` == _				ER 16, 202			
Form <b>990-T</b>	Exempt Organiza				Tax Retur	n	OMB No 1545-0047
	t	-	er se	ection 6033(e))		$\sim 1$	2019
	For calendar year 2019 or other tax year begin			, and ending		4	ZU 13
Department of the Treasury Internal Revenue Service	■ Go to www.irs.gov ■ Do not enter SSN numbers on the			ons and the latest info		\ <i>L</i>	Open to Public Inspection for 501(c)(3) Organizations Only
~	ţ. , , , , , , , , , , , , , , , , , , ,	<u>-</u>					501(c)(3) Organizations Only over identification number
A Check box if address changed	Name of organization ( Ch			and see instructions.)	1	(Emp	loyees' trust, see uctions)
B Exempt under Seguon	Print FORK VALLEY, I		I.C	MING		1	6-4740539
X 501(C)(S)	or Number, street, and room or sur		/ COO II	netructions	-·	EUnrel	lated business activity code
408(e) 220(e)	Type 1010 GARFIELD		, see 1	isu ucuons.		(See I	nstructions)
408A 530(a)	City or town, state or province, c		r foreig	n postal code		1	
529(a)	CARBONDALE, CO					900	099
Book value of all assets at end of year 2, 254, 2	F Group exemption number (Sec	instructions.)	<b>&gt;</b>				
<u>ت 2,254,2</u>	78 ■ G Check organization type ▶		oratio	1 501(c) trus	t 401(a	) trust	Other trust
	organization's unrelated trades or busines		1		be the only (or first) u	nrelated	
	RENTAL OF COMMERC				ne, complete Parts I-V		•
	lank space at the end of the previous sente	ence, complete Pa	rts I ar	d II, complete a Sched	lule M for each additio	nal trade	e or
business, then complete		4	4			T.,	1971
محمد ۵	the corporation a subsidiary in an affiliated nd identifying number of the parent corpo		it-subs	iotary controlled group	)r	Y6	es X No
	MOLLY DILLON	iauoii.		Tala	phone number 🕨 🍎	7204	223542
	Trade or Business Income			(A) Income	(B) Expense		(C) Net
1 a Gross receipts or sale	s		<u> </u>				100
b Less returns and allow	vances c Bala	ance 🕨	10		-		, ,
2 Cost of goods sold (S	chedule A, line 7)		2				
3 Gross profit. Subtract	line 2 from line 1c		3				
4 a Capital gain net incom	ie (attach Schedule D)		4a				
<b>b</b> Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)		4b				
c Capital loss deduction	•		4c				
	partnership or an S corporation (attach st	itement)	5		4		40.000
8 Rent income (Schedu	· · · ·	-	6	60,942	. 17,9	180.	42,962.
	ed income (Schedule E)		7				
	alties, and rents from a controlled organizate a section 501(c)(7), (9), or (17) organizate	,	8		_		
	rty income (Schedule I)	ion (Schedule d)	10/				
11 Advertising income (S	• • •		11				
,	tructions; attach schedule)		12		-		
13 Total. Combine lines		_ /	13	60,942	. 17,9	80.	42,962.
	ns Not Taken Elsewhere (See				s.)		
(Deductions	must be directly connected with the	unrelated busin	ess in	come)			
	cers, directors, and trustees (Schedule K)	miterna	Rev	enue Service	-	14	7,500.
15 Salaries and wages		Receive	d US	Bank - USB		15	2,333.
<ul><li>16 Repairs and mainten.</li><li>17 Bad debts</li></ul>	ance		7:	27		16	
	dule) (see instructions)	ŚF	P 2	3-2020		17	
19 Taxes and licenses	ine) (see ilisu ucuons)				•	18	10,902.
20 Depreciation (attach)		Kan	sas (	City, MO   20	39,574.		10,702.
	imed on Schedule A and elsewhere on ret	urn	•	21a	55,5.2.	21b	39,574.
22 Depletion				[2.2]		22	
23 Contributions to defe	rred compensation plans					23	
24 Employee benefit pro						24	
25 Excess exempt exper						25	
	sts (Schedule J)					26	
27 Other deductions (att	· · · · · · · · · · · · · · · · · · ·			SEE STA	TEMENT 1	27	44,093.
,	ld lines 14 through 27					28	104,402.
	exable income before net operating loss de					29	-61,440.
	erating loss arising in tax years beginning	on or after Januar	y 1, 20		MEMENIM O		•
(see instructions)	pushla manma. Subtract line 20 from line 2				ТЕМЕЙТ 2	30	0. -61,440.
	exable income. Subtract line 30 from line 2			<u> </u>	<del>:</del>	31	-01,44U.

