<u>.</u>	ar		IDED TO NOVI								
Form <b>990-T</b>	E	Exempt Orgai					ax	Return	) <u> </u>	OMB No	1545-0047
		(ar	nd proxy tax und	er se	ction 6033	<sup>8</sup> (e))	91	1		00	140
-	For ca	llendar year 2019 or other tax yea	r beginning		, and en	ding	<u> </u>	<u> </u>	_ 1	Zl	<b>)19</b>
Department of the Treasury		•	irs gov/Form990T for in					- 504(-)(0)	-  -	Open to Pub	lic Inspection for janizations Only
Internal Revenue Service		Do not enter SSN number					ation is	a 501(c)(3)			anizations Only ation number
A Check box if address changed		Name of organization (	Check box if name c	hanged	i and see instru	ctions.)			(Emple	oyees' trust, ctions)	
B Exempt under section	Print	BRIDGES COM	MUNITY ACTIO	ON I	PARTNER	SHIP			3:	1-071	8183
X 501(c)(3 0)2	or	Number, street, and room							E Unrela		s activity code
408(e) 220(e)	Туре	232 N. MAIN							(3661)	istructions )	
408A 530(a)		City or town, state or prov			n postal code				1		
529(a)		MARYSVILLE,	OH 43040						531:	120_	
C Book value of all assets at end of year		F Group exemption numb	<del> ` - <u> </u></del>	<u> </u>							
6,282,8		G Check organization type		oration	າ 501	(c) trust		401(a)			Other trust
	-	ition's unrelated trades or b		T	<u> </u>			y (or first) un			
		BT-FINANCED E				•		ete Parts I-V			
	•	ice at the end of the previou	s sentence, complete Pa	rts i an	d II, complete a	i Schedule	W for 6	each addition	ai trade	or	
business, then complete		ooration a subsidiary in an a	ffiliated aroun or a parer	at oubo	diani pontrolloi	d group?			Ye	s X	No
		tifying number of the parent		11-5005	idially contitolied	a group?			16:	S [43]	NO
J The books are in care of		<del></del>	Corporation			Teleph	one nur	nber 🕨 8	00-8	858-4	452
		de or Business Inc	ome	_	(A) Inco			(B) Expenses			C) Net
1a Gross receipts or sale			<del>-</del>					· · · · ·	4		
b Less returns and allow			c Balance	10					' '		./
2 Cost of goods sold (S		A, line 7)	•	2					7		
3 Gross profit Subtract		•		3				,			
4a Capital gain net incom	ne (attac	h Schedule D)		4a							
<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b				ł			
<ul> <li>Capital loss deduction</li> </ul>	for trus	sts		4c							
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5				/_			
6 Rent income (Schedu				6	0.5	250		/			
7 Unrelated debt-finance		. ,		7_	95,	359.		<b>260,9</b>	28.	<u>-16</u>	<u>5,569.</u>
· ·		nd rents from a controlled o	-	8			_				
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					-		
10 Exploited exempt activ	-	,		10			<del> </del> -			-	
11 Advertising income (S		•		11			-				
12 Other income (See ins 13 Total. Combine lines				12	95	359.	_	260,9	28.	-16	5,569.
		ot Taken Elsewhere	See instructions fo					20075	200		3,303.
		be directly connected wit				,					
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)		RECE	IVED	,	1	14		
15 Salaries and wages	.,	,		1 -	111-01			, [	15		
16 Repairs and mainten	ance			27	MOV &	<u>ര</u> വഹവ	RS-OSC		16		
17 Bad debts		/		C25	NOV 2	<b>U</b> ZUZU	\ \(\frac{1}{12}\)		17		
18 Interest (attach sche	dule) (se	e instructions)		1 .	<del>,</del>	A. Colonia Minnago		:[	18		
19 Taxes and licenses				Į	OGDĘ	N. U	Γ.	1	19		
20 Depreciation (attach		' <i>D</i>		L		20-	<u></u>	2,600.			_
	umed or	n Schedule A and elsewhere	on return		Li	21a	12	2,600.	21b		0.
22 Depletion									22		
23 Contributions to defe	_	npensation plans							23		
24 Employee benefit pro		. In a study IN							24		
25 Excess exempt exper									25		
<ul><li>26 Excess readership co</li><li>27 Other deductions (at</li></ul>									26 27		
27 Other deductions (at									28		0.
		ncome before net operating	Ince deduction. Subtract	t line 29	R from line 13				29	-16	5,569.
/		oss arising in tax years beg							23		<u> </u>
(see instructions)	oracing P	and and any our a boy	ing on or alter ballual	٠, ١, ٤٠		STAT	EME	NT 1	30		0.
/	axable in	ncome. Subtract line 30 fror	m line 29			<b></b>		_	31	-16	5,569.
923701 01-27-20 LHA <b>F0</b>					<del></del>				<u></u>		<b>90-T</b> (2019)
J	F ***		3	9				1	ال-\	4	. ,

