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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) A Clinck box if A Clinck	C&F	\								
Exempt Organization Business Income Table 1	``\ \ 96ñ`.)	Exte	ended to Ma	y 1	5, 2018			v (
Content of the Transport Face classed a year 2018 or allow tax words are content on 803(e)	Form 990-T	Î E	xempt Organ	ization Bus	ines	ss Income	Tax	Return		OMB No 1545-0587
Dearword Review of Services Informations have from 990-T and 85 instructions is available at wavevurs governmost.	<u> </u>		(and	d proxy tax unde	er se	ction 6033(e))				-
Information about Form 990-T and 8s instructions is available at workurs provincement.	\$	For cal	endar year 2016 or other tax year t	peginning JUL 1,	20	16 , and ending	JUN 3	0, 2017	<u> </u>	2016
Solid College Service Solid College Solid Colle	Department of the Treasury]							_	LU IU
Exempt under segling Search under segling Search under cellular and see institutions. Search under segling Search under seglin	Internal Revenue Service									
Section Sect)	Name of organization (☐ Check box if name ch	nanged	and see instructions	i.)		(Employe	ees' trust, see
Section Sect	R Exempt under section	Print		stries for	the	. Disabled	l. Inc		59	-1879968
940 100		or								
Secretary Secr		Туре			•			[(See IIIS)	octions j
C gross year of all assesses	408A 530(a)		City or town, state or provi	nce, country, and ZIP or	r foreigi	n postal code				
## Describe the organization springery unriested business activity Kill Stiff Corporation Solitic) must 40 f(a) trust Other must ## Describe the organization springery unriested business activity Fernitaria Fractilities to other mon-profits ## Duming the tax year, was the corporation a subsidiary in an affiliated group or a pasent-subsidiary controlled group? Vers Xill No ## Unriested the name and identifying number of the pasent corporation. ## The books see maze of Fearbara Nurrenberg Telephone number (561) 842–5814 ## Part I Unrelated Trade or Business income (A) Income (B) Expenses (C) Net ## 1a Gross receipts or sales Less returns and allowances C		<u> </u>	West Palm Be	ach, FL 3	3 4 0 4	<u> </u>			<u>5311</u>	90
Describe the organization's primary unreliated business activity Rental of Facilities to other non-profits.	at end of year				<u> </u>					
During the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group? Telephone number \$\ \) The books are in care of Barbara Numeriberg Telephone number \$\ \) \$\ \)				X 501(c) corporation	[
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The books are in gare of ■ Barbara Nurenberg Telephone number ♦ (561) 842–5814					nt-subs	diary controlled gro	γqι	▶ L	Yes	X No
The composition of the composi					-		-lask - :	b. /	5611	Q/2_501/
1 Gross recepts or sales b Less returns and allowances c Balances b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 6: 4 Capital gan net income (attach Schedule D) b Met gan (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d gan (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d gan (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d gan (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d gan (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d complete (loss) (Form 4787, Part II, line 17) (attach Form 4797) d b d complete (loss) (Form 4787, Part II, line 17) (attach Statement) 6 Rent income (Schedule C) 7 To, 570 . 6, 983 . 587 . 8 Interest, annuties, orgalities, and reints from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Adversing rooms (Schedule J) 11 Adversing rooms (Schedule J) 11 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 Invises (Schedule K) 15 Salanes and wanges 16 Regairs and maintenance 18 Regairs and maintenance 19 Deptending (attach Schedule) 19 Taxes and licenses 10 Chardate contributions (See instructions for limitation rules) 10 Deptending (attach Schedule) 11 Deptending (attach Schedule) 12 Deptending (attach Schedule) 13 Taxes and licenses 15 Chardate contributions (See instructions for limitation rules) 16 Regairs and maintenance 17 Total adductions to deferred compensation plans 18 Interest (attach schedule) 19 Deptending (attach Schedule) 20 Deptending (attach Schedule) 21 Deptending (attach Schedule) 22 Deptending (attach Schedule) 23 Deptending (at							ejepnone nu T			
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4a Capital gain net income (attach Schedule D) b Not gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) (form partnerships and S corporations (attach statement) 6 Rent income (schedule C) Unrelated debt-financed income (Schedule E) 7 7 7,570 6,983 587 . Unrelated business taxable income (Schedule E) 7 7 7,570 6,983 5887 . 8 Interest, annuties, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Explicate exempt activity income (Schedule J) 11 Advertising income (Schedule J) 12 Other income (Sce instructions, attach schedule) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and itenses 19 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach form 4562) 22 Less depreciation (attach form 4562) 23 Contributions to deferred compensation plans 24 Contributions of Schedule A and elsewhere on return 23 Contributions of deferred compensation plans 24 Excess readership costs (Schedule I) 25 Excess readership costs (Schedule I) 26 Excess readership costs (Schedule I) 27 Excess readership costs (Schedule I) 28 Other feductions (attach schedule) 29 Total deductions (attach schedule) 30 587. 31 Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 32 30 Charleted business taxable income before specific deduction for exceptions) 40 Unrelated business taxable income before specific deduction for exceptions) 41 Unrelated business taxable income specific deduction of the excep			·		<u> </u>		- - ,			
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	line 32	o laxabit	s mounts. Juditablinie 33 l	10111 IIIIE 32. II IIIIE 33 IS	s yı edil		the Sillaliel	1 UI 451 U UI	34	0.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-1		Disabled,	Inc	59-18	79968	Page 2
Part II	II Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax co	omputation.			2 8	
	Controlled group members (sections 1561 and 1563) check here	·—	s and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable in				4	
_	(1) \[\bigslim \] (2) \[\bigslim \]	(3) \$		1		
h	Enter organization's share of: (1) Additional 5% tax (not more than			_		
·	(2) Additional 3% tax (not more than \$100,000)					
	• • • • • • • • • • • • • • • • • • • •					0.
	Income tax on the amount on line 34				► 35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation	n. Income tax on the amo	ount on line 3	4 from:	46.00	
	Tax rate schedule or Schedule D (Form 1041)			•	36	
37	Proxy tax. See instructions			•	► <u>37</u>	
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 I	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118; trusts attach For	m 1116)	41a		TV (A	<u> </u>
b	Other credits (see instructions)	,	41b			
c	General business credit, Attach Form 3800		41c			
			41d		- A. A.	
			[410]		غسنبهها.	
	·				41e	0.
42	Subtract line 41e from line 40	75 0007] au	42	
43	Other taxes. Check if from Form 4255 Form 8611	Form 8697 Forn	n 8866 [Other (attach schedule		
44	Total tax. Add lines 42 and 43		1 1		44	0.
	Payments. A 2015 overpayment credited to 2016		45a		⊣ .⁴	
b	2016 estimated tax payments		45b			
C	Tax deposited with Form 8868		45c			
d	Foreign organizations. Tax paid or withheld at source (see instruction	ins)	45d		. 1	
е	Backup withholding (see instructions)		45e		72.	
f	Credit for small employer health insurance premiums (Attach Form	8941)	45f			
	Other credits and payments: Form 2439	,			77	
•	Form 4136 Other	Total	▶ 45g		' '	
46	Total payments. Add lines 45a through 45g				46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attac	ched			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter am	• —			▶ 48	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, e				49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated to	•		Refunded	50	
Part V			ation (see		1 30	
L	At any time during the 2016 calendar year, did the organization have					Yes No
	over a financial account (bank, securities, or other) in a foreign cour	•		•		165 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts 1		,			
	here	i ilo, enter the name or	tile lorelyii c	outility		X
50						$-\frac{x}{x}$
52	During the tax year, did the organization receive a distribution from	= :	or transferor	to, a foreign trust?		
	If YES, see instructions for other forms the organization may have t					100
53	Enter the amount of tax-exempt interest received or accrued during Under penalties of perjury I declare that I have examined this return, including				uladas and balini	
Sign	correct and complete Declaration of preparer (other than taxpayer) is based				wiedge and belief	i, it is true
Here	Daylory of Jan. Hely 41	10-20102-		- ~	May the IRS dis	scuss this return with
	Sanatura of officer	Presi	dent (& CEO		own below (see
	Signature of officer Date	- Intie	Τ			X Yes No
	Print/Type preparer's name Preparer's sign	nature /	Date	/ Check	if PTIN	
Paid	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	don't ADIN_	וווען	self- employ		
Prepa	arer David J. Thomas	MILLAN	1/1/	WID		0002419
Use C	Only Firm's name Molyfield & Thomas,	ZĽC		Firm's EIN	▶ 65-	1083521
	125 Butler Street			1		
	Firm's address ▶ West Palm Beach,	FL 33407		Phone no.		689-6000
					F	orm 990-T (2016)

