	(L&E).				4	70002	50	101407				
		500		Tubandad ba T		15 2017		ú.S	1				
		`000.T	1 6	Extended to J Exempt Organization Bus			av Baturr	100	OMP No. 1645 0697				
	Form	99Ņ-T	"	and proxy tax und			ax neturi	'	OMB No. 1545-0687				
			For cal	lendar year 2015 or other tax year beginning AUG 1,			L 31, 201	6	2015				
	Denar	rtment of the Treasury		Information about Form 990-T and its instruc	ctions	s available at www.irs.g	ov/form990t.	- [20 10				
	Interna	al Revenue Service	▶	Do not enter SSN numbers on this form as it may	_		ation is a 501(c)(3)		501(c)(3) Organizations Only				
	A L	Check box if address changed		Name of organization (Check box if name ci	hanged	and see instructions)		(Empl	oyer identification number loyees' trust, see				
	<u> </u>		-	Jewish Family Service	٥f	Dallas. Inc		ŀ	5-19 9 2728				
		xempt under section	Print or	Number, street, and room or suite no. If a P.O. box	E Unreli	ated business activity codes							
		408(e) 220(e)	Туре	5402 Arapaho Road	.,			(See i	nstructions.)				
]408A530(a)		City or town, state or province, country, and ZIP or	r foreig	n postal code		1					
		529(a)		Dallas, TX 75248	531	120							
	U at 6	ok value of all assets end of year		exemption number (See instructions.)	<u> </u>	504/2)	1 1 200						
				corganization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust				
H Describe the organization's primary unrelated business activity. Rental of building During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes													
				triying number of the parent corporation.		ioux, admirante group (,	,	s X No				
		e books are in care of		Molly Cook			one number 🕨 9	72-	437-9950				
	ــــــــــــــــــــــــــــــــــــــ			de or Business Income		(A) Income	(B) Expenses		(C) Net				
		Gross receipts or sale		- Balance	ا ۔ ا		17.0						
	_	Less returns and allo Cost of goods sold (S		A line 7)	1c 2								
		Gross profit, Subtrac			3				MARKET 17-22 12-41				
		Capital gain net incor			48								
			-	art II, line 17) (attach Form 4797)	4b								
		Capital loss deduction			40								
		, .		rps and S corporations (attach statement)	5 6			2. C.					
		Rent income (Schedu Unrelated debt-finance		ne (Schedule F)	7	47,470.	35,1	82.	12,288.				
				and rents from controlled organizations (Sch. F)	8								
	9	Investment income o	f a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9								
		Exploited exempt acti	-	· ·	10								
		Advertising income (See in:		·	11		Livery States	900					
		Total. Combine lines		· ·	13	47,470.	35,1		12,288.				
		rt II Deduction	ns No	t Taken Elsewhere (See instructions fo		ations on deductions)							
				itions, deductions must be directly connected	with	the unrelated business	s income)	 _	- 				
	14	•	ficers, dir	rectors, and trustees (Schedule K)		RECEIVE	5	14					
00	15	Salaries and wages Repairs and mainter	nance		- ا	DEOFIX	78	15 16					
2018	17	Bad debts	IIDIIGG		0	06 2015	350-SH	17					
	18	Interest (attach sche	edule)		B519	JUL 26 2019		18					
N	19	Taxes and licenses			100			19					
9	20 21 22			e instructions for limitation rules)		OGDEN, L	14 222	20					
₹	21	Depreciation (attach		•	-	21 22a	14,223. 14,223.	22b	0.				
7	23	Depletion	IZIII IEU UI	s Schedule A and elsewhere on return		[228]	± + , 26J.	220	<u> </u>				
0	24	Contributions to def	erred cor	mpensation plans				24					
9	25	Employee benefit pr						25					
	26	Excess exempt expe	•	•				26					
	27	Excess readership o	-	•			j	27					
7	28 29	Other deductions (at Total deductions						28	0.				
J	30			es 14 dirough zo ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	12,288.				
7	31			(limited to the amount on line 30)		- ·• ·•	1	31					
)	32			ncome before specific deduction. Subtract line 31 fr	om line	30	į	32	12,288.				
	33			\$1,000, but see line 33 instructions for exceptions				33	1,000.				
	34	Unrelated business line 32	taxable	income. Subtract line 33 from line 32. If line 33 is	greater	tnan line 32, enter the sn	nailer of zero or	34	11,288.				
	52370 01-06-		perwork i	Reduction Act Notice, see instructions.				34	Form 990-T (2015)				
	- 1-00-			•					1 = 2 1210)				

