**Exempt Organization Business Income Tax Return** Form 990-T (and proxy tax under section 6033(e)) *2*018 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmployer identification nui (Employees' trust, see A X Check box if Name of organization ( Check box if name changed and see instructions ) address changed STEPPING STONES OF THE ROARING instructions ) FORK VALLEY, INC 46-4740539 B Exempt under section **Print** Unrelated business activity code X 501(c**√**3 ) Number, street, and room or suite no. If a P O. box, see instructions. (See instructions.) Type ]408(e) [ 220(e) 1010 GARFIELD AVENUE □530(a) 408A City or town, state or province, country, and ZIP or foreign postal code CARBONDALE, CO 81623 l900099 7529(a) C Book value of all assets F Group exemption number (See instructions.) at end of year 2, 128, 761. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here RENTAL OF COMMERCIAL BUILDING . If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V X No 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. J The books are in care of ► MOLLY DILLON Telephone number ► 7204223542 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 63,414. 13,231. 50,183. Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 12 12 Other income (See instructions; attach schedule) 63.414. 13,231 50.183. 13 Total, Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) 6,698. 14 Compensation of officers, directors, and trustees (Schedele K) RECEIVED 14 2,800. 15 15 Salaries and wages 16 Repairs and maintenance 16 NOV 2 1 2019 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 OGDEN, UT 19 10,252. 19 Taxes and licenses Charitable contributions (See instructions for limitation rul 20 20 Depreciation (attach Form 4562) 18,138 21 21 18,138. 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return Depletion 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) SEE STATEMENT 1 28 19,578. 29 466. Total deductions. Add lines 14 through 28 29 283. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 -7,283**.** 32 Unrelated business taxable income, Subtract line 31 from line 30

Form **990-T** (2018)

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823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-	T(2018) FORK VALLEY, INC	46-4/	40539	Page Z
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	structions)	33	-7,283.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ns)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	7,283.
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,		<del>     </del>	
	enter the smaller of zero or line 36		38	-7,283.
Part		<del></del> -	1 00 1	,,2001
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li	•	39	
40		ne so irum.	40	
	Tax rate schedule or Schedule D (Form 1041)		40	<del></del>
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 '				<del></del>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		4	
	Other credits (see instructions)	ib	<b>⊣</b> ∣	
C	General business credit. Attach Form 3800	ic	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	id		
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	_ <u>_</u>	46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments. A 2017 overpayment credited to 2018	)a		
b	2018 estimated tax payments 50	)b	7	
c	Tax deposited with Form 8868	)c	71,	
c	Foreign organizations, Tax paid or withheld at source (see instructions) 50	)d	7   '	
6	Backup withholding (see instructions) 50	)e	7	
	Credit for small employer health insurance premiums (attach Form 8941)	Of	7	
	Other credits, adjustments, and payments. Form 2439		7	
•	☐ Form 4136 ☐ Other ☐ Total ► 50	)g		
51	Total payments. Add lines 50a through 50g		51	
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	Refunded	55	
Part '				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or o			Yes No
<b>90</b>	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			, 100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	-		
	here	igii counti y		<del>-x</del>
E7		arar ta a faraign triist?		$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	eror to, a foreign austr		A
E0	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	ments, and to the best of my br	owlodes and hal	uof ut uo truo
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	s any knowledge		
Here	1/1/12/10 A DYPOYMINT	DIDEGEOR	•	uss this return with
11616	Signalura di officer   11/13/19   EXECUTIVE		the preparer show	a. —
	Signature of officer Date Little		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid	Ken / homo	self- employed		
Prepa		.2/19		323245
Use (	Driv Firm's name BRIGGS & VESELKA CO.	Firm's EIN	<u>► 74-</u>	1769118
	1610 WOODSTEAD COURT, SUITE 455		004 = 0	
	Firm's address ► THE WOODLANDS, TX 77380	Phone no.	<u> 281-362</u>	
823711 0	1-09-19		Fo	rm <b>990-T</b> (2018)