	STEPPING STONES OF THE ROARING FORK VALI	LEY, INC	<u>'                                      </u>	46-4	4740539 Page 2
Part	Total Unrelated Business Taxable Income				
32	Notal of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions) 🏢		32	-61,440.
33//	Amounts paid for disallowed fringes			33	
<sup>4</sup> 34	Charitable contributions (see instructions for limitation rules)			34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract limit	e 34 from the sum of	I Ines 32 and 33	35	-61,440.
	Deduction for net operating loss arising in tax years beginning before January 1, 20 8 (see justiful		_	38	
37	Total of unrelated business taxable income before specific deduction. Subtractline 86 from line 85		7	37	-61,440.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	,	8.	38	1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	7.	, ,		· · · · · · · · · · · · · · · · · · ·
	enter the smaller of zero or line 37		11	39	-61,440.
Part	IV Tax Computation			1	
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)		<b>•</b>	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	n line 39 from.			
	Tax rate schedule or Schedule D (Form 1041)		•	41	
42	Proxy tax. See instructions			42	
	Atternative minimum tax (trusts only)		•	43	
	Tax on Noncompliant Facility Income. See Instructions		•	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
	V   Tax and Payments			1 10 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
	Other credits (see instructions)	46b		1	
•	General business credit. Attach Form 3800	46c	<del>.</del>	1 !	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		1 1	
	Total credits. Add lines 46a through 46d	100	<del></del>	46e	
	Subtract line 46e from line 45	•• •• ••		47	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866 Other	attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	ooo [] onei (	attach schedule)	49	0.
	·		-	-	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	151.1		50	<u>.</u>
	Payments: A 2018 overpayment credited to 2019	51a	·	"	
	2019 estimated tax payments	516		-	
	Tax deposited with Form 8868	51c		1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		- !	
	Backup withholding (see instructions)	51e		1 1	
	Credit for small employer health insurance premiums (attach Form 8941)	51f	<del> </del>	1 1	
9	Other credits, adjustments, and payments: Form 2439	1		1	
F0 1	Form 4136 Other Total >	51g			
	Total payments. Add lines 51a through 51g			52	<del></del>
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	53	<del></del>
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55	
56 Part	Enter the amount of line 55 you want: Credited to 2020 estimated tax		unded >	56	
		<del></del>	ctions)	<del></del>	
	At any time during the 2019 calendar year, did the organization have an interest in or a signature of				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is	•			1.
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			
	here				X
	During the tax year, did the organization receive a distribution from, or was it the grantui of, or tran	nsferor to, a foreig	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year				
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	arer has any knowled	ge ge	wreage and b	eller, it is true,
Here	19/13/201 Pyroma	n	CITIOD M	ay the IRS dis	scuss this return with
110.0		IVE DIRE			own below (see
		<u> </u>		structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	4	Check ri	f PTIN	
Paid	Kenynjolom		self- employed		222245
Prep		9/10/20			1323245
Use (	Only Firm's name ▶ BRIGGS & VESELKA CO., LLP	<del></del>	Firm's EIN	/4-	-1769118
	1610 WOODSTEAD COURT, SUITE 45	). cc	,	01 01	. 0220
	Firm's address ► THE WOODLANDS, TX 77380	<u></u>	Phone no. 2		52-9732
923711 0	1-27-20			F	orm <b>990-T</b> (2019)

