EXTENDED TO MAY 15, 2018 293931	3923201 8
Exempt Organization Business Income Tax Retu	OMB No 1545-0687
(and proxy tax under section 6033(e))  For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30	
	<u>017</u> 2016
Department of the Reasury Internal Revenue Service  In program of the Reasury  Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization in a 5010.	Open to Public Inspection for
Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c  A Check box if  Name of organization ( Check box if name changed and see instructions.)	)(3). 501(c)(3) Organizations Only  [] Employer identification number
address changed HABITAT FOR HUMANITY INTERNATIONAL	(Employees' trust, see instructions)
B Exempt under section   Print   MONTGOMERY   HABITAT FOR HUMANITY	63-0962593
X 501(a)(3 ) or Number, street, and room or stute no. If a P.O. box, see instructions	E Unrelated business activity codes
408(e) 220(e) Type 123 JULIA STREET	(See instructions )
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code	
529(a) MONTGOMERY, AL 36104-5015	444100
G Book value of all assets at end of year F Group exemption number (See instructions.)	
1,712,749. G Check organization type X 501(c) corporation 501(c) trust 401(a) tr	ust Other trust
H Describe the organization's primary unrelated business activity. > SALES OF BUILDING MATERIALS	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation.	Yes X No
	334-832-9313
Part I Unrelated Trade or Business Income (A) Income (B) Expe	
1a Gross receipts or sales 485,568.	(1,111
b Less returns and allowances c Balance	ł
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3 47,154.	47,154.
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c. Capital loss deduction for trusts	
- Suprimired deduction for tracto	
and the control (1999) with parties stips and o box portations (action stations)	<del></del>
	<del></del>
7 Unrelated debt-financed income (Schedule E)  8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)  8	<del></del>
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	<del></del>
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
10 Exploited exempt activity income (Schedule I)  11 Advertising income (Schedule J)  12 Other income (See instructions; attach schedule)  13 15 4	
@ % 13   Lotal, Compline lines 3 forough 12   13   4 / . L 2 4 . L	47,154.
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 (Schedular CEIVED	
15 Salaries and wages	15 107,800.
j ) [O]	16 4,639.
16 Repairs and maintenance 17 Bad debts MAY 1 7 2018	17
18 Interest (attach schedule)	
19 Taxes and licenses OGDEN, UT	19 9,376.
20 Charitable contributions (See instructions for limitation rules)	20
21         Depreciation (attach Form 4562)           21         10,44	
22 Less depreciation claimed on Schedule A and elsewhere on return [22a]	22b 10,440.
23 Depletion 24 Contributions to deferred compensation plans	23
25 Employee benefit programs	25
26 Excess exempt expenses (Schedule I)	26
27 Excess readership costs (Schedule J)	27
28 Other deductions (attach schedule) SEE STATEMENT 2	
29 Total deductions. Add lines 14 through 28	29 291,474.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 -244,320.
31 Net operating loss deduction (limited to the amount on line 30)  SEE STATEMENT 3	
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
<ul> <li>Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)</li> <li>Unrelated business taxable income. Subtract line 33 from line 32, If line 33 is greater than line 32, enter the smaller of zero or</li> </ul>	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 $-244,320.$
623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions	Form <b>990-T</b> (2016)