Schedule A - Cost of Goods	Sold. Enter m	ethod of invento	ry valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory at en	d of year		6	;		
2 Purchases	2		7 Cost of goods	sold. Subtra	ct line 6				
3 Cost of labor	3		from line 5. Ent			- 1			
4a Additional section 263A costs		-	line 2		,	7			
(attach schedule)	4a			section 263	A (with respect to		Ye	s No	
b Other costs (attach schedule)	4b				red for resale) apply to	1		-	
5 Total Add lines 1 through 4b	5		the organization		nou for rooms, apply to		<u></u>	+-	
Schedule C - Rent Income (operty and F			sed With Real P	roper	v)		
(see instructions)		· , · · · · · · · · · · · · · · · · · ·	отобили тор	,		Торог	-37		
Description of property								· · · · · · ·	
(1)				 _					
(2)									
(3)									
(4)									
	2 Rent received	or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for per	personal property (if the sonal property exceeds 5 s based on profit or incor	0% or⊪f			nected with the incom b) (attach schedule)	ie in	
(1)	_			_					
(2)									
(3)									
(4)	*								
Total	0.	Total		0					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<u> </u>		0	(b) Total deduction Enter here and on page Part I, line 6, column	ge 1,		0.	
Schedule E - Unrelated Deb	t-Financed In	ncome (see in	structions)						
			2 Gross income fro		 Deductions directory to debt 	tly connect t-financed p			
1. Description of debt-fin	nanced property		or allocable to deb financed propert		(a) Straight line depreciate (attach schedule)		(b) Other deductions (attach schedule)		
							<u>Statemen</u>		
(1) Rental by non-pro	ofit		21,9	75.	2	250.	20,	020.	
(2)									
(3)									
_(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	ed property	6. Column 4 divide by column 5	d	7 Gross income reportable (column 2 x column 6)		8. Allocable dec (column 6 x total c 3(a) and 3(f columns	
Statement 3	Staten s								
(1) 1,024,667.	2,9	974,112.	34.4	15%		70.	6	983.	
(2)				%		\.			
(3)				- %					
(4)				%					
	•				Enter here and on page Part I, line 7, column (A		Enter here and on Part I, line 7, colu		
						1	_	000	
Totals						570.L	6	<u>,983.</u>	
Totals Total dividends-received deductions in	ncluded in column 8	3		▶ _	7,5	570. ▶	6	<u>983.</u> 0.	