Form 990	BRIDGES COMMUNITY ACTION PARTNERSHIP	31-	0718183 Page 2
		32	-165,569.
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	103,309.
33	Amounts paid for disallowed inniges	34	
34	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  Amounts paid for disallowed fringes  Charitable contributions (see instructions for limitation rules)		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of times 32 and 33 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2.  Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	85	<del>-165,569.</del>
36	Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions) STMT 2	86	0.
37		87	-165,569.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	88	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	<del>-165,569.</del>
Part	IX Tax Computation	· 1	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	$\Pi$	
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
		44	<del></del>
	Tax on Noncompliant Facility Income. See instructions  Votal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	145	0.
Dart	Tax and Payments	1731	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
		-	
	· · · · · · · · · · · · · · · · · · ·	-	
C	General business credit. Attach Form 3800	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-	
-	Total credits. Add lines 46a through 46d	46e	
	Subtract line 46e from line 45	47	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	149	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>
51 a	Payments: A 2018 overpayment credited to 2019 51a 51a	11 I	
b	2019 estimated tax payments	<b>↓  </b>	
C	Tax deposited with Form 8868	4 N I	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	111	
е	Backup withholding (see instructions)	]	
f	Credit for small employer health insurance premiums (attach Form 8941)	111	
g	Other credits, adjustments, and payments: Form 2439		
_	Form 4136 Other Total ▶51g	]	
52	Total payments. Add lines 51a through 51g	52	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
<b>√</b> 55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
•	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	
Part			
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	1	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		1 1
	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 \$		1 1
	Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	dge and beli	of, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here		•	scuss this return with nown below (see
		ne preparer si istructions)?	
			A ica ino
	Trime Type property Statute	if PTIN	
Paid	self- employed	DO:	1242481
Prep	i MTDUTT ODOUD TIO		-1490692
Use	Only Firm's name ► TIDWELL GROUP, LLC Firm's EIN ►		-1470072
	4249 EASTON WAY, STE. 210	CIAN	E20. 1 / / 1
			528-1441
923711 0	01-27-20	ſ	om <b>990-T</b> (2019)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation   N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6		
2 Purchases	2		7 Cost of goods sold Su	ibtract line 6				
3 Cost of labor	3		from line 5 Enter here	and in Part I,				
4a 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	cquired for resale) apply to		<u>.</u>		
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Personal Property L	eased With Real P	roper	ty) 		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	` 'of rent for per	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	ge 3(a) Deductions di columns 2	rectly cor 2(a) and 2	nnected with the inc (b) (attach schedule	ome in	
(1)					·			
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		(b) Total deduction Enter here and on page Part I, line 6, column (6	<b>1</b> ,			0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructions)					
			Gross income from or allocable to debt-		inanced	property		
1 Description of debt-fin	anced property		financed property	(a) Straight line depreciatio (attach schedule)	n	(D) Other dec (attach scho	luction: edule)	s
				STATEMENT	5	STATEME	TV	6
(1) 232 N. MAIN STREI	ET, MARY	SVILLE,						
(2) OH 43040			104,002.	12,6	00.	<u> 271</u>	<u>, 9'</u>	<u>76.</u>
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (affacts schedule)  STATEMENT 7	of or a debt-fina	adjusted basis allocable to nced property pschedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8 Allocable o (column 6 x tota 3(a) and	l of col	
(1)			%					
(2) 297,996.		325,002.	91.69%	95,3	59.	260	, 9	28.
(3)			%		1			
(4)	-		%				-	
STATEMENT 3	STAT	EMENT 4		Enter here and on page 1, Part I, line 7, column (A)		Enter here and o		
Totals			<b>•</b>	95,3	59.	260	, 9:	28.
Total dividends-received deductions in	cluded in column	ı 8		<u> </u>				0.