Form 990-T (2015) Jewish Fami	ly Ser	vice of	Dallas,	Inc.		_ 75-1	9927	728	Page 2
Part III	Tax Computation									
35 C	organizations Texable as Corpore	tions. See inst	ructions for tax of	omputation.					\top	
0	controlled group members (section	ns 1561 and 15	663) check here	► 🔲 See in:	structions	and;			- }	
аE	nter your share of the \$50,000, \$	25,000, and \$9,	,925,000 taxable	income brackets	(in that or	der):		- 1 '	·	
	1) \$	(2) \$		(3) \$	•	1		- 1	- 1	
	nter organization's share of: (1)		x (not more that		······					
	2) Additional 3% tax (not more th			1\$				Ę		
•	ncome tax on the amount on line :			<u>ı. </u>				1		1,693.
	rusts Taxable at Trust Rates. Se	• ,	or tax computatio	oo vet amoonl or	the amou	t on line 24 from	·,	► 38 38		1,053.
, , , , , , , , , , , , , , , , , , ,		Schedule D (Fo	•	m medine tax on	tile alliqui	11 011 11116 54 1101	*1.			
37 P	roxy tax. See instructions	ochicobic b (i s	, , ,					3		
	Iternative minimum tax					•		3		
	otal Add lines 37 and 38 to line 3	 IEs ar 26 which	· · ·				11			1 (02
	Tax and Payments	oc or so, winci	iever appres					<i>[]</i> 3	<u> </u>	1,693.
		T 1110	A 10 - 10 Fo	4446)		1.0		1500	1	
	oreign tax credit (corporations att	ach Form 1116	, wusis attach Fu	IFM 1116)		40a			ř.,	
	ther credits (see instructions)				•	40b	 	— ₩	-	
	eneral business credit. Attach For			•	•	40c		— ऄ		
	redit for prior year minimum tax (01 or 8827)			404	·		5	
	otal credits. Add lines 40a throug)h 40d				•	••	40		
	ubtract line 40e from line 39			- · -				4	<u> </u>	1,693.
	ther taxes. Check if from: 🔲 Fo	orm 4255 L	J Form 8611 L	Form 8697 [_	Form (3866 📖 Othe	? (attach achedu	(e) 42	2	
43 T	otal tax Add lines 41 and 42		•					44 <u>4</u>	1	1,693.
44 a P	ayments. A 2014 overpayment co	redited to 2015			459	34a	2,21	6.	-	
b 20	015 estimated tax payments		-		. `	446		:/	.	
c Ta	ax deposited with Form 8868					44c			3	
d Fo	oreign organizations: Tax paid or t	withheld at sou	rce (see instructi	ons) ,		440			1	
e Ba	ackup withholding (see instruction	ns) ,				448		(.	
f Ci	redit for small employer health ins	surance premiu	ms (Attach Form	8941)		441			-	
g 0	ther credits and payments,	F	orm 2439					7,1	1	
	Form 4136		Other		Total >	449			- [
45 T	otal payments. Add lines 44a thro	ough 44g					L	(6 4	; 1	2,216.
45 Es	stimated tax penalty (see instructi	ons). Check if F	orm 2220 is atta	iched 🕨 🔲				46		
47 Ta	ax due. If line 45 is less than the t	otal of lines 43	and 46, enter an	nount owed				▶ . 47		
48 O	verpayment. If line 45 is larger th	an the total of l	ines 43 and 46, (enter amount over	rpaid	•	,	41 48		523.
	nter the amount of line 48 you wa				•	523.1	Refunded I	C 640		0.
Part V	Statements Regarding				nforma			'''''''		
	time during the 2015 calendar ye							account	(hank	Yes No
	ies, or other) in a foreign country								(Carik,	168 100
							ngir Dank alle i	присы		X
2 During I	nts If YES, enter the name of the the tax year, did the organization receive see instructions for other forms the orga	e a distribution fro	orn, or was it the gra	ntor of, or transferor	ta, a loreigh	บบริเว				$\frac{\lambda}{X}$
	he amount of tax-exempt interest				•		•			
	e A - Cost of Goods S				► N/	λ				1.22 11
		1	etriod of invert							
	ory at obgaining or you.			6 Inventory			•	6	- 	
2 Purcha		2		1		Subtract line 6		h _	1	
3 Cost of	•	9		1		re and in Part I,		_ 7		
	nal section 283A costs (ett. schedule)	48		1		on 263A (with re	· · ·			Yes No
	costs (attach schedule)	4b		1		or acquired for re	esale) apply to			
5 Total.	Add lines 1 through 4b	5		the organ		<u></u>		<u> </u>		
Ciar	Under pensities of perjury, I decise to correct, and complete. Decision of	nariheva examine prepare(other th	an tambahau ^r ia pase An tambahau ^r ia pase	sing accompanying a id on all information (chedules an of which prej	d statements, and parer has any know	to the best of my ! riedge	knowledge	and belief, it	la true.
Sign	. / / 1	117	1/12/		, ,	•				his return with
Here		1/1/	614		reasu	rer			arar shown be	
	Signature of officer		² Date	Title	!			Instructi	ons)? 🗶 Y	Yes No
	Print/Type preparer's name		Preparer's sig	nature		Date	Check	If P	TIN	المسمور بالجالبات
Paid	1]		1		self- employ	ed		
Prepare	James D. Hodg			. Hodge	8		' '		P0026	3906
Use On	Firm's name P.M.B						Firm's EIN		74-30	
038 VII				Suite	750		1			
	Firm's address Dal						Phone no	972	-788-	5315
623711 01-08										90-T (2015)
									1 0000	(2013)