Form 990-T (2018) FORK VALLEY, INC

Schedule A - Cost of Good	s Sold. Enter	method of inven	ntory va	aluation N/A						
1 Inventory at beginning of year	<del></del>	Inventory at end of year		6						
2 Purchases	2		7	Cost of goods sold. Si	ubtract li	ne 6				
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,	_			
4a Additional section 263A costs				line 2			7	<u> </u>		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		1	Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			_	
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Lease	ed With Real Pro	per	ty) 		
1 Description of property										
(1) MVP BUILDING REN	TAL									
(2)										
(3)										
(4)										
		ed or accrued				2(a) Dadustions directly		acted with the in	-	
<ul> <li>(a) From personal property (if the per rent for personal property is more 10% but not more than 50%</li> </ul>	e than	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  SEE STATEMENT 2					
(1)				63,4	14.			1	3,2	31.
(2)										
(3)										
(4)										
Total	0.	Total		63,4	14.	<del>.</del>				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -		63,4	14.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	1	3,2	31.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)						
						3 Deductions directly con to debt-finan	nected	d with or allocab	le	
1 December of debt 6				Gross income from or allocable to debt-	(a)	Straight line depreciation	T	(b) Other deductions		
1. Description of debt-fir	nanced property			financed property		(attach schedule)	(attach schedu			
<del></del>			$\bot$				$\bot$			
(1)			<del></del>				$\bot$			
(2)							+			
(3)			+				+			
(4)	· · · · · · · · · · · · · · · · · · ·		+				+			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	debt on or allocable to debt-financed of or allocable to			. 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))		
(1)	)									
(2)				%						
(3)			↓	%						
(4)				%			$\perp$			
						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals				<b>&gt;</b>		0	•			0.
Total dividends-received deductions in	cluded in columi	n 8				<u> </u>	•			0.
								Form 9	990-T	(2018)

Form 990-T (2018) FORK VALLEY, INC

Schedule F - Interest,	Annuitie	s, Roya	lties, aı		<b>s From C</b> ontrolled O			atio	ns (see ins	structio	ons)	
4												
Name of controlled organization		2. Em Identifi num	cation		related income e instructions)		al of specified nents made	5. Part of column 4 included in the con organization's gross		the controlling		Deductions directly nected with income in column 5
(1)												
(2)								<b>†</b> —		<u> </u>		
(3)	•						<del></del>			$\neg \neg$		
(4)								<del>                                     </del>		<del>-  </del>		
Nonexempt Controlled Organi	zations	l		1		_	<del></del> .	I				
7 Taxable Income		nrelated incon	no (locs)	0 Total	of specified pay	manta	10 Part of colum	O the		11. 0	S44.	ons directly connected
, raxable acome		ee instruction:		9. 10(a)	made	nents	in the controll					me in column 10
(1)												
(2)											-	
(3)												
				<del> </del>	<del></del>							· · · · · · · · · · · · · · · · · · ·
(4)	<u> </u>			Ļ								<del></del>
							Add colum Enter here and line 8, o		1, Part I,		r here a	umns 6 and 11 nd on page 1, Part I, 3, column (B)
Totals									0.			0.
Schedule G - Investme		me of a	Section	501(c)(	(7), (9), or	(17) Or	ganization	1				
(555 1134)			-			I	3 Deductio	ns			Т	5 Total deductions
1. Desc	ription of inco	me			2. Amount of	2 Amount of income directly connected 4.			4. Set-	asides schedule)	,	and set-asides
(4)						(attach sched			ledule)			(col 3 plus col 4)
(1)											$\dashv$	
(2)											$-\!\!\!+$	
(3)					ļ							
(4)				-	<u> </u>							
					Enter here and Part I, line 9, co	on page 1, ilumn (A)						nter here and on page 1, art I, line 9, column (B)
Totals						0.						0.
Schedule I - Exploited		Activity	Incom	e, Othe	r Than Ac		ng Income	<del>)</del>				
(see instru	ictions)											
1. Description of exploited activity	2. G unrelated incom- trade or t	e from	directly of with pro of uni	penses connected oduction related s income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		enses expenses (co able to 6 minus colui nn 5 but not more		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								-			-+	
<u> </u>											-+-	
(2)					<del>                                     </del>	<del>- i</del>					-+	· · · · · · · · · · · · · · · · · · ·
(3)					ļ							
(4)		re and on Enter here and on 1, Part 1, page 1, Part 1, col (A) line 10, col (B)								Enter here and on page 1, Part II, line 26		
Totals	<u> </u>	0.		0.								0.
Schedule J - Advertisi												
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co		5. Circulat			Readership costs		Excess readership sits (column 6 minus lumn 5, but not more than column 4)
(1)						·					1	ì
(2)	<del>-  </del>		$\neg$		┪			_			1	
(3)	<del>-  </del>				_						┦ .	
(4)											1_	
Totals (carry to Part II, line (5))	<b>•</b>	-	0.	0								0.
	•		•		•						Ea	rm 990-T (2018)