Form 990-	(2016) MONTGOMERY HABITAT FOR HUMANITY	_	63-096	2593		Page
' 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:		1 1		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	der):		1 1		
	(1) \$ (2) \$ (3) \$	· 1		1 1		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			1		
	(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	int on line 34 from	1:			
	Tax rate schedule or 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 I		<del>'</del>	· <del>····································</del>	<del></del>		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			<del></del>	
	Other credits (see instructions)	41b		1		
C	General business credit. Attach Form 3800	41c		1 1		
ď	0 114	41d		1 [		
-	Total credits. Add lines 41a through 41d			41e		
42	Subtract line 41e from line 40			42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866 \ Othe	(attach schedule)	43		
44	Total tax Add lines 42 and 43	- CLIII	(unicon concesso)	44		0.
45 a		45a		<del></del>		
	2016 estimated tax payments	45b		† {		
	Tax deposited with Form 8868	45c		1		
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		1 1		
	Backup withholding (see instructions)	45e		†		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		1 [		
g		431		┨ 【		
y	Form 4136 Other Total	► 45g				
46	Total payments. Add lines 45a through 45g	1.404	·	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		_	48		Ō.
49	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 2017 estimated tax	} .	ofundad -	50		<u> </u>
Part \	·		efunded	1 20 1		
51	At any time during the 2016 calendar year, did the organization have an interest in or a signatu				Yes	No
31	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				168	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	=			1 1	
	here	ie ioreign country				Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	r transforor to a fe	oroign truct?	·	-	X
32	If YES, see instructions for other forms the organization may have to file.	i transieror to, a n	oreigh trustr		<del>  </del>	
53	Enter the amount of tax-exempt interest received or accrued during the tax year \blacktrianglerights.				1 1	
- 33	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to th	e best of my knowled	ige and belief, it is	true.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer					
Here	ISINIO EXECTE	TIVE DIR		ay the IRS discuss		/ith
	Signature of officer Date Title	LIVE DIKI		e preparer shown b structions)? X	·	T NA
		Date			168	No
	Print/Type preparer's name Preparer's signature	Date	Check ı	f PTIN		
Paid	MARTY A. LEE MARTY A. LEE	04/30/18	self- employed	P0018	7500	
Prepa	TA CYCON MYODAMON C. CO. D.C.	7-170/ TO	Firm's CIN .	63-10		Ω
Use C	PO BOX 96		Firm's EIN	03-10	3346	<u> </u>
	Firm's address MONTGOMERY, AL 36101		Dhono no 2	34-834-	7660	
			TENDINGTIO. J	- JJ2	, , , , ,	

## HABITAT FOR HUMANITY INTERNATIONAL Form 990-T (2016) MONTGOMERY HABITAT FOR HUMANITY

63-0962593

Page 3

Schedule A - Cost of Goods Sold	. Enter method of	inventory v	aluation > COS	3 T	CONTRIBUTE	D V	ALUE	
1 Inventory at beginning of year	1 48,4					6	8,966.	
· · · · · -	2 398,9		Cost of goods sold. Si		line 6	<u> </u>		
<del></del>	3		from line 5. Enter here			j		
4a Additional section 263A costs		<del></del>	line 2		<b></b> ,	7	438,414.	
(attach schedule)	ia	l s	Do the rules of section	263A (1	with respect to		Yes No	
	1b		property produced or a	-	·		· · · · · · · · · · · · · · · · · · ·	
` <u> </u>	5 447,3	the organization?				X		
Schedule C - Rent Income (From (see instructions)	Real Property	and Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)							<del></del>	
(3)								
(4)								
2.	Rent received or accrued	<del></del>						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	ge	3(a) Deductions directly columns 2(a) ar		ted with the income in attach schedule)				
(1)								
(2)			_					
(3)								
(4)								
Total	O . Total			0.				
(c) Total income Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)	<u> </u>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.	
Schedule E - Unrelated Debt-Fin	anced Income	(see instru	ctions)					
			. Gross income from or allocable to debt-	Deductions directly connected with or allocable to debt-financed property				
Description of debt-financed pr	operty		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						+		
(2)						1		
(3)						1		
(4)			· · · · · · · · · · · · · · · · · · ·			$\top$		
	Average adjusted basis of or allocable to debt-financed property (attach schedule)		Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)			
(1)			%			7		
(2)						7		
(3)			%			7		
(4)			%					
		-			nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)	
Totals				ł	0	.	0.	
Total dividends-received deductions included	ın column 8		,				0.	