Form 990-T (2015) Jewish Schedule C - Rent Inc	Fami	ly Ser	vice Proper	of tv and	Dallas, Personal	Inc. Proper		75-19 od With Beal P			Page 3
Description of property	<u> </u>			-,							
(1)											
<u>(1)</u> <u>(2)</u>											
(3)											
(4)											
147	2.	. Rent receive	ed or accrue	d							
(a) From personal property (rent for personal propert 10% but not more t	y is more than	age of	(b) F	frent for pe	nd personal propert ersonal property ex is based on profit	ceeds 50%	centage or if	3(a) Deductions dire columns 2(ectly con a) and 2(nected with the income b) (attach schedule)	in
(1)				·							
(2)											
(3)											
(4)								· 			
Total		0.	Total				0.	(h) Tatal dadumian			
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A))	_ ▶				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	i, ▶		0.
Schedule E - Unrelated	Debt-I	Financed	Incom	e (see r	nstructions)						
					2. Grossino	ome from	Ì	 Deductions directly to debt-fir 			
1. Description o	f debt-finance	ed property			or allocable financed p	to debt-	(a)	Straight line depreciation (attach schedule)	T	(b) Other deduction (attach schedule)	
							St	atement 1	s	tatement	
(1) Office Buildi	ng -	5402 A	rapa	ho	10	4,306	5.	14,22	3.	63,0	82.
(2)											
(3)											
(4)											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Statement 3		of or a debt-finar	Average adjusted basis of or allocable to ebt-financed property (attach achedule) 1 CEMENT 4		6 Column 4 divided by column 5			7 Gross income reportable (column 2 x column 6)		8, Allocable deduction (column 6 x total of column 3(a) and 3(b))	
1 064 0						5.51%	, }	47,47	^ +	35,1	<u> </u>
1,064,983. 2		۷,	340,	340,057.		9.319		41,41		35,1	04.
(2)						9			\dashv		
(4)						9			_		
								nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals							>	47,47	0.	35,1	82.
Total dividends-received deduc	lions includ	led in column	8						>		0.
Schedule F - Interest,	Annuitie	es, Royal	ties, ar					nizations (see i	nstruct	tions)	
•		1		Exemp	3.	rganizatio	ons	TE	-		
Name of controlled organizat	ion	Employer ide numb	ntification er	Net un (loss) (s	related income see instructions)	Total paym	of specified nents made	5. Part of column 4 included in the cont of control organization's gross		6. Deductions dire connected with inc in column 5	
(1)											
(2)		L									
(3)		 				ļ					
(4)		<u> </u>		<u> </u>		<u> </u>				<u> </u>	
Nonexempt Controlled Organi	zations										
7 Texable Income		inrelated incom see instructions		9 , Tot	al of specified pay made	ments	in the conf	column 9 that is included trolling organization's ross income	11.	Deductions directly con with income in column 10	nected 9
(1)											
(2)											
(3)		 -									
	L			<u> </u>							
							Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A).	1	Add columns 6 and 11 ar here and on page 1, P line 8, column (B).	art I,
Totals								0.			0.
TOTALS										Form 000.T	