Form 990-T (2018) FORK VALLEY, INC

COUNTRY (2016) FORK VALL.							raye s	
Part II Income From Perio Columns 2 through 7 on a			rate Basis (For ea	ch perio	dical listed in	Part II, fill in		
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	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)	,							
(4)								
Totals from Part I	0.	0.					0.	
Enter here and on page 1, Part I, page Ine 11, col (A) line 11				Enter here and on page 1, Part II, line 27				
Totals, Part II (lines 1-5)	0.	0.	,				0.	
Schedule K - Compensation	n of Officers,	Directors, an	d Trustees (see in	structio	ns)			
1. Name			2. Title		<ol> <li>Percent of time devoted to business</li> </ol>	, Com	mpensation attributable unrelated business	
(1) KYLE CRAWLEY		EXECU	TIVE DIREC	10.00	)%	6,698.		
(2)					-	%		
(3)						%		
(4)	•					%	• •	
Total. Enter here and on page 1, Part II, II	ne 14					<b>•</b>	6,698.	

FORM 990-T O	THER D	EDUCTIONS		STATEMENT	1
DESCRIPTION				AMOUNT	
PROFESSIONAL FEES ADMINISTRATIVE EXPENSES PROPERTY INSURANCE MORTGAGE INTEREST			-	2,2 2,6 1,1 13,5	95. 04.
TOTAL TO FORM 990-T, PAGE 1, LINE	28		:	19,5	78.
FORM 990-T DEDUCTIONS CONNE	CTED W	ITH RENTAL	INCOME	STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	<b>A</b> MOUNT	TOTAL	
SCHEMATIC DESIGN GARDENING TRASH REPAIRS AND MAINTENANCE - SUB	TOTAL	- 1	7,703. 3,898. 90. 1,540.	13,2	31.
TOTAL TO FORM 990-T, SCHEDULE C,	COLUMN	3		13,2	

The Woodlands Waterway Arts Council, Inc. Attachment to 2018 Form 990-T

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

Total Square Footage of Property	6,056 square feet	
Total Square Footage of Property Rented	3,998 square feet	
Percentage of Property Rented	3,998 6,056 66.02%	
Depreciation Expense of MVP Building for 2018	27,475.00	
Depreciation Expense Allocated to 990-T	27,475.00 x 66.02%	18,138.00