Form 990-T (2016) MONTGC	MERY HABIT	AT FOR HUN	IANITY			6	3-09	62593	B Page
Schedule F - Interest,	Annuities, Royal					itions	(see ins	structions	s)
1. Name of controlled organiza	ition 2. Em	ployer 3 Net u (loss) (s			ONS all of specified nents made	5. Part of column 4 that included in the controllin organization's gross inco		rolling	6 Deductions directly connected with income in column 5
(1)		<del></del>	<del></del>	<del> </del>		<del> </del>		<del> -</del>	
(2)		<del></del>							
(3)			<del></del>	<del> </del>	<del></del>				
(4)						<del>                                     </del>			
Nonexempt Controlled Organi	ızatıons								
7. Taxable Income	8. Net unrelated incom (see instructions		al of specified payr made	10 Part of column in the controlling			11. Deductions directly connected with income in column 10		
(1)									<del></del>
(2)									
(3)									
(4)					<del></del>				
					Enter here and	on page 1,	1	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		<del></del>			<del></del>		0.		0.
Schedule G - Investme	ent Income of a structions)	Section 501(c)( 	(7), (9), or (	17) Org	janization				
1. Desc	cription of income		2 Amount of	ıncome				asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)									
			Enter here and Part I, line 9, co	on page 1, lumn (A)			,	<i>"</i> :	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited		Income, Othe	r Than Adv	0. ertisin	g Income			<del>-`</del> -	10.
(see instru	uctions)								<del></del>
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 incomfrom unrelated business (cominus columi gain, compute through	I trade or slumn 2 n 3) If a s cols 5	5 Gross incor from activity the is not unrelate business incor	hat ed	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)	Ţ		T						<del> </del>
(3)			1						Ţ
(4)			T						1
	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 26
Schedule J - Advertising	ng Income (ass.	0.	<u> </u>						0.
	<u></u>	nstructions)	الم علم أنام م	Daria		:			
Part I Income From	Periodicals Repo			Basis					<del></del>
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	or (loss) (co		5. Circulati income	ion	6. Reade		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								]	
(2)								]	
(3)						T			
(4)				<u>.</u>					
Totals (carry to Part II, line (5))	•	o. (	).						0.
					<del></del> -				Form 990-T (2016)

## HABITAT FOR HUMANITY INTERNATIONAL

Form 990-T (2016) MONTGOMER	Y HABITAT	FOR	HUMA	YTIN			096259	3 Page 5				
Part II Income From Perio columns 2 through 7 on a			a Separ	ate Basis (For ea	ch period	dical listed in P	art II, fill in					
1 Name of periodical	2. Gross advertising income		Direct sing costs			culation 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.				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		page 1, Part I,		page 1, P	1, Part I,	,				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	l	0.	1				0.				
Schedule K - Compensation	of Officers, I	Directo	ors, and	Trustees (see in	struction	ıs)						
1. Name				2. Title				ensation attributable elated business				
(1)						9	6					
(2)			_		9/	6						
(3)						9	6					
(4)						0.						

Form 990-T (2016)

0.

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

FORM 990-T	PAID	STATEMENT 1		
DESCRIPTION				AMOUNT
INTEREST				5,520
TOTAL TO FOR	M 990-Т, PAGE 1,	LINE 18		5,520
FORM 990-T	STATEMENT 2			
DESCRIPTION				TRUOMA
ADVERTISING BANK FEES DUES & SUBSC. EQUIPMENT LE. INSURANCE EX MISCELLANEOU OFFICE EXPEN RENT/LEASE E SECURITY EXP TELEPHONE EX TRAVEL AND M UTILITIES VEHICLE EXPE	ASING PENSE S SE XPENSE ENSE PENSE ILEAGE	LINE 28		21,883 6,004 2,291 9,259 19,829 1,627 6,289 66,000 1,102 4,473 17,7,999 6,926
FORM 990-T	NET	OPERATING LOS	S DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13 06/30/14 06/30/15	30/14 149,910. 30/15 96,832.		. 149,260. . 149,910. . 96,832. . 109,864.	149,260. 149,910. 96,832. 109,864.
06/30/16	100,004.	•	. 200,0010	109,004.

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

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. ► Information about Form 4562 and its separate instructions is at <a href="https://www.urs.gov/form4562">www.urs.gov/form4562</a>.