Form 990-T (2016) Seagul Schedule F - Interest, A	1 Indu	strie	es for the	he nts	Disabl	ed,	Inc	tions	<u>59-18</u>	79968	3	Page 4
Schedule F - Interest, A	Annuiues	s, noyali			Controlled Or	_		tions	(see in:	structions	s)	
1. Name of controlled organizat	cion	2. Em identifi num	ployer 3. N	et unre	elated income instructions)	4. Tota	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions dir connected with ind in column 5	come
(1)					··			<u> </u>				
(1)								 				
(2)										 -		
(3)										— -		
Name was Controlled Organi												
Nonexempt Controlled Organi	Г -					Т						
7. Taxable Income		nrelated incom ee instructions		Total c	of specified paym made	ents	10. Part of column the controlling gross		ızatıon's		ductions directly col income in column	
(1)												
(2)										<u> </u>		
(3)				-							<u>-</u>	
(4)	 		 		 -	-						
_(4)	<u></u>		-				Add colur Enter here and		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, l line 8, column (B)	
								ooidiiii ()			o, bolum, (b)	•
Totals				, -	\ (0)	<u> </u>			0.	<u> </u>		<u> </u>
Schedule G - Investme		ne of a S	section 501(c)(7), (9), or (1	7) Org	janization					
(see inst	ructions)			- 1	-				ſ		T =	
	cription of incor	me 			2. Amount of	ncome	3. Deduction directly connected (attach scheduler)	ected	4. Set (attach	-asides schedule)	5 Total ded and set-a (col 3 plus	sides
(1)							_					
(2)												
(3)												
(4)												
					Enter here and o Part I, line 9, col					. —	Enter here and o Part I, line 9, col	
Totals				▶		0.	2	,				0.
Schedule I - Exploited (see instru	-	Activity	Income, Ot	her	Than Adv	ertisin	g Income				·-	
1 Description of exploited activity	2 G unrelated income trade or b	business e from	3. Expenses directly connecte with production of unrelated business income	1	4 Net incomfrom unrelated business (cominus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity is not unrela business inco	that ted	attribu	penses table to ımn 5	7. Excess e expenses (ci 6 minus colu but not more column	olumn umn 5, e than
(1)		-										
(2)	1	-						_	 			
(2)	-			-								
(4)	1			\dashv			· · · · · · · · · · · · · · · · · · ·		 		1	
Totals	Enter her page 1, line 10,	Part I,	Enter here and o page 1, Part I, line 10, col (B)	0.						***	Enter here on page Part II, line	· 1,
Schedule J - Advertision	ng Incon	ne (see	instructions)				*************	-769				
Part I Income From	Periodic	als Rep	orted on a C	ons	solidated	Basis						
1. Name of periodical		2 Gross advertising income	3. Direct advertising		4. Advert or (loss) (co	ol 2 minus iin, comput	5 Circula		6 . Read cos		7. Excess read costs (column 5, but no	minus ot more
(1)		· 			cols 5 th	· Sugii /	-				than column	1 7 7 8
(2)											₩	
(3)	$\overline{}$		 			\	<i>i</i>		 			
(4)							<u> </u>			-		
Totals (carry to Part II, line (5))			0.	0								0.
72. 2. 2. 3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			· .						1	<u> </u>	Form 990 -	

