Form 990-T

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

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019.

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

GREAT LAKES COMMUNITY ACTION PARTNERSHIP

127 SOUTH FRONT STREET
FREMONT, OH 43420

20,555,681.

I. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J. The books are in care of: DAVID KIPPLING Telephone number: 419-334-8911

Part I Unrelated Trade or Business Income

| 1a | Gross receipts or sales | 0. |
| 1b | Less returns and allowances | 0. |
| 2 | Cost of goods sold | 0. |
| 3 | Gross profit | 0. |
| 4a | Capital gain net income | 0. |
| 4b | Net gain (loss) | 0. |
| 4c | Capital loss deduction | 0. |
| 5 | Income (loss) from a partnership or S corporation | 0. |
| 6 | Rent income | 0. |
| 7 | Interest, annuities, royalties, and rents from a controlled organization | 0. |
| 8 | Investment income of a section 501(c)(7), (9), or (17) organization | 0. |
| 9 | Exploited exempt activity income | 0. |
| 10 | Advertising income | 0. |
| 12 | Other income | 0. |
| 13 | Total, combine lines 3 through 12 | 0. |

Part II Deductions Not Taken Elsewhere

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 0. |
| 15 | Salaries and wages | 0. |
| 16 | Repairs and maintenance | 0. |
| 17 | Bad debts | 0. |
| 18 | Interest (attach schedule) (see instructions) | 0. |
| 19 | Taxes and licenses | 0. |
| 20 | Charitable contributions (See instructions for limitation rules) | 0. |
| 21 | Depreciation (attach Form 4562) | 0. |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 0. |
| 23 | Depletion | 0. |
| 24 | Contributions to deferred compensation plans | 0. |
| 25 | Employee benefit programs | 0. |
| 26 | Excess exempt expenses (Schedule I) | 0. |
| 27 | Excess readjustment costs (Schedule J) | 0. |
| 28 | Other deductions (attach schedule) | 0. |
| 29 | Total deductions. Add lines 14 through 28 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 0. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 0. |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | 0. |
Part III Total Unrelated Business Taxable Income

33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .............................................................................................................. 33 0.
34 Amounts paid for disqualified fringes ........................................................................................................................................................................ 34 0.
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) .......................................................... STMT 2 35 0.
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 .............................................................................. 36 0.
37 Specific deduction (Generally $1,000, but see line 37 instructions for exceptions) .............................................................................................................. 37 1,000.
38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 ........................................................................ 38 0.

Part IV Tax Computation

39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) .............................................................................................................. 39 0.
40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) .............................................................................................................. 40 41
41 Proxy tax. See instructions .................................................................................................................................................................................. 41
42 Alternative minimum tax (trusts only) .................................................................................................................................................. 42
43 Tax on Noncompliant Facility Income. See instructions .................................................................................................................................................. 43
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies .............................................................................................................................................................................. 44 0.

Part V Tax and Payments

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .............................................................................................................. 45a
45b Other credits (see instructions) .............................................................................................................................................................................. 45b
45c General business credit. Attach Form 3800 .............................................................................................................................................................................. 45c
45d Credit for prior year minimum tax (attach Form 8801 or 8827) .............................................................................................................................................................................. 45d
45e Total credits. Add lines 45a through 45d .............................................................................................................................................................................. 45e
46 Subtract line 45e from line 44 .............................................................................................................................................................................. 46 0.
47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8868 Other (attach schedule) .............................................................................................................. 47
48 Total tax. Add lines 46 and 47 (see instructions) .............................................................................................................................................................................. 48 0.
49 2018 net 966 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 .............................................................................................................................................................................. 49 0.
50a Payments: A 2017 overpayment credited to 2018 .............................................................................................................................................................................. 50a
50b 2018 estimated tax payments .............................................................................................................................................................................. 50b
50c Tax deposited with Form 8868 .............................................................................................................................................................................. 50c
50d Foreign organizations: Tax paid or withheld at source (see instructions) .............................................................................................................................................................................. 50d
50e Backup withholding (see instructions) .............................................................................................................................................................................. 50e
50f Credit for small employer health insurance premiums (attach Form 8941) .............................................................................................................................................................................. 50f
50g Other credits, adjustments, and payments: Form 2439 Form 4136 Other .............................................................................................................................................................................. 50g
51 Total payments. Add lines 50a through 50g .............................................................................................................................................................................. 51 0.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached .............................................................................................................................................................................. 52
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .............................................................................................................................................................................. 53
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .............................................................................................................................................................................. 54
55 Enter the amount of line 54 you want. Credited to 2019 estimated tax .............................................................................................................................................................................. 55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56 At any time during the 2018 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," enter the name of the foreign country here: X
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X
58 Enter the amount of tax-exempt interest received or accrued during the tax year: $