Form **990-T** (2019)

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 ) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7 Excess readership costs (column 6 minus column 5, but not more 2 Gross advertising 6 Readership 3. Direct 5 Circulation 1 Name of periodical advertising costs income costs than column 4) (1) (2) (3) (4) Ō. 0. 0. Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 26 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1 Name (1) % % (2) (3) % % (4) 0. ▶ Total Enter here and on page 1, Part II, line 14

Form 990-T (2019)

FORM 990-T NET		OPERATING	LOSS D	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLII		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	13,424.		0.	13,424.	13,424.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		13,424.	13,424.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	9,485.	0.	9,485.	9,485.
12/31/16	23,851.	0.	23,851.	23,851.
12/31/17	9,511.	0.	9,511.	9,511.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	42,847.	42,847.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 3
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
232 N. MAIN STREET, MARYSVILLE, OH 43040	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH		314,773. 313,625. 312,472. 311,212. 310,051. 308,852. 307,683. 306,476. 305,299. 304,126. 241,907. 239,471.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		3,575,947.
AVERAGE AQUISITION DEBT		297,996.
TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4  FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 4
	ACTIVITY	
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	-
DESCRIPTION OF DEBT-FINANCED PROPERTY 232 N. MAIN STREET, MARYSVILLE, OH 43040		AMOUNT
	NUMBER	

FORM 990-T SCHEDULE E - DEPRECIA	ATION DEDUCTI	ON	STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION - SUBTOTAL	- 1	12,600.	12,600.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		12,600.
FORM 990-T SCHEDULE E - OTHER	R DEDUCTIONS	· · · · · · · · · · · · · · · · · · ·	STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT ASSISTANCE SALARIES AND WAGES EMPLOYEE BENEFITS ADVERTISING OCCUPANCY TRAVEL CONFERENCES INSURANCE MATERIALS AND SUPPLIES CONTRACT SERVICES REPAIRS AND MAINTENANCE DUES AND SUBSCRIPTIONS MISCELLANEOUS EXPENSE INTEREST EXPENSE  - SUBTOTAL	- 1	49,712. 30,266. 11,983. 5,981. 33,632. 2,663. 8,247. 3,181. 168. 12,236. 11,696. 723. 89,025. 12,463.	271,976.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		271,976

FORM 990-T		VERAGE ACQUISITION DEBT ON OR DCABLE TO DEBT-FINANCED PROPERTY					
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL			
AVERAGE ACQUISIT	CION OF DEBT						
TOTAL OF FORM 99	0-т, schedule e, co	LUMN 4		297,996.			

	STATEMENT 8	E ADJUSTED BASIS OF OR TO DEBT-FINANCED PROPERTY					
DESCRIPTION	TOTAL	AMOUNT					
AVERAGE ADJUSTED BASIS	1						
TOTAL OF FORM 990-T, SCH	325,00						

## 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

1

E -

OMB No 1545-0172

Sequence No 179 ldentifying number

232 N. MAIN STREET, 43040 31-0718183 BRIDGES COMMUNITY ACTION PARTNERSHIP MARYSVILLE, OH Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 1,020,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 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-Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 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 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 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 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property 3-year property 19a b 5-year property 7-year property C 10-year property 15-year property e 20-year property f 25 yrs S/L 25-year property g 27 5 yrs MM S/L Residential rental property h ММ 27 5 yrs S/L S/L ММ 39 yrs Nonresidential real property 1 MM 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 yrs ММ S/L 30-year C 40 yrs MM S/L 40-year d Part IV Summary (See instructions) 12,600. 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 12,600. 22 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