i I

1 1

1

- --

Schedule G - Investme	ent Income of a				rganizat		3 133212	o rage
				2. Amount of income	directly d	connected	4. Set-asides	5. Total deductions and set-asides
(4)	. 	 -			(attach s	schedule)	(0.000, 00,000,00)	(cot 3 plus col 4)
					· · · · · · · · · · · · · · · · · · ·			
(4)								
						-		Part I, lime 9, column (B).
Totals				0.	ļ			0.
		Incom	e, Other	Than Advertis	ing Inco	me		
<u>, </u>		3 5		4. Net income (loss)	F	T		7 , _
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly o with pro of unr	onnected oduction stated	from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	from act is not u	ivity that nrelated	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
								
								
								
_(-)	Enter here and on page 1, Part I, line 10, col (A)	page 1	, Part I,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Enter here and on page 1, Part II, line 28
Totals	0.		0.	, , ,		~ ,,		0.
Comparison of present of necessary Comparison of present of the part Comparison of present of								
	Periodicals Rep	orted o	n a Cons	solidated Basis				
rain								
1. Name of periodical	advertising			or (loss) (col 2 minus col 3) If a gam, comput				7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					1			
		+		-			-	
				-∤	·			
	 			╡				•
(4)				 				
		,	0			1		•
Totals (carry to Part II, line (5))								0.
			n a Sepa	irate Basis (For e	each perio	dical listed in	Part II, fill in	
Columns 2 through		313 /		4 44004 2000 2010	-1	····		7 -
1. Name of periodical	advertising			or (loss) (col 2 minus col 3) If a gain, comput				 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
					1			
		<u> </u>						
				1				
	2. Amount of income 2. Amount of income 3. Description of principles of	0.						
	page 1 Pert I, tine 11, col (A)	pag line	pe 1, Part I 11, col (B)	,		45	,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)							<u> 1</u>	0.
Schedule K - Compens	sation of Officer	s, Direc	ctors, an	d Trustees (see	instructio			
1 N	lame			2. Title		time devoted to		
(1)							%	
							%	
							%	···
(4)			1					
	art II, line 14							0.
				· · · · · · · · · · · · · · · · · · ·			- 1	Form 990-T (2015)
302701								,- J · •/

Form 990-T Schedule E - Depreci	ation Deduct	ion	Statement
Description	Activity Number	Amount	Total
Depreciation - SubTotal	- 1	14,223.	14,223
Total of Form 990-T, Schedule E, Column	3(a)		14,223
Form 990-T Schedule E - Othe	r Deductions		Statement
Description	Activity Number	Amount	Total
Other Direct Deductions - SubTotal	- 1	63,082.	63,082
Total of Form 990-T, Schedule E, Column	3(b)		63,082
Form 990-T Average Acquisition Allocable to Debt-Fin		rty	Statement 3
Description	Activity Number	Amount	Total
Average Acquisition Debt - SubTotal -	- 1	1,064,983.	1,064,983.
Total of Form 990-T, Schedule E, Column	4		1,064,983.