Signature of officer: EXECUTIVE OFFICER

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

Preparer's name: JOHN HEMMING
Preparer's signature: JOHN HEMMING
Date: 07/28/20
Check if self-employed: Yes X No
PTIN: P00856805
Firm's EIN: 39-0758449
Firm's address: PO BOX 8700 MADISON, WI 53708-8700
Phone no.: 608.274.1980

Form 990-T (2018) 12400728 147695 92775 2018.06010 GREAT LAKES COMMUNITY ACT 92775
### Schedule A - Cost of Goods Sold

<table>
<thead>
<tr>
<th>1. Inventory at beginning of year</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Purchases</td>
<td>2</td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td>3</td>
</tr>
<tr>
<td>4a. Additional section 263A costs (attach schedule)</td>
<td>4a</td>
</tr>
<tr>
<td>4b. Other costs (attach schedule)</td>
<td>4b</td>
</tr>
<tr>
<td>5. Total. Add lines 1 through 4b</td>
<td>5</td>
</tr>
<tr>
<td>6. Inventory at end of year</td>
<td>6</td>
</tr>
<tr>
<td>7. Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

1. Description of property

2. Rent received or accrued

<table>
<thead>
<tr>
<th>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>(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)</th>
<th>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Total</td>
<td>0. Total</td>
<td>0.</td>
</tr>
</tbody>
</table>

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). 0. Enter here and on page 1, Part I, line 6, column (B). 0.

### Schedule E - Unrelated Debt-Financed Income

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

<table>
<thead>
<tr>
<th>(a) Straight line depreciation (attach schedule)</th>
<th>(b) Other deductions (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt 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))

<table>
<thead>
<tr>
<th>(1)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>%</td>
</tr>
<tr>
<td>(3)</td>
<td>%</td>
</tr>
<tr>
<td>(4)</td>
<td>%</td>
</tr>
</tbody>
</table>

Totals

Total dividends-received deductions included in column 8

0. 0.

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Form 990-T (2018)
Form 990-T (2018) GREAT LAKES COMMUNITY ACTION PARTNERSHIP 34-0975934 Page 4

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

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: 0. 0.

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

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-aside (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: 0. 0.

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

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: 0. 0.

Schedule J - Advertising Income
(see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation Income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals from Part I</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Totals, Part II (lines 1-5)  
(Enter here and on page 1, Part I, line 11, col. (A).  
Enter here and on page 1, Part I, line 11, col. (B).  
Enter here and on page 1, Part II, line 27.)

<table>
<thead>
<tr>
<th>Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>Total. Enter here and on page 1, Part II, line 14</td>
</tr>
</tbody>
</table>

Form 990-T (2018)
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

EMPLOYER IDENTIFICATION NUMBER 34-0975934

FOR THE YEAR ENDED SEPTEMBER 30, 2019
WSOS COMMUNITY ACTION COMMISSION, INC. IS MAKING THE
DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION
SECTION 1.263(A)-1(F).

