		990-T	For cal	an) endar year 2018 or other ta	anization Busii d proxy tax unde x year beginning 07/01	r <b>secti</b> /18 .	on 6033(e)) and ending 06/30	)/19 <b>\</b>	ob	OMB_No 1545-0687
	•	irtment of the Treasury nal Revenue Service	<b>▶</b> Do n	●Go to www.irs	s.gov/Form990T for inst on this form as it may	ructions :	and the latest inform	mation.	Ope	on to Public Inspection for
	A	Check box if address changed	P 00 11	Name of organization	( Check box if name ch					ation number
	BE	Exempt under section			, 🗀		,			e instructions )
	2	- · //	Print	Community	Options, I	nc.				84-0626
	ľ	408(e) 220(e)	or		or suite no If a PO box, see in			/* *·	-***6	
		408A 530(a)	Туре	PO Box 31						s activity code
		529(a)	J		noe, country, and ZIP or fores	n postal co	xde		structions)	
		Book value of all assets		Montrose			81402	62	4100	Ì
		it end of year	F G	roup exemption numb	per (See instructions)			•		
		6,395,265		neck organization typ			501(c) trus	t 401(a)	trust	Other trust
	HE	Enter the number of the					be the only (or firs	t) unrelated tra	de or bu	siness here
	)	▶ <u>Interest</u>	on n	ote receiva	able	_			If o	nly one, complete
		Parts I–V If more than				of the p	revious sentence, o	complete Parts	l and II,	∞mplete
		Schedule M for each ad			•	-		•		•
	I C	Dunng the tax year, wa f "Yes," enter the name	s the co e and id	orporation a subsidiary entifying number of th	y in an affiliated group ne parent corporation.	or a pan	ent-subsidiary conti	rolled group?		Yes X No
	J	The books are in care of	of ▶ S	teve Dahlm	an		Т	elephone num	ber ▶ 9	70-249-1412
				e or Business Ir			(A) Income	(B) Expe		(C) Net
	1a	Gross receipts or sale						,		
	b	Less returns and allow	wances		c Balance	- 1c		, 0		/
	2	Cost of goods sold (S	chedule	A, line 7)	•	2				
	3	Gross profit Subtract	line 2 fr	om line 1c		3		-		
	4a	Capital gain net incon	ne (atta	ch Schedule D)		4a			4 .	
	b	Net gain (loss) (Form 479		· · · · · · · · · · · · · · · · · · ·	797)	4b			. /	
	С	Capital loss deduction	_		,	4c			/	
	5	Income (loss) from partnership				5		*	/ ,	
	6	Rent income (Schedu		, ,		6				
	7	Unrelated debt-finano	•	me (Schedule E)		7				
	8	Interest, annuities, royalti			nization (Schedule F)	` 8				
	9	Investment income of a s				9				
	10	Exploited exempt acti			,	10				
	11	Advertising income (S				11				
	12	Other income (See in		•	See Stmt 1	12	7,98	37	ر - ،	7,987
	13	Total. Combine lines		•		13/	7,98			7,987
		rt II   Deductio	ns No	t Taken Elsewho	ere (See instructio	ns.for	limitations on d	leductions.)	(Except	
		deduction	s mus	t be directly conn	ected with the un	elated	business incor	ne.)		
_	_14	Compensation of office	ers, dire	ectors, and trustees (	Schedule K)				14	
Š	₹]5	Salanes and wages			1/00		VED		15	
Ë	₹16	Repairs and maintena	ance				VED		16	
ć	15 16 17 18	Bad debts							17	
	ຼັ 18	Interest (attach sched	lule) (se	e instructions)	NI P	- 23	2020		18	
_	ີ່ 19 ີ່ 20 ີ້ 21	Taxes and licenses			[-]		(6)		19	
Ξ	⊋20	Chantable contributions (	See instr	uctions for limitation rule	s) 000				20	
2	<sup>2</sup> 21	Depreciation (attach if	Form 45	i62)	1 06	レニド	V, () 21			
C	22 1 <sub>23</sub>	Less depredation dai	med on	Schedule A and else	where on return		22a-	·	22b	0
	<sub>23</sub>	Depletion							23	
=	<b>3</b> 24	Contributions to defer	red coń	npensation plans					24	
\		Employee benefit pro		•					25	
\ C	1 25			chedule I)				- vt 1	26	
\ C	1 25						^	ω \	27	1
しょう	25 26 27	Excess exempt exper					4 9			
みのものり	25 26 27 28	Excess exempt exper Excess readership co	sts (Sch	nedule J)			V	•	28	
<b>ラス</b> シャンソ	25 26 27 28	Excess exempt exper Excess readership co Other deductions (att	sts (Sch ach sch	nedule J) edule)			X		28	
アク マシュンノ	25 26 27 28 29	Excess exempt exper Excess readership co Other deductions (att. Total deductions. Ac	sts (Sch ach sch dd lines	nedule J) edule) 14 through 28	rating loss deduction	Subtract	line 29 from line 1:	3	28 29	7,987
なり スクトンソ	25 26 27 28 29	Excess exempt exper Excess readership co Other deductions (att. Total deductions. Ad Unrelated business ta	sts (Sch ach sch dd lines xable in	nedule J) edule) 14 through 28 noome before net ope	rating loss deduction :				28 29 30	7,987
アク マシュンノ	25 26 27 28	Excess exempt exper Excess readership co Other deductions (att. Total deductions. Ad Unrelated business ta	sts (Schach schod lines xable in rating lo	nedule J) edule) 14 through 28 roome before net ope ss ansing in tax year	s beginning on or after				28 29	7,987