1 Name of periodical	2. Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)	•							
(3)	<u> </u>		-				 _	
(4)								
Totals from Part I	0.		0.				·	0.
	page 1, Part I, page		ere and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)		
1. Name				2 Title		3 Percent of time devoted to business		pensation attributable orelated business
(1)						%		
(2)						%		

Form 990-T (2016)

Total Enter here and on page 1, Part II, line 14

Form 990-T Sche	dule E - Deprecia	tion Deduction	on	Statement 1
Description		Activity Number	Amount	Total
Depreciation			250.	
Depreciation reported e	- SubTotal - Elsewhere	1		250.
Total of Form 990-T, Sc	hedule E, Column	3(a)		250.
Form 990-T S	chedule E - Other	Deductions		Statement 2
Description		Activity Number	Amount	Total
Salaries			12,222.	
Benefits			1,726.	
rees			1,142.	
Advertising Rentals			194.	
Rentals Supplies			10. 122.	
Interest Expenses			387.	
Insurance			1,138.	
Licenses and Taxes			56.	
Misc, Exp.			137.	
Office Supplies			116.	
Postage			796.	
Repairs Occupancy			565. 182.	
Materials			480.	
laxes			56.	
Telephone			118.	
Utilities			544.	
Other taxes		_	29.	00.000
Interest Expenses Insurance Occupancy Administration Compensation	- SubTotal -	. 1		20,020
Fotal of Form 990-T, So	hedule E, Column	3(b)		20,020

Form 990-T	Average Acquisiti Allocable to Debt-F	Statement 3		
Description		Activity Number	Amount	Total
Average Debt	a hm. i. 1		1,024,667.	
Average Debt	- SubTotal	- 1		1,024,667.
Total of Form 99	0-T, Schedule E, Colum	n 4		1,024,667.