Form 990-T (2019) FORK VALLEY, INC

							. 290		
Schedule A - Cost of Good	ds Sold. Enter	method of inve							
1 Inventory at beginning of year	1		6 Inventory at end of yea		•	6			
2 Purchases	. 2		7 Cost of goods sold. S		4				
3 Cost of labor	. 3	<del></del>	from line 5. Enter here	and in	Part I,				
4 a Additional section 263A costs			line 2		7	10 10			
(attach schedule)	4a		8 Do the rules of section	•		Yes No			
b Other costs (attach schedule)	4b		property produced or	d for resale) apply to		ļļ			
5 Total. Add lines 1 through 4b	5	D	the organization?		- 1145H D 1 D				
Schedule C - Rent Income	(From Heal	Property a	nd Personal Property	Leas	ed With Real Pro	perty)			
(see instructions)	<del></del>		· _ · _ · _ · _ · _ · _ · _ · _ · _ · _		2				
1 Description of property									
(1) MVP BUILDING REM	TAL								
(2)	·								
(3)									
(4)									
		ed or accrued			2(a) Deductions directly	connected t	with the means in		
rent for personal property is more than for			I and personal property (if the percent r personal property exceeds 50% or if ent is based on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  SEE STATEMENT 3				
(1)			60,9	942.			17,980.		
(2)									
(3)									
(4)									
Total	0.	Total	60,9	42.					
(c) Total income. Add totals of columns		ter	60.0	40	(b) Total deductions. Enter here and on page 1,		45 000		
here and on page 1, Part I, line 6, colum Schedule E - Unrelated De		Income (co	60,9	42.	Part I, line 6, column (B)	<u> </u>	17,980.		
Contradic L Contradict De	Dt-1 mancet	i iiicome (se	e instructions)	T .	3. Deductions directly con-	nected with	or allocable		
			2. Gross income from		to debt-finance		, anocabie		
1. Description of debt-f	inanced property		or allocable to debt- financed property (a)		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
·			)			ļ			
(1)				<u> </u>			-		
(2)									
(3)									
(4)					····	<del> </del>			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis illocable to nced property i schedule)	Column 4 divided     Sy column 5     Sy column 5     Sy column 6)     T. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%			1			
(2)			%		- · · · · · · · · · · · · · · · · · · ·	1			
(3)			%		·				
(4)			%		· · · · · · · · · · · · · · · · · · ·		<del></del>		
					nter here and on page 1, art I, line 7, column (A).		here and on page 1, , line 7, column (B).		
Totals			<u>.</u>		0.	.1	, , , ,		
Total dividends-received deductions in				L		+	0.		

Form 990-T (2019)

46-47405	39 _ Pa
<b>ns</b> (see instruction	ons)
rt of column 4 that is ded in the controlling zation's gross income	6. Deductions directle connected with incomin column 5