Fo	rm 4562 (2019)		DGES CC									31-	<u>-0718</u>	<u> 183</u>	Page 2
	Listed Proper entertainment,	recreation, o	or amusement	:)											
	Note: For any	vehicle for w	hich you are ι	ising the	standar	d milea	ge rate o	r dedu	cting lease	e expens	e, comp	olete or	nly 24a,		
_	24b, columns (														
_			on and Other											<del>7</del>	
24	a Do you have evidence to s			ent use cl	aimed?	Xν		No	24b If "Y	es," is th	<u>ne evidei</u>	nce writ	ten? LX		No_
	(a)	(b) Date	(c)	,	(d)	_ ا _	(e)		(f)	l .	(g)		(h)		(i) cted
	Type of property	placed in	Business/ investmen	· [	Cost or	l (bi	isis for depr usiness/inve		Recovery		thod/		eciation uction		on 179
	(list vehicles first)	service	use percenta		ther basis	5	use ont	y)	period	COIN	ention	ueu	UCHUII	c	ost
25	Special depreciation allo	wance for q	ualified listed	property	/ placed	ın servi	ce during	the ta	x year and	i				1	
	used more than 50% in										25			1	
26	Property used more than			ess use											
	Topony accounts	I		%											
_	<del></del>	<del>                                     </del>	1									t		-	
		-		%		-				<u> </u>				<b></b>	
_		l		%					i			L		<u> </u>	
<u>27</u>	Property used 50% or le	ss in a qualif	ied business	use					ſ			1			
				%						S/L -				1	-
				%						S/L -					
S	TATEMENT 9			%						S/L -		12,	600.	1	
28	Add amounts in column	(h), lines 25	through 27 E	nter her	e and on	line 21	, page 1				28	12,	600.		
	Add amounts in column												29		
	7.00 0	(//					on Use	of Veh	ucles						
C-	mplete this section for ve	biolog upod l								rolated	nareon	If you n	rovided v	<i>i</i> ehicles	
														enicles	
to	your employees, first ans	wer the ques	itions in Secti	on C to s	see if you	ı meet a	an excep	tion to	completin	ig this se	ection to	r tnose	venicies		
_						1									
				(	(a)		(b)		(c)	(	d)	(	(e)	(1	i)
30	Total business/investment	miles driven di	uring the	Ve	hicle	Ve	hicle	\ \	/ehicle	Vel	ncte	Ve	hicle	Veh	ncle
	year (don't include commu	ting miles)													
31	Total commuting miles of	driven durina	the vear												
	Total other personal (no									İ					
JZ	•	ncommuting	) iiiics											l	
	driven					<del>                                     </del>								<del>                                     </del>	
33	Total miles driven during	•												[	
	Add lines 30 through 32					<u> </u>	T		1			-	Π	<del>                                     </del>	r
34	Was the vehicle available	e for person	al use	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
	during off-duty hours?				ļ						ļ		ļ		<u> </u>
35	Was the vehicle used pr	imarily by a	more											[ ]	1
	than 5% owner or relate	d person?							1						
36	Is another vehicle availa	ble for perso	nal												ĺ
	use?	•							ł		1				ĺ
	450	Section C	- Questions	for Emp	lovers M	/ho Pro	vide Vet	niclas f	or Use hy	Their F	mnlove	AS			
۸	swer these questions to o			•	•				-				ron's		
		_		xceptior	i to com	pieting .	Section t	o lor ve	enicies use	a by en	pioyees	wiio a	iren t		
	re than 5% owners or rela	•							<del></del>					<del></del>	T
37	Do you maintain a writte	n policy stat	ement that pr	ohibits a	all persor	nal use	of vehicle	es, incl	uding com	ımutıng,	by your			Yes	No
	employees?														
38	Do you maintain a writte	n policy stat	ement that pr	ohibits p	personal	use of v	rehicles,	except	commuti	ng, by yo	our				
	employees? See the ins	tructions for	vehicles used	by corp	orate off	ficers, d	irectors,	or 1%	or more o	wners					J.,
39	Do you treat all use of ve														
	Do you provide more that	-	• •			nformat	tion from	vour e	molovees	about					T
70	the use of the vehicles,							,							
	•						tion ion	2							<del>                                     </del>
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don	t comple	ete Sect	ion B for	the co	vered ven	icles			<del></del>	<del></del>	
LP	art VI Amortization_				1										
	(a) Description of		Date	(b) amortization		(C) Amortiza	ıbla		(d) Code		(e) Amortiza		Δι	(f) mortization	
	Description of	COSIS	Dali	begins	'l	amour			section		period or per		fo	this year	
42	Amortization of costs the	at begins du	ring your 201	9 tax yea	<u></u>										
								T							
			<del></del>		<del>                                     </del>										
	A			) tov ::==	<u> </u>							43			
	Amortization of costs the	•	•	-								44			
<u>44</u>	Total. Add amounts in c	olumn (t) Se	e the instruct	ions for	wnere to	report						44			

916252 12-12-19

FORM 4562, PART V	LISTED PRO	PERTY I	NFORMATIO	N-50% OR	LESS	STA	rement 9
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION
(I) (J) (K) AUTO TOTAL BUSINES: NO MILES MILES	(L) S COMMUTII MILES	NG PER	SONAL WAS	VEH. > S		(P) NOTHER AVAILAI Y 1	BLE?
BUILDING 232 N. MAIN STREET	12/04/14	61.00	505,230.	308,190.	39.0	S/L-HY	7,903.
PARKING LOT	06/01/15	61.00	66,521.	40,578.	15.00	S/L-HY	2,705.
LANDSCAPING-COURTYARD	06/03/15	61.00	26,641.	16,251.	15.00	S/L-HY	1,083.
STUCCO RESURFACING	11/01/16	61.00	22,352.	13,635.	15.00	S/L-HY	909.
TOTAL TO FORM 4562, PA	RT V, LINE	27					12,600.