	Average Adjusted Basis of or Allocable to Debt-Financed Property							
Description	Activity Number	Amount	Total					
Average Adjusted Basis - SubTotal -	1	2,340,057.	2,340,057.					
Total of Form 990-T, Schedule E, Column	5		2,340,057.					

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

E-

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OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Business or activity to which this form relates

			Of:	fice Bui	lding -	- 5402	
Jev	wish Family Service	of Dalla	s, Inc. Ar	apaho			75-1992728
Pai				listed property,	complete Par	t V before	ou complete Part I.
1 N	Maximum amount (see instructions)				<u> </u>	1	500,000.
	otal cost of section 179 property pla	ced in service (see	e instructions)			2	<u></u>
-	hreshold cost of section 179 proper	•	•			3	2,000,000.
	Reduction in limitation. Subtract line 3	-				4	
	otar limitation for tax year Subtract line 4 from II		•	ee instructions		5	
6	(a) Description of			iness use only)	(c) Electe	d cost	
<u></u>					·· · · · · · · · · · · · · · · · · · ·		
							·
							* · · · · · · · · · · · · · · · · · · ·
7 1	isted property. Enter the amount from	m line 29	··-·	7			
	otal elected cost of section 179 prop		s in column (c) lines 6 an	طبيتسا	· · · · · · · · · · · · · · · · · · ·	8	
	entative deduction Enter the smaller	-		u ,		9	
	arryover of disallowed deduction fro					10	·
	usiness income limitation. Enter the	-		aro) or line 5		11	
	• • • • • • • • • • • • • • • • • • • •		•	•		12	
	ection 179 expense deduction. Add			▶ 13		12	1
	arryover of disallowed deduction to Do not use Part II or Part III below f			P 13 ;			
	. 44.1			udo listed area	ortu l		
							
	pecial depreciation allowance for qu	aiitied property (ot	ner than listed property) p	olaced in servic	e aunng		
	ne tax year	1				14	
	roperty subject to section 168(f)(1) e	lection				15	
	ther depreciation (including ACRS)			. 1		16	
Hai	t'III MACRS Depreciation (Do n	ot include listed p	Section A	5.)			
							
	IACRS deductions for assets placed	-				-, 17	
18 H	you are electing to group any assets placed in se				Danuai		
	Section B - Asset	(b) Month and	ce During 2015 Tax Year (c) Basis for depreciation	T	ierai Deprecia	ation Syste	#IT1
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	0	,				 	•
<u>19a</u>	3-year property			 		 	
<u> </u>	5-year property			 			
c_	7-year property	⊣ i .	<u> </u>	+		 	
d	10-year property	'`		 		 	
e	15-year property	-1		 			·
f	20-year property	- ` ` ` ` `					
9	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	····
		/	<u> </u>	27 5 yrs	MM	S/L	
	Nonresidential real property	//		39 yrs	MM	S/L	
		/		<u> </u>	MM	S/L	
	Section C - Assets	Placed in Service	During 2015 Tax Year U	Jsing the Alter	native Depre	ciation Sys	tem
20a	Class life					S/L	
þ	12-year			12 yrs		S/L	
С	40-year	/		40 yrs	MM	S/L	
Par	Summary (See Instructions.)						
21 L	sted property Enter amount from In	e 28				21	
	otal. Add amounts from line 12, lines		nes 19 and 20 in column (g), and line 21.		J	
	nter here and on the appropriate line	-			tr	22	14,223.
	or assets shown above and placed ii	•	•				, = •
	ortion of the basis attributable to sec	•	a admining dang dinier wife	23		į	
516251 12-28-1	1114 C- D D-ducate		separate instructions				Form 4562 (2015)