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

990

Attachment Sequence No

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

STE	PPING STONES OF THE	E ROARING												
FOR	K VALLEY, INC			FOR	м 990 г	AGE 10		46-4740539						
Part		rty Under Section 1	79 Note: If yo				V before	ou complete Part I						
1 M	aximum amount (see instructions)				•		1	1,000,000.						
	otal cost of section 179 property place	2												
	nreshold cost of section 179 property	•	-				3	2,500,000.						
	eduction in limitation Subtract line 3			r -0-			4							
	ollar limitation for tax year. Subtract line 4 from line	5												
6	(a) Description of pro	cost												
-														
7 L:	sted property Enter the amount from	line 29			7									
8 To	otal elected cost of section 179 prope	erty Add amounts	ın column (c	), lines 6 and	7		8							
9 Te	entative deduction. Enter the smaller	of line 5 or line 8					9							
<b>10</b> Ca	arryover of disallowed deduction from	line 13 of your 20	017 Form 456	52			10							
<b>11</b> Bu	usiness income limitation. Enter the si	maller of business	income (not	less than zer	ro) or line 5		11							
12 Se	ection 179 expense deduction Add li	nes 9 and 10, but	don't enter r	nore than line	e 11		12							
<b>13</b> Ca	arryover of disallowed deduction to 2	019 Add lines 9 a	nd 10, less li	ne 12	▶ 13									
Note:	Don't use Part II or Part III below for	listed property In	stead, use P	art V										
Part	t II Special Depreciation Allowa	nce and Other D	epreciation	Don't include	e listed propei	rty )								
14 Sp	pecial depreciation allowance for qua	lified property (oth	er than listed	d property) pl	aced in servic	e during								
th	e tax year	14												
<b>15</b> Pr	roperty subject to section 168(f)(1) ele	15												
	ther depreciation (including ACRS)	16	11,229.											
Parl	Part III MACRS Depreciation (Don't include listed property. See instructions.)													
	Section A													
	ACRS deductions for assets placed in	_ <del>  17</del> _												
<u>18 If y</u>	you are electing to group any assets placed in serv						<u></u>							
	Section B - Assets	(b) Month and		depreciation	<del>.                                      </del>	nerai Deprecia	ation Syst	em 						
	(a) Classification of property	year placed in service	(business/in	vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
19a	3-year property	_				•								
b	5 year property .	_												
c	7-year property	_												
d	10-year property	_												
e	15-year property	_												
f	20-year property	-												
g_	25-year property				25 yrs		S/L							
h	Residential rental property -	07/18	1,64	18,489.	27 5 yrs	MM	S/L	27,475.						
		S/L												
					27 5 yrs	MM								
	· · · · · · · · · · · · · · · · · · ·	/			39 yrs	MM	S/L							
	Nonresidential real property	/			39 yrs	MM MM	S/L S/L							
	· · · · · · · · · · · · · · · · · · ·	/	During 2018	Tax Year Us	39 yrs	MM MM	S/L S/L							
и 20а	Nonresidential real property	/	During 2018	Tax Year Us	39 yrs	MM MM	S/L S/L ciation Sys	stem						
	Nonresidential real property  Section C - Assets P  Class life  12-year	/	During 2018	Tax Year Us	39 yrs sing the Alter 12 yrs	MM MM native Depred	S/L S/L Siation Sys S/L S/L							
20a b	Nonresidential real property  Section C - Assets P  Class life  12-year  30-year	/	During 2018	Tax Year Us	39 yrs sing the Alter 12 yrs 30 yrs	MM MM native Deprec	S/L S/L Siation Sys S/L S/L S/L							
20a b c	Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year	/	During 2018	Tax Year Us	39 yrs sing the Alter 12 yrs	MM MM native Depred	S/L S/L Siation Sys S/L S/L							
20a b c d	Nonresidential real property  Section C - Assets P  Class life 12-year 30-year 40-year  t IV   Summary (See instructions )	/ //laced in Service / / /	During 2018	Tax Year U	39 yrs sing the Alter 12 yrs 30 yrs	MM MM native Deprec	S/L S/L Siation Sys S/L S/L S/L S/L							
20a b c d Part	Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year	/ //Claced in Service / / / / 228			39 yrs sing the Alter 12 yrs 30 yrs 40 yrs	MM MM native Deprec	S/L S/L Siation Sys S/L S/L S/L							

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

38,704.

22

Form **4562** (2018)