Scriedule 1 - Interest, 1	Authorites, Noya	aities, ai					Latio	(see ins	structions	S)	
' 1. Name of controlled organizat	ıdentı	mployer fication mber	3. Net un	Controlled Or related income or instructions)	4 To	tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5	
(1)						· · · · · · · · · · · · · · · · · · ·	<del> </del>				
(2)							-				
(3)										· · · · · · · · · · · · · · · · · · ·	
(4)									-		
Nonexempt Controlled Organi	zations		ı		<u> </u>	·-· .	<u> </u>				
7. Taxable Income	8 Net unrelated inco (see instruction		9. Total	of specified payr made	nen ts	10. Part of column the controll gross	nn 9 tha ng orgar s income	nization's		uctions directly connected income in column 10	
(1)		-									
(2)											
(3)				<del></del>							
(4)											
				·		Add colum Enter here and Ine 8, c		1, Part I, \).	Enter he	i columns 6 and 11 are and on page 1, Part i, ane 8, column (B).	
Totals		<u> </u>	5044.34		<u> </u>			0.		0.	
Schedule G - Investme		Section	501(c)(	7), (9), or (	(17) Or	ganization	)				
(see instr	ription of income			2. Amount of	ncome	3. Deduction directly conne (attach sched	cted	4. Set-	asides	5. Total deductions and set-asides (col 3 plus col 4)	
(1)			<del></del>			(artach scried	ule)	,	•	(cor s pius cor 4)	
(2)				<del> </del>		<del></del>				<del> </del>	
(3)								·· ·· · · · ·		<del> </del>	
(4)									-	<u> </u>	
(1)				Enter here and o Part I, line 9, col		ÁN.		-	"ÇM <sub>1,2</sub>	Enter here and on page 1 Part I, line 9, column (B).	
Totals			•		0.				•	0.	
Schedule I - Exploited (see instru	-	y incom	e, Othe	r Than Ad	vertisi	ng Income	)				
Description of explorted activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro of unre business	onnected duction slated	4. Net income from unrelated business (column gain, compute through	trade or umn 2 3). If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, Inne 10, col (A).	Enter here page 1, line 10,	Part I,						'~	Enter here and on page 1, Part II, line 25	
Schedule J - Advertisir		nstruction		L							
Part I Income From F				solidated	Basis			<del> </del>	<u>-</u>	<del> </del>	
1. Name of periodical	2. Gross advertising income		. Direct rtising costs	4. Adverts or (loss) (co col 3) If a gal cols 5 the	l 2 mmus ın,comput	5. Circulati e income	on	6. Reade		Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)						L			<u>-</u>		
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0	•						0.	
										Form <b>990-T</b> (2019)	

923731 01-27-20

Form 990-T (2019) FORK VALLEY, INC

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)			j			
(3)						
(4)						
Totals from Part I	0.	0.	·		to a control	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).		•	, , , ,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) KYLE CRAWLEY	EXECUTIVE DIRECTOR	10.00%	7,500.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	7,500.

Form 990-T (2019)

FORM 990-T	RM 990-T OTHER DEDUCTIONS				
DESCRIPTION				AMOUNT	
PROFESSIONAL FEES ADMINISTRATIVE EXPENSES MORTGAGE INTEREST			•	9( 4,4( 38,6	
TOTAL TO FORM 990-T, PAGE 1, LI	INE 27			44,09	93.
FORM 990-T NET OF	PERATING LOSS I	DEDUCT	PION	STATEMENT	2
TAX YEAR ^ LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		LOSS MAINING	AVAILABLE THIS YEAR	<u> </u>
12/31/18 7,283.	0.		7,283.	7,283.	
NOL CARRYOVER AVAILABLE THIS YE	<b>ZA</b> R		7,283.	7,283	3. =
FORM 990-T DEDUCTIONS CON	NECTED WITH RE	INTAL	INCOME	STATEMENT	3
DESCRIPTION		VITY BER	AMOUNT	TOTAL	
GARDENING TRASH REPAIRS AND MAINTENANCE PROPERTY TAXES PROPERTY INSURANCE			3,819. 1,932. 6,773. 3,311. 2,145.		
- S	SUBTOTAL -	1		17,98	30.
TOTAL TO FORM 990-T, SCHEDULE C	C, COLUMN 3			17,98	30.

Stepping Stones of the Roaring Fork Valley, Inc. Attachment to 2019 Form 990-T

## Allocation of Depreciation Expense for Rental Property Based on Square Feet Rented

Total Square Footage of Property	6,056.00	square feet	
Total Square Footage of Property Rented	3,998.00	square feet	
Percentage of Property Rented	3,998.00 6,056.00	66.02%	
Depreciation Expense of MVP Building for 2019	59,945.00		
Depreciation Expense Allocated to 990-T	59,945.00 x	66.02%	39,573.9944