOTAL TO FO | RM 990-T, PAGE 1, | LINE 28 | | 8,6 | 79. |
| FORM 990-T | NET | r OPERATING LOSS I | DEDUCTION | STATEMENT | 3 |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| | 13,954. | 13,954. | 0. | | |
| 06/30/13 06/30/14 06/30/15 06/30/16 06/30/17 | 104,325. 420. 498. | 0. 0. 0. | 0. 104,325. 420. 498. ———————————————————————————————————— | | 8. |