Form 4	562 (2018)		K VALL									<u>46-</u>	4740	<u>539</u>	Page 2
Part	Listed Proper entertainment,				ther vehi	cles, cer	taın aırcı	raft, an	d propert	y used f	or				
	Note: For any	vehicle for w	hich vou are	usina th	e standa	rd milea	ge rate o	r dedu	cting leas	se exper	ise, com	plete <b>o</b> r	ıly 24a,		
	24b, columns	(a) through (d	c) of Section	A, all of S	Section E	3, and Se	ection C	ıf appl	icable						
		Depreciation				$\overline{}$									
24a Do	you have evidence to			ment use c	laimed	<u> </u>	es L	_l No	24b If "Y	T '-		nce wnt	ten? ∟	∟ Yes ∟	<u>  No</u> _
т.	(a)	(b) Date	(c) Busines	<sub>s/</sub>	(d)	Bas	(e) sis for depri	eciation	(f)		(g)		(h)		(i) cted
(li														section	n 179
			<del></del>	laye							1			CC	ost
,	cial depreciation all		•		ty placed	in servi	ce durin	g the ta	ax year an	id					
	d more than 50% in	<del></del>									25				
26 Pro	perty used more tha	in 50% in a c	qualified bus	-							<del></del>			1	
				%						<b></b>		ļ			
		<u> </u>		%								ļ			
		J		%						<u> </u>		L		<u> </u>	
27 Pro	perty used 50% or l	ess in a qual	ified busines T	ı				1		1		Π		<del> </del>	
	•			%						S/L·				ł	
		<u> </u>		%		_				S/L ·	-			-	
		#		%						S/L·		<del></del>		ļ	
	l amounts in column		_				, page 1				28	<u> </u>	1	ļ	
29 Add	l amounts in column	ı (ı), line 26 E	nter here ar										29	L	
					B - Info										
-	te this section for ve										•	-	•		s
to your	employees, first ans	wer the ques	stions in Sec	ction C to	see if yo	u meet a	an excep	otion to	completi	ng this :	section f	or those	vehicles	5	
								Г		1 .		1 .			
oo Tota	I b				(a)		b)	١.,	(c)	1	d)		e)	(1	
	l business/investment		uring the	Ve	Vehicle		Vehicle		ehicle	Ve	hicle	ve	hicle	Vehicle	
-	(don't include commu					<del> </del>		<del> </del>							<del></del>
	al commuting miles	_	-			<del> </del>	-	1		-		Ì			
	al other personal (no	ncommuting	) miles							}				ł	
driv						<del>                                     </del>		1				1		1	
	al miles driven during							}							
	I lines 30 through 32		al una	Vas	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Ma
	s the vehicle availab ing off-duty hours?	ile ioi person	iai use	Yes	140	162	NO	163	NO.	165	No	165	140	162	No
	s the vehicle used p	rimarily by a	more		+	╁	<del> </del>	<del>                                     </del>	<del>-  -</del>	<del> </del>	1	<del> </del>	<del>                                     </del>	-	
	n 5% owner or relate		more												
	nother vehicle availa	•	nnal		1	<u> </u>				_		<del>                                     </del>			
use		ibic for perse	Ji lai												
	-	Section C	- Questions	s for Emr	Novers V	Vho Pro	vide Vel	nicles 1	for Use h	v Their	Employ	906	<u> </u>	l	
Answer	these questions to			•	-					•			ren't		
	an 5% owners or re	•	•	ondopo	10 0011	.p.ctg	00011011	J 101 V	01110100 00						
	you maintain a writte	•		prohibits	all perso	nal use o	of vehicl	es. incl	ludina cor	nmutino	. by you	r		Yes	No
	oloyees?	,							3		,, -, ,				1
	you maintain a writte	en policy stat	tement that	prohibits	personal	use of v	/ehicles.	excep	t commut	ına, by	vour				1
	oloyees? See the ins	• •		-	-					-	,				1
•	you treat all use of v			-	•										1
	you provide more th	•		•		ınformat	tion from	ı vour e	emplovee:	s about					1
	use of the vehicles,		-					,	,,						1
	you meet the require					monstra	ation use	?							İ
	e: If your answer to		σ.						overed vel	nicles					<u> </u>
r	VI Amortization		-, -											-	•
	(a)			(b)		(c)			(d)		(e)			(f)	_
	Description o	f costs	D	ate amortization begins	n	Amortizat amount	ole t	Ì	Code section		Amortiza penod or per		Ar fo	nortization or this year	
42 Am	ortization of costs th	at begins du	iring your 20		ear							<u> </u>			
-												Т			
-					1 -		_	$\top$					_		
<b>43</b> Amo	ortization of costs th	at began be	fore your 20	18 tax ye	ar			•	_			43			
	al. Add amounts in o	-	-	-		o report						44			

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