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/07</td>
<td>17,379.</td>
<td>5,238.</td>
<td>12,141.</td>
<td>12,141.</td>
</tr>
<tr>
<td>09/30/09</td>
<td>21,664.</td>
<td>0.</td>
<td>21,664.</td>
<td>21,664.</td>
</tr>
<tr>
<td>09/30/10</td>
<td>48,617.</td>
<td>0.</td>
<td>48,617.</td>
<td>48,617.</td>
</tr>
<tr>
<td>09/30/11</td>
<td>18,307.</td>
<td>0.</td>
<td>18,307.</td>
<td>18,307.</td>
</tr>
<tr>
<td>09/30/12</td>
<td>55,148.</td>
<td>0.</td>
<td>55,148.</td>
<td>55,148.</td>
</tr>
<tr>
<td>09/30/13</td>
<td>39,630.</td>
<td>0.</td>
<td>39,630.</td>
<td>39,630.</td>
</tr>
<tr>
<td>09/30/14</td>
<td>11,057.</td>
<td>0.</td>
<td>11,057.</td>
<td>11,057.</td>
</tr>
<tr>
<td>09/30/15</td>
<td>2,322.</td>
<td>0.</td>
<td>2,322.</td>
<td>2,322.</td>
</tr>
<tr>
<td>09/30/16</td>
<td>1,478.</td>
<td>0.</td>
<td>1,478.</td>
<td>1,478.</td>
</tr>
<tr>
<td>09/30/17</td>
<td>732.</td>
<td>0.</td>
<td>732.</td>
<td>732.</td>
</tr>
<tr>
<td>09/30/18</td>
<td>198.</td>
<td>0.</td>
<td>198.</td>
<td>198.</td>
</tr>
</tbody>
</table>

NOL CARRYOVER AVAILABLE THIS YEAR

<table>
<thead>
<tr>
<th></th>
<th>NET OPERATING LOSS DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVAILABLE THIS YEAR</td>
<td>211,294.</td>
</tr>
<tr>
<td>Asset No.</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
</tbody>
</table>

(D) Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
### GREAT LAKES COMMUNITY ACTION PARTNERSHIP

**GREAT LAKES COMMUNITY ACTION PARTNERSHIP**

**Name(s) shown on return:**

**Business or activity to which this form relates:**

**Identifying number:** 34-0975934

---

**Part I**

**Election To Expense Certain Property Under Section 179**

<table>
<thead>
<tr>
<th>Note: If you have any listed property, complete Part V before you complete Part I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Maximum amount (see instructions)</td>
</tr>
<tr>
<td>2 Total cost of section 179 property placed in service (see instructions)</td>
</tr>
<tr>
<td>3 Threshold cost of section 179 property before reduction in limitation</td>
</tr>
<tr>
<td>4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0.</td>
</tr>
<tr>
<td>5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions</td>
</tr>
</tbody>
</table>

---

**Part II**

**Special Depreciation Allowance and Other Depreciation**

<table>
<thead>
<tr>
<th>Don’t include listed property.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year</td>
</tr>
<tr>
<td>15 Property subject to section 168(f)(1) election</td>
</tr>
<tr>
<td>16 Other depreciation (including ACRS)</td>
</tr>
</tbody>
</table>

---

**Part III**

**MACRS Depreciation**

<table>
<thead>
<tr>
<th>Don’t include listed property. See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 MACRS deductions for assets placed in service in tax years beginning before 2018</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

---

**Section A**

**Assets Placed in Service During 2018 Using the General Depreciation System**

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only - see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e 15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g 25-year property</td>
<td></td>
<td></td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental property</td>
<td>/</td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real property</td>
<td>/</td>
<td>39 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Section C**

**Assets Placed in Service During 2018 Using the Alternative Depreciation System**

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only - see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S/L</td>
</tr>
<tr>
<td>b 12-year</td>
<td></td>
<td></td>
<td>12 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 30-year</td>
<td></td>
<td></td>
<td>30 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>d 40-year</td>
<td></td>
<td></td>
<td>40 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

---

**Part IV**

**Summary**

<table>
<thead>
<tr>
<th>See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Listed property. Enter amount from line 28</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
</tr>
</tbody>
</table>

---

**Form 4562 (2018)**

**12400728 147695 92775**

**2018.06010 GREAT LAKES COMMUNITY ACT 92775 1**
### Part V
**Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 (e) of section A, all of Section B, and Section C if applicable.

#### Section A - Depreciation and Other Information

<table>
<thead>
<tr>
<th>(a) Type of property (list if used)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

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.

<table>
<thead>
<tr>
<th>(a) Vehicle</th>
<th>(b) Vehicle</th>
<th>(c) Vehicle</th>
<th>(d) Vehicle</th>
<th>(e) Vehicle</th>
<th>(f) Vehicle</th>
</tr>
</thead>
</table>

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.

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.

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**

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Cost section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
</table>

42 Amortization of costs that begins during your 2018 tax year:

43 Amortization of costs that began before your 2018 tax year: 43

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