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Part Unrelated Trade or Business Income	i	• res, enter the hame	and ide	narying number of	are parent corporate								
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		2	-			aπer Janua	ary 1,	2018 (see instructions	⁵⁾		_210		
	DAA							<u> </u>		JZ]	Form 990-T (2018)		

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Form	990-T (2018) BOLDER OPTIONS 41-1909408			Page 2					
Pa	rt III Total Unrelated Business Taxable income								
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see								
	instructions)	33							
34	Amounts paid for disallowed fringes	34							
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see	••							
33									
26	instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	33							
36		00		•					
~=	of lines 33 and 34	36		1,000					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,000					
38									
		<u> </u>		0					
	rt IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	<u> </u>							
	- Table 1 - Tabl	1 39							
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-							
	Proxy tax. See instructions	41							
	Alternative minimum tax (trusts only)	42							
43	Tax on Noncompliant Facility Income. See Instructions	43							
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0					
<u>Pa</u>	t V Tax and Payments 11 11								
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45a	-							
b	Other credits (see instructions)	_							
С	General business credit Attach Form 3800 (see instructions) 45c 📉	_l l							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_							
e	Total credits. Add lines 45a through 45d	45e							
46	Subtract line 45e from line 44	46							
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)	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							
	Payments: A 2017 overpayment credited to 2018	•							
	2018 estimated tax payments 50b								
С	Tax deposited with Form 8868 50c	7							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 75 50d	7							
	Backup withholding (see instructions) All AT 50e	7							
	Credit for small employer health insurance premiums (attach Form 8941) ³ 50f	7							
	Other credits, adjustments, and payments. Form 2439	7							
• 1	Form 4136 Other Total 50g								
51	Total payments. Add lines 50a through 50g	51							
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52							
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		0					
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		<u>_</u>					
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55							
	t VI Statements Regarding Certain Activities and Other Information (see instructions)								
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No					
30	over a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization may have to file			163 110					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country			<u> </u>					
	here ▶			X					
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		X					
	If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$								
50	The state of the s								
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bitue, correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge	elief, il is							
Sigr			May the IRS	discuss this return parer shown below					
Here	De aultions 11/12/19 PRESIDENT		(see instruct	ions)?					
	Signature of officer Date Title		- X	Yes No					
	Print/Type preparer's name Preparer's signature Date	Check	X II PTIN						
Paid	MATT GUYER, CPA MATT GUYER, CPA 11/12/1	g self-en	<u> </u>	386499					
Prepa		n's EIN 🕨		1562398					
Use (
	7	ne no	763-5	42-9633					

Form 990-T (2018) BOLDER OPTIONS					41-1909408						Pá	age 3
	le A - Cost of Go		metho	od of inve	ento	ry valuation ▶						
1 Inve	entory at beginning of ye	ear 1			6	Inventory at end of	year		6			
2 Puro	chases	2			7 Cost of goods sold. Subtract							
3 Cos	st of labor	3				line 6 from line 5 E	nter here	e and				
4a Addı	itional sec 263A costs					ın Part I, line 2			7			
	ach schedule)	4a			8	Do the rules of sec	ion 263A	(with respect to			Yes	No
	r costs ch schedule)	4b				property produced	or acquire	ed for resale) apply				
•	al. Add lines 1 through 4	4b 5				to the organization						
Schedu	le C - Rent Incom	e (From Real	Proper	ty and F	ers	onal Property L	eased	With Real Prope	erty)			
(see in	nstructions)											
1. Description	n of property											
(1) RE	EAL PROPERTY	- DEBT FI	. <i>I</i> .									
(2)												
(3)						· ·····						
(4)												
		2 Rent receiv	ed or accr	ued		 						
(a) F	From personal property (if the pe	ercentage of rent		(b) From re	ea! and	d personal property (if the		3(a) Deductions of	irectly o	onnected with the inc	ome	
fo	or personal property is more that	n 10% but not				rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)						
	more than 50%)			50% or if the	rent is	s based on profit or income		SE	E S	TATEMENT		<u> </u>
(1)	 					9	,300				9,	519
(2)												
(3)												
(4)												
Total			Total			9	<u>,300</u>	(b) Total deduction	IS.			
· ,	income. Add totals of co	` '	o) Enter	•				Enter here and on pa				
	on page 1, Part I, line 6,	 	•				<u>,300</u>	Part I, line 6, column	(8) ▶		9,:	<u>519</u>
Schedu	le E – Unrelated [Debt-Financed	Incom	e (see in:	struc	tions)	1					
				2	Gross	s income from or		 Deductions directly c debt-fina 				
	1 Description of debt-fir	nanced property		alle		to debt-financed	-		ncea pr			
					property			Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1) N /	/a						1	(0.000, 00.000,	+	(4	,	
· · · · · ·	<u> </u>			1			 		_			
(2)	<u> </u>	· · · · · ·		<u> </u>	,		 		+-	···-		
(3)							+					
(4)	Amount of average	5 Average adjusted	hasis	1			<u> </u>					
ac	equisition debt on or	of or allocable to)			3. Column 4. divided	7.0	Gross income reportable		8 Allocable deduction 6 x total of column 6 x		าร
	able to debt-financed erty (attach schedule)	debt-financed prop (attach schedule				column 5	(column 2 x column 6)		3(a) and 3(b)		
	, ,	(•	 		9			+			
(1)	+			<u> </u>			+		+			
(2)				 			1		+			
(3)						9			+			
(4)				<u> </u>			1	here and on page 1,	F.	nter here and on	nace	<u> </u>
								I, line 7, column (A)		Part I, line 7, coli		