Business or activity to which this form relates HABITAT FOR HUMANITY INTERNATIONAL ODM 000 DXCE 10 000000

	TGOMERY HABITAT FOR	HUMANIT:	<u>Y</u>	1O-1	CM 9	90.	PAGE 10			03-0962593	
Par	t   Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any li	sted pr	roperty	, complete Part	V befo	ore y	ou complete Part I	
1 N	faximum amount (see instructions)								1	500,000.	
2 T	otal cost of section 179 property place	Γ	2								
	hreshold cost of section 179 property	Γ	3	2,010,000.							
	leduction in limitation. Subtract line 3 fi			er -O-				<u> </u>	4		
_	ollar limitation for tax year Subtract line 4 from line 1	r	5	<del> </del>							
6	(a) Description of pro	d cost	<u> </u>								
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(b) Cost (busin			(5) 2.00.0				
	<del></del>			<del></del>			<del></del>				
		<del></del>	<del></del>	<del></del>						4	
	<del></del>			<del></del>			<del></del>			1	
				L		,	<u> </u>			· .	
	isted property. Enter the amount from					_7					
<b>8</b> T	otal elected cost of section 179 proper	ty Add amounts	in column (c	), lines 6 and	7			-	8	<del></del>	
9 T	entative deduction. Enter the smaller	of line 5 or line 8						  -	9_	<del></del>	
10 C	arryover of disallowed deduction from	line 13 of your 20	D15 Form 45	62				L	10		
11 B	susiness income limitation. Enter the sn	naller of business	s income (not	t less than zer	ro) or lu	ne 5		<u> </u>	11		
<b>12</b> S	ection 179 expense deduction. Add lin	es 9 and 10, but	don't enter r	more than line	11				12		
<b>13</b> C	arryover of disallowed deduction to 20	17 Add lines 9 a	ınd 10, less li	ine 12	<u> </u>	13					
Note:	Don't use Part II or Part III below for II	sted property In	stead, use P	art V.							
Par	t II Special Depreciation Allowar	ice and Other D	epreciation	(Don't includ	le liste	d prope	erty )				
14 S	pecial depreciation allowance for quali	fied property (oth	ner than listed	d property) pla	aced in	servic	e during				
	ne tax year						J	j	14	ì	
	roperty subject to section 168(f)(1) elec	etion						-	15		
	other depreciation (including ACRS)							r	16	10,440.	
Par		nclude listed pro	perty ) (See	instructions)					<u></u>		
<b></b> -				ection A							
17 N	ACRS deductions for assets placed in	senuce in tax ve							17	<del>,</del>	
	•	•	•	_			▶ ┌─	¬ Ի	<del>''-</del>	<del></del>	
10 11	you are electing to group any assets placed in service Section B - Assets I						neral Deprecia	tion S	vete		
	Gection B - Assets i	(b) Month and		r depreciation	T-			T	yste	<u> </u>	
	(a) Classification of property	year placed in service	(business/ir	nvestment use instructions)	(a)	Recovery period	(e) Convention	(f) Met	thod	(g) Depreciation deduction	
	0	1			┼		<del></del>	├			
<u>19a</u>	3-year property	-			<del> </del> -			<del> </del>		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	5-year property	₹'	ļ		├		<del></del>	├			
_ <u>c</u>	7-year property	4			<b>├</b>			<b>.</b>		<del></del>	
<u>_d</u> _	10-year property	1	ļ		<del> </del>			<b>├</b>		<del></del>	
<u>e</u>	15-year property	1	<b></b>		<b>↓</b>					<b></b>	
f	20-year property	4	<u> </u>		↓			ļ			
g	25-year property	<u> </u>	<b></b>		2	5 yrs.		S/	<u>'L</u>		
h	Pacidential rental property		<b></b>		27	5 yrs	MM	S/	<u>L</u>		
_ h	Residential rental property	/			27	7.5 yrs.	MM	S/	L_		
,	Name and order to a second sec	/			3	9 yrs.	MM	S/	L_		
. i	Nonresidential real property	/					MM	S/	L,		
	Section C - Assets PI	aced in Service	During 2016	Tax Year Us	sing th	e Alter	native Deprec	iation	Sys	tem	
20a	Class life	1			T			S/			
b	12-year	1			1	2 yrs.		s/		<del>                                     </del>	
<del></del> _	40-year	/ 40 yrs MM									
Par		<del></del>	·		·			L_S/		<u> </u>	
	isted property Enter amount from line	28						$\overline{}$	21		
	otal. Add amounts from line 12, lines 1		ae 10 and 00	) in column (a	\ and !	ine 21		\ 	<u> </u>	<b></b>	
		_						-	20	10,440.	
	nter here and on the appropriate lines of	=		•	.iUIIS - S	See ins	и		22	70,230.	
	or assets shown above and placed in s	<del>-</del>	current year	, enter the		_					
р	ortion of the basis attributable to section	<u> </u>				23					