Form 990-T		Statement 4				
Description				Activity Number	Amount	Total
Average Fixed	Assets		ghma.kl		2,974,112.	
Average Fixed	Assets	-	SubTotal -	- 1		2,974,112.
Total of Form	990-т,	Schedule	E, Column	5		2,974,112.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Attach to your tax return. Department of the Treasury Internal Revenue Service Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

g	gull Industries for	the Dias	hlad I	na For	- O	οο τ	0000 10	ı		59-1879968
Par									oforo v	
		Voluer Section 17	9 Note: If you	nave any is	stea pr	орепу,	complete P	art v b	elore y	500,000.
	laximum amount (see instructions)	4							2	300,000
	otal cost of section 179 property place	-	-						3	2,010,000.
	hreshold cost of section 179 property b			_					4	2,010,000.
	eduction in limitation. Subtract line 3 fr		•						<u> </u>	
	ollar limitation for tax year Subtract line 4 from line 1		0- If married filing :						5	
_6	(a) Description of prop	perty		(b) Cost (busin	ess use	only)	(c) E/6	cted cos		
					-					
				_						
										
			l_			- 				2. 2.1 May 1944 16
	isted property Enter the amount from I					7				
	otal elected cost of section 179 proper	-	ın column (c),	lines 6 and	7				8	
	entative deduction Enter the smaller								9	
	arryover of disallowed deduction from	•							10	
	usiness income limitation. Enter the sm		•		•	ne 5			11_	
	ection 179 expense deduction Add lin	•			11				12	7 52 25 (200.350) 2 200. 58000
	arryover of disallowed deduction to 20					13				
	Don't use Part II or Part III below for II									
Par						_			Υ	
	pecial depreciation allowance for qualit	ied property (oth	er than listed	property) pla	aced in	servic	e during		}	
	ne tax year								14	
	roperty subject to section 168(f)(1) elec	tion							15	100 201
16 C	ther depreciation (including ACRS)								16	190,301.
Pai	MACRS Depreciation (Don't	nclude listed pro								
				tion A					1	24 000
	IACRS deductions for assets placed in	•	• •						17	34,209.
18 If	you are electing to group any assets placed in service							<u> </u>	, .:>	
	Section B - Assets I	(b) Month and	(c) Basis for (Using '	tne Ge	nerai Depre	ciation	1 Syste	<u>em</u>
	(a) Classification of property	year placed in service	(business/inv only - see in	estment use	(d)	Recovery period	(e) Conven	tion (f)	Method	(g) Depreciation deduction
19a	3-year property							_		
b	5-year property]								
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property				ļ					
g	25-year property		-		2	25 yrs			S/L	
	Decidential sected asset	1			2	7 5 yrs	ММ		S/L	
h	Residential rental property	1			2	7 5 yrs	ММ		S/L	
	Name I all and	/			3	39 yrs	MM		S/L	
i	Nonresidential real property	/	1				ММ		S/L	1
	Section C - Assets Pl	aced in Service	During 2016	Tax Year U	sing th	ne Alte	rnative Dep	eciati	on Sys	tem
20a	Class life	e (AS			T				S/L	
b	12-year		71		T -	12 yrs			S/L	
С	_40-year	/			_	10 yrs.	MM		S/L	
Par										
21 L	isted property Enter amount from line	28							21	
	otal. Add amounts from line 12, lines 1		es 19 and 20	ın column (d), and	lıne 21				
	nter here and on the appropriate lines								22	224,510.
	or assets shown above and placed in s									5. AR. 1. S. M. S.
p	ortion of the basis attributable to section	on 263A costs				23				