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	uities, Royali	ties, and Ren	nts Fron	n Controll	ed Or	ganiz	zations	(see	instruction	ons)			
				t Controlled									
Name of controlled organization		2. Employer ntification number		related income e instructions)	l	4 Total of specified payments made		5 Part of column 4 that included in the controllin organization's gross incor		trolling	ng connected with income		
(1) N/A		,			_								
(2)		,											
(3)										Ì			
(4)		_									<u> </u>		
Nonexempt Controlled Organiza	tions		;							•			
7. Taxable Income	8	Net unrelated income oss) (see instructions)	payments made		10 Part of column 9 that is included in the controlling organization's gross income				11. Deductions directly connected with income in column 10				
(4)						 			 				
(1)					-								
(2)	+				-								
(3)				·							- 		
(4) Totals	J		ı		•	Er	Add column nter here an art I, line 8,	nd on pa	ige 1,	Ente	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)		
Schedule G – Investment In	come of a S	ection 501(c	1(7), (9)	or (17) O	rganiz	ration	ı (see ı	nstru	ctions)				
1. Description of income		2. Amount of ir		3. De	ductions connected			4. Set-a	sides		5 Total deductions and set-asides (col 3		
		L		(attach	schedule)		(a	ttach so	chedule)		plus col 4)		
(1) N/A													
(2)													
(3)				'			ŀ						
(4)													
Totals	>	Enter here and o Part I, line 9, col	lumn (A)					···			er here and on page 1, rt I, line 9, column (B)		
Schedule I - Exploited Exer	npt Activity	income, Oth	<u>er inan</u>	Advertisi	ing inc	come	(see ir	nstruc	tions)		1		
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expension directly connected production unrelate business in	y with n of ed	4 Net income (from unrelated to or business (co 2 minus column If a gain, comp cols 5 through	trade lumn n 3) oute	from Is no	oss income activity that it unrelated ess income	that attnbutable to ted column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1) N/A													
(2)		1				-		$\neg +$			1		
(3)								-			1		
(4)			1					<u> </u>					
Totals	Enter here and o page 1, Part I, line 10, col (A)	n Enter here a page 1, Pa line 10, col	art I,		· ·				Enter here and on page 1, Part II, line 26				
Schedule J – Advertising In	come (see in	structions)	<u> </u>			•							
Part I Income From P			Consc	lidated Ba	asis								
1. Name of penodical	2 Gross advertising income	3. Direct advertising	ct	4 Advertising gain or (loss) (2 minus col 3 a gain, computols 5 through	g (col) If ute		irculation ncome		6 Reader	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1) N/A													
(2)													
(3)						_							
(4)					_								
Totals (carry to Part II, line (5))													

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

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.) 4 Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3 Direct 5. Circulation 6 Readership advertising minus column 5, but 2 minus col 3) If 1. Name of periodical advertising costs псоте costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) $\overline{N/A}$ (2) (3) Totals from Part I ▶ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to 1 Name unrelated business (1) N/A % (2)

Form 990-T (2018)

%

(3)

	-	•	-	-	я
_		a	"		
Form	•	•		_	,

Schedule M Charitable Contribution and Loss Calculation

Description UNRELATED BUSINESS ACTIVITY

2018

Name

BOLDER OPTIONS

Taxpayer Identification Number

41-1909408

Unincorporated Business Income Tax Code

531120

Activity LESSORS OF NONRESIDENTIAL BUILDI

Worksheet 1 Activity Charitable Contribution Deduction		
1 Activity Income (Schedule M, Line 13, col C)	1	-219
2 Activity Expense (does not include amount needed for Line 20)	2	
3 Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10%)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0
Worksheet 2 Activity Losses and Carryforward Amounts		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carned over to next year	3	
4 Losses generated by current year activity	4	219
5 Total loss carned forward to 2019	5	219

		Prior Year		Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					-
1st 12/31/17					
Chantable Contribution Carryover T	o Current Year		0		
Current Year Amount	0				
Chantable Contribution Carryover A	vailable To Next Year				=

41-1909408

Federal Statements

Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions

		Description	Deduction
REAL PROPERTY-	DEBT	FIN.	
INTEREST			1,592
INSURANCE			1,177
REPAIRS			1,764
TAXES			22
UTILITIES			890
INVESTMENT 1	DEPR		4,074
TOTAL			9,519