Form 4562 (2016)

## HABITAT FOR HUMANITY INTERNATIONAL MONTGOMERY HABITAT FOR HUMANITY

5	3	_	0	9	6	2	5	9	3	Page 2	
	_	$\overline{}$	_	_	_		_		_		

Part \	Listed Propert			ertain ot	her vehic	les, cert	taın aircr	aft, ce	rtain comp	outers, a	and prop	erty use	d for ent	ertainme	nt,
	Note: For any	vehicle for w	hich you are u	ising the B, and	standar Section	d milead C if appl	ge rate o licable.	r dedu	cting leas	e expen	se, com	olete o	niy 24a, 2	24b, colu	imns
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution: §	See the i	nstruc	tions for li	mits for	passeng	jer autoi	mobiles)		
24a Do	you have evidence to s	support the bu	siness/investme	nt use cl	aimed?		es	No	24b If "Y	es," is t	he evide	nce writ	ten?	Yes	No
	Type of property Date Busin		(c) Business/ investment use percenta	t CUST OF		l (bu	(e) sis for depressiness/inve use only	estment	(f) Recovery period		(g) ethod/ vention	(h) Depreciation deduction		(i) Elected section 179 cost	
<b>25</b> Spe	cial depreciation allo	wance for q	ualified listed	property	placed	ın servic	e during	the ta	x year and	<u> </u>					
	d more than 50% in										25_	<u> </u>		<u> </u>	
26 Prop	perty used more that	n 50% in a qi	ualified busine	ss use										<del></del>	
		<del></del>		%					<u> </u>			<del> </del>		<b></b>	
		<del> </del>		%					ļ	<del> </del> -		<b>├</b>		<del> </del>	
O7 Pror	porty upod 50% or lo	20 12 0 01 1011	·	<u>%</u>					L	L		ــــــ		L	
27 110	perty used 50% or le	ss in a quain		<del></del>					Γ	S/L·		Γ		<del></del>	
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28 Add	amounts in column	(h) lines 25			e and on	line 21	nage 1		L	10/L-	28	<del> </del>		1	
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20 7.00	<u> </u>	10, 1110 20. 2			B - Infor		on Use	of Veh	icles					<u> </u>	
-	te this section for ve								•		•			ehicles	
				1 (	a)	(	b)		(c)	} _ (	(d)		(e)	(1	)
30 Total	business/investment i	miles driven d	uring the	Ve	hicle	Vel	hicle	<u>                                     </u>	/ehicle	Ve	hicle	Ve	Vehicle		icle
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	d commuting miles of	_	-	<b> </b>		<b> </b>		↓		ļ		<b></b> -		ļ	
32 Tota drive	il other personal (no en	ncommuting	) miles												
	il miles driven during lines 30 through 32	•												-	
<b>34</b> Was	the vehicle available	e for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
duri	ng off-duty hours?			<b> </b>	ļ	<b> </b>	<u> </u>	<u> </u>		<b> </b>	<u> </u>		ļ		
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	or related persons						f valarala				<b></b>			1	T
emp	ou maintain a writte loyees?		·						·					Yes	No
_	ou maintain a writte			-				•			our			1	ļ
•	loyees? See the inst					icers, ai	rectors,	or 1%	or more or	wners		•			
•	ou treat all use of verous rou provide more that	-				oformati	on from	VOUE O	malayaaa	about				<b>}</b>	├
	use of the vehicles, a		•			Homati	OII II OIII	your e	inployees	about				1	[
	ou meet the require					nonstrat	tion use?	7						<b> </b>	<del>                                     </del>
-	e: If your answer to 3								vered veh	cles					<u> </u>
Part V															
	(a) Description of	costs	Date	(b) amortization begins		(C) Amortizal amount	ole		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
42 Amo	rtization of costs that	at begins du	ring your 2016		ır						ported of pci	somego [			
		<u>~_</u>	<u> </u>		<u> </u>			7							
<b>43</b> Amo	rtization of costs that	at began bef	ore your 2016	tax yea	r							43			
44 Tota	I. Add amounts in c	olumn (f) Se	e the instructi	ons for	where to	report						44			