

2939325009002 9
1869

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018**2017**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	WSOS COMMUNITY ACTION COMMISSION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 127 SOUTH FRONT STREET City or town, state or province, country, and ZIP or foreign postal code FREMONT, OH 43420	34-0975934 E Unrelated business activity codes (See instructions.) 531120

C Book value of all assets at end of year 8,413,834.	F Group exemption number (See instructions.)	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	--	---

H Describe the organization's primary unrelated business activity. **RENTAL ACTIVITY AND SIGN SHOP**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporationJ The books are in care of **DAVID KIPPLEN** Telephone number **419-334-8911**

Part I. Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0.				
b	Less returns and allowances	0.	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			2	113.	
3	Gross profit. Subtract line 2 from line 1c			3	-113.	-113.
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement)			5		
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7	9,814.	9,899.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	9,701.	9,899.
						-198.

Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15		
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule)		18		
19	Taxes and licenses		19		
20	Charitable contributions (See instructions for limitation rules)		20		
21	Depreciation (attach Form 4562)	21	13,596.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	13,596.	22b	0.
23	Depletion		23		
24	Contributions to deferred compensation plans		24		
25	Employee benefit programs		25		
26	Excess exempt expenses (Schedule I)		26		
27	Excess readership costs (Schedule J)		27		
28	Other deductions (attach schedule)		28		
29	Total deductions Add lines 14 through 28		29	0.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-198.	
31	Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 2			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-198.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.	
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-198.	

Part III	Tax Computation
-----------------	------------------------

- | | |
|---|---------------|
| 35 Organizations Taxable as Corporations See instructions for tax computation | |
| Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order). | |
| (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> | |
| (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> | |
| 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. | |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 |
| 37 Proxy tax See instructions | 37 |
| 38 Alternative minimum tax | 38 |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 0. |

Part IV:	Tax and Payments
----------	------------------

- | | | | | |
|-----|--|-----|--|----|
| 41a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 41a | | |
| b | Other credits (see instructions) | 41b | | |
| c | General business credit. Attach Form 3800 | 41c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | |
| e | Total credits. Add lines 41a through 41d | 41e | | |
| 42 | Subtract line 41e from line 40 | 42 | | 0. |
| 43 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | | |
| 44 | Total tax. Add lines 42 and 43 | 44 | | 0. |
| 45a | Payments: A 2016 overpayment credited to 2017 | 45a | | |
| b | 2017 estimated tax payments | 45b | | |
| c | Tax deposited with Form 8868 | 45c | | |
| d | Foreign organizations. Tax paid or withheld at source (see instructions) | 45d | | |
| e | Backup withholding (see instructions) | 45e | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | |
| g | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 45g | | |
| 46 | Total payments. Add lines 45a through 45g | 46 | | |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | | 0. |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | | 0. |
| 50 | Enter the amount of line 49 you want: Credited to 2018 estimated tax: <input type="checkbox"/> Refunded <input type="checkbox"/> | 50 | | |

Part V.	Statements Regarding Certain Activities and Other Information (see instructions)
----------------	---

- | | | | |
|----|--|-----|----|
| 51 | At any time during the 2017 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | Yes | No |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | |

**Sign
Here**

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Ruthann House Date 8/15/19

**PRESIDENT/CHIEF
EXECUTIVE OFFICER**
Title:

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JOHN HEMMING	JOHN HEMMING	08/15/19		P00856805
Firm's name ► WIPFLI LLP			Firm's EIN ► 39-0758449	
Firm's address ► PO BOX 8700 MADISON, WI 53708-8700			Phone no. 608.274.1980	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	113.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b	113.				X
5	Total. Add lines 1 through 4b	5	113.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 4	STATEMENT 5
(1) RENTAL OF BGSU DAY CARE CENTER		71,845.	13,596.	58,874.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach 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) 86,486.	632,980.	13.66 %	9,814.	9,899.
(2)		%		
(3)		%		
(4)		%		
Totals			9,814.	9,899.
Total dividends-received deductions included in column 8				0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Not unrelated income (loss) (see instructions)	4 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)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 28.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (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.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. 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)

FOOTNOTES

STATEMENT 1

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

EMPLOYER IDENTIFICATION NUMBER 34-0975934

FOR THE YEAR ENDED SEPTEMBER 30, 2018

WSOS COMMUNITY ACTION COMMISSION, INC. IS MAKING THE
DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION
SECTION 1.263(A)-1(F).

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	17,379.	5,238.	12,141.	12,141.
09/30/09	21,664.	0.	21,664.	21,664.
09/30/10	48,617.	0.	48,617.	48,617.
09/30/11	18,307.	0.	18,307.	18,307.
09/30/12	55,148.	0.	55,148.	55,148.
09/30/13	39,630.	0.	39,630.	39,630.
09/30/14	11,057.	0.	11,057.	11,057.
09/30/15	2,322.	0.	2,322.	2,322.
09/30/16	1,478.	0.	1,478.	1,478.
09/30/17	732.	0.	732.	732.
NOL CARRYOVER AVAILABLE THIS YEAR			211,096.	211,096.

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 3

DESCRIPTION	AMOUNT
SPACE COSTS	103.
LABOR	10.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	113.

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		13,596.	
- SUBTOTAL -	1		13,596.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			13,596.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		101.	
OCCUPANCY EXPENSE		53,455.	
ADMINISTRATIVE EXPENSES		5,318.	
- SUBTOTAL -	1		58,874.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			58,874.

Depreciation and Amortization

(Including Information on Listed Property)

E- 1

OMB No. 1545-0172

2017
Attachment
Sequence No. 179

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WSOS COMMUNITY ACTION COMMISSION, INC.

RENTAL OF BGSU DAY CARE
CENTER

34-0975934

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
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	
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.

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	
16	Other depreciation (including ACRS)	16	13,596.

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 2017	17	
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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 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. Enter here and on the appropriate lines of your return, Partnerships and S corporations see instr.	22	13,596.
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	

Part VA Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		24b If "Yes," is the evidence written?		24c If "Yes," is the evidence written?		24d If "Yes," is the evidence written?		24e If "Yes," is the evidence written?		24f If "Yes," is the evidence written?		24g If "Yes," is the evidence written?		24h If "Yes," is the evidence written?		24i If "Yes," is the evidence written?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost									
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25										
26 Property used more than 50% in a qualified business use																	
		%															
		%															
		%															
27 Property used 50% or less in a qualified business use:																	
		%				S/L -											
		%				S/L -											
		%				S/L -											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1																	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1																	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
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) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period 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					
44 Total. Add amounts in column (f). See the instructions for where to report.					

RENTAL OF EGSU DAY CARE CENTER

E-1

[illegible]

(D) - Asset disposed

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