For	rm_4562 (2016)	Sea	gull In	dusti	ries	for	the	Dis	sabled	l, In	c	59-	1879	968	Page 2
_	art V Listed Propert	y (Include au												_	
	recreation, or a Note: For any v	ehicle for w	hich vou are us	sing the	standar	d milead	e rate or	dedu	cting lease	expense	e. comp	lete on	lv 24a. 2	4b. colu	mns
_	(a) through (c) o	of Section A,	all of Section	B, and S	Section (Cıf appli	cable								
_			on and Other I				=		T						
24:	Do you have evidence to s			nt use cla	ımed?	<u> </u>	es L	<u>No</u>	24b if "Y			Γ –		J Yes L	No_
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	nt I	(d) Cost or her basis	(hu	(e) is for depre siness/inve use only	stment	(f) Recovery period	(g Meth Conve	nod/	Depre	h) ciation iction	Elec sectio	(i) cted on 179 ost
<u></u>	Special depreciation allo	wance for q	ualified listed p	property	placed	ın servic	e during	the ta	x year and						
_	used more than 50% in a				<u></u>						_25				
<u>26</u>	Property used more than	n 50% ın a qı	ualified busine	ss use.		···			<u> </u>						
				6		\dashv	_								
_		<u> </u>		6		-									
_		L	9						L	<u></u>					
<u>27</u>	Property used 50% or le	ss in a qualif I							1	Γ_,,,					
_				<u>6</u>		-			├	S/L·		 		,	
_			9	6						S/L-		<u> </u>			
20	Add amounts in column	(b) linos 25	·		ond on	Juno 21	nogo 1		L	S/L ·	28	<u> </u>			20,456
	Add amounts in column		_				page i						29	1 57 696086	
<u>23</u>	Add amounts in column	(I), III O Z O L					on Use	of Veh	nicles						
Co	mplete this section for ve	hicles used t								related r	person	If you pr	ovided v	ehicles	
	your employees, first answ				•					•		•			
	, ,				·· , - -					9	•				
				(;	a)	((c)	(d	l)	(e)	(1	n)
30	Total business/investment i	miles driven d	uring the	Veh	ncle	Ve	hicle	\	/ehicle	Vehi	icle	Veh	ncle	Veh	ııcle
	year (don't include commu	ting miles)													
31	Total commuting miles of	driven during	the year									<u></u>			
32	Total other personal (no	ncommuting	ı) mıles	Ì											
	drıven														
33	Total miles driven during	the year.				ĺ									
	Add lines 30 through 32					ļ		<u> </u>		Ļ,			r	_	
34	Was the vehicle available	e for person	al use	Yes	No	Yes	No	Yes	s No	Yes	<u>No</u>	Yes	No	Yes	No
	during off-duty hours?			<u> </u>		ļ	<u> </u>	<u> </u>		<u> </u>				_	<u> </u>
35	Was the vehicle used pr		more	1											
	than 5% owner or relate	-				}	 	-		1		 			├──
36	Is another vehicle availa	ble for perso	onal												
_	use?	Sastian C	- Questions f	L		//ha Dua	L. Vak		for Use b	. Their F		<u> </u>	L	L	Ь
An	swer these questions to o			-	-								ren't mo	ore than	5%
<u>ow</u>	ners or related persons														
37	Do you maintain a writte employees?	n policy stat	tement that pro	ohibits a	II persor	nal use o	of vehicle	s, incl	luding con	nmuting,	by your	•		Yes	No
38	Do you maintain a writte	en policy stat	tement that pro	ohihits n	ersonal	use of v	ehicles	excen	t commut	na, by vo	ur				\top
	employees? See the ins		•	•			-				· 				
39	Do you treat all use of ve			•		- J. J, G			25.0 0						1
	Do you provide more that	•				ınformat	ion from	your e	employees	about					1
	the use of the vehicles,		-					-						L_	
41	Do you meet the require	ments conc	erning qualified	d autom	obile de	monstra	tion use	7							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Sect	on B for	the c	overed vel	nicles				,	
P	art VI Amortization														
	(a) Description of	costs	Date	(b) amortization		(c) Amortiza	ble	1	(d) Code	}	(e) Amortiz		Δ	(f) mortization	i
_	_			begins	<u>L.</u>	amoun	t	\perp	section		period or pe			or this year	
<u>42</u>	Amortization of costs th	at begins du	iring your 2016	Stax yea	ır			-							
_					 										
-	Amortization of costs th	at he === !: :	fore 0040		<u></u>							43			873
	AUDDOCATION OF COSES IN	ar began bei	iore vour 2016	IHX VAA	ī							1 40 1		4.	V 1 J 1

Form **4562** (2016)

44 Total. Add amounts in column (f) See the instructions for where to report