Form 45	562 (2015) V Listed Propert		ish Fan								and proj			728	
<u> </u>	recreation, or a Note: For any	amusement) vehicle for wi	hich you are t	ising the	e standai	d mile	eage rate	·				•			
	(a) through (c) (Section A -		all of Section on and Other					nstruc	tions for li	mits for	passen	ner autor	nobiles		
24a Do	you have evidence to s						Yes L	No	24b If "Y		<u></u>			Yes	No
Ty	(a) /pe of property st vehicles first)	(b) Date placed in	(c) Business/ investment		(d) Cost or ther basis		(e) Basis for depr (business/inv	eciation estment	(f) Recovery period	Ме	(g) thod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179
25 Spe	cial depreclation allo			Ac		ın sei	use onl vice durin		ax year an	l	1			CC	ost
	d more than 50% in										25	<u> </u>		<u> </u>	
26 Prop	perty used more tha	n 50% in a q								1					
	 	 		%						 -		 		 _	
		 		<u> </u>		-+				 		{		}	
	- +		· · · · · · · · · · · · · · · · · · ·	%						L		ــــــــــــــــــــــــــــــــــــــ		L	
27 Prop	perty used 50% or le	ess in a quair				Т				100		т			
		 		16		-				S/L·		 		l	_
				6 —						S/L·		├		- • •	
		<u></u>		%			21 2000 1			S/L·	100	├	——		
-	amounts in column		_				21, page 1				28	ــــــــــــــــــــــــــــــــــــــ	T	<u> </u>	
29 Add	amounts in column	(I), line 26 E						-4 V-k	iala-				29	ــــــ	
_							on on Use								
•	te this section for ve										•				3
to your e	employees, first ans	wer the ques	tions in Secti	on C to	see II yol	u mee	an exce	otion to		ng this s	section t	or those	vehicles	5 ,	
				1	a)		(b)		(c)	1 '	d)	1 .	e)	(f	
30 Total	l business/investment i	miles driven di	uring the	Ve	hicle		/ehicle	<u> </u>	ehicle	Vel	nicle	Vel	ncle	Veh	icle
year	(do not include comn	nuting miles)						<u> </u>		ļ					
31 Tota	il commuting miles o	driven during	the year							<u> </u>					
32 Tota	il other personal (no	ncommuting)) miles	l]		}		1	i		
drive	en														
33 Tota	ıl miles driven during	the year		1				1		l					
Add	lines 30 through 32							<u> </u>				L			
34 Was	the vehicle available	le for persona	al use	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	Yes	No
dur	ng off-duty hours?							<u> </u>			L				
35 Was	the vehicle used pr	rımarıly by a ı	more)	Į į	,	1	1	-	ļ	}]			
than	5% owner or relate	ed person?		<u> </u>					J		<u> </u>				
36 Is an	nother vehicle availa	ble for perso	nal		"]]			
use?	?			i	1		1	<u> </u>		l	ł				í
	these questions to c		- Questions for our meet an e	_ •	•					•			re not m	ore than	5%
	or related persons									 -	 .				т
	ou maintain a writte	n policy stat	ement that pr	ohibits a	all persor	nal us	e of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
	loyees?													 	┼──
•	ou maintain a writte		•								your			ł	1
•	loyees? See the ins			-		ncers	, airectors	, or 1%	or more	owners				 	
•	ou treat all use of ve	-				,				,				 	┼
•	ou provide more that		-		•	nfom	nation fron	ı your	employee	s about				1	ļ
	use of the vehicles, a														+
•	ou meet the require													<u>.</u>	ل
	: If your answer to C	37, 38, 39, 40	J, or 41 is "Ye	s, do r	ot comp	lete S	ection B f	or the	covered v	enicles.					
Part V				76.5	,					,	(-1	,			
	(a) Description of	costs		(b) amortization begins		Amorti amo	zable	_	(d) Code section		(e) Amortiza period or per		An fo	(f) nortization r this year	
2 Amo	rtization of costs the	at begins dui			ar.										
13 Amo	rtization of costs the	at began bef	ore your 2015	tax yea	ar							43			
	l. Add amounts in c	-	-	-		repo	ort					44			
	-28-15												F	orm 4562	2 (2015)

516252 12-28-15