g

Form	990	T(2018) Community Options, Inc. **-***6085		Page 2
		Total Unrelated Business Taxable income		
	~	Il of unrelated business taxable income computed from all unrelated trades or businesses (see		·
		uctions)	33	7,987
34		ounts paid for disallowed finges	/34	1,301
35		uctions for net operating loss ansing in tax years beginning before January 1, 2018 (see		
•		uctions)	35	
36		I of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	100	
-		nes 33 and 34	36	7,987
37		offic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	$\{2\}$	1,000
38	•	elated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	V   <del>                                   </del>	
30		·	\\   \\ 38	6 <b>,</b> 987
Ho.	-	r the smaller of zero or line 36  Tax Computation		0,907
<b>∌</b> Pa 39	Ora	anizations Taxable as Corporations. Multiply line 38 by 21% (021)	<u> </u>	1,467
40	_		▶ 1 39	1,407
		armount on line 38 from Tax rate schedule or Schedule D (Form 1041)  Tax rate schedule or Schedule D (Form 1041)  Tax rate schedule or Tax rate schedule or Tax rate schedule D (Form 1041)	▶ 40	
41		cy tax. See instructions	<b>▶</b> 41	
42		mative minimum tax (trusts only)	42	
43		on Noncompliant Facility Income. See Instructions	43	<del></del>
44		·	1 1/4	1,467
	_	II. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments	11 44 1	1,407
45a		· · · · · · · · · · · · · · · · · · ·		
b		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
ن د			<del> </del>	
d		· · · · · · · · · · · · · · · · · · ·	4	
e		I credits. Add lines 45a through 45d	45e	1 107
46	Subt	tract line 45e from line 44	46	1,467
47	Check	r from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)	11 4/	1 467
48		It ax. Add lines 46 and 47 (see instructions)	4 48	1,467
49		3 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	-	ments. A 2017 overpayment credited to 2018	<b> 1;35 </b>	
b		B estimated tax payments 50b		
С		deposited with Form 8868	<b> }■</b>	
d	Fore	eign organizations. Tax paid or withheld at source (see instructions)		
е		kup withholding (see instructions) 50e		
f		fit for small employer health insurance premiums (attach Form 8941)		
g		r credits, adjustments, and payments Form 2439		
	_	Form 4136 Other Total ▶ 50g	- C,	
51		il payments. Add lines 50a through 50g	51	
52	Estir	nated tax penalty (see instructions) Check if Form 2220 is attached	X 52	1 55
53	Tax	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	5341	1,522
54	'Ove	rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54 '	
<u> 55</u>		the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded		
₽Pa	rt V			<del></del>
56	At a	ny time dunng the 2018 calendar year, did the organization have an interest in or a signature or other aut a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization may have	thority	Yes No
	over	a financial account (bank, securities, or other) in a foreigh country? If "YES," the organization may have EN Form 114, Report of Foreigh Bank and Financial Accounts. If "YES," enter the name of the foreigh o	to nie ountry	
	here		ouriu y	X
57	Duni	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?	X
•	If "Y	ES," see instructions for other forms the organization may have to file	• • •	
<u>58</u>	Ente	r the amount of tax-exempt interest received or accrued during the tax year 🕏		
	Ιι	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, it is	
Sig	I 4.	rue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		ay the IRS discuss this return
Her		► There K. ( bloom 7/9/2020CEO	(SE	ay the IRS discuss this return th the preparer shown below ee instructions)?
		Signature of officer Date Title	—— [ ·	X Yes No
-		Preparer's signature Date  Preparer's signature  Date	Check	if PTIN
Paid				
Prep		T m) c T-l TTO	Firm's EIN ▶ (	**-***3886
Use			THIS CHAP	
USE	Unit		Bmm 20	3-663-1400
		Firm's address ▶ Castle Rock, CO 80104-2477	Phone no 30	
				Form <b>990-T</b> (2018)

<u> </u>	i (2018) Commun	<u>ity Opti</u>	ons, inc	<u>:</u>		^ ^ _ ^	^ ^ 6085		Page 3	
Schedule	e A - Cost of Goo	ds Sold. En	ter method of	f inve	entory valuation >	•			-	
	itory at beginning of year			6				6		
2 Purch		2		7	Cost of goods sol	•	ract T			
	of labor	3		┦ `	line 6 from line 5. E					
4.				1	in Part I, line 2	illei ilei	e and	7		
Addition	onal sec 263A costs h schedule)	4-		١.	•	000	A 4		IV N-	
<b>b</b> Other o	· · · · · · · · · · · · · · · · · · ·	4a		-  °	Do the rules of sect				Yes No	
	schedule)	4b		4		•	red for resale) apply			
	. Add lines 1 through 4b			<u>.</u>	to the organization?					
Schedule	e C - Rent Income	e (From Rea	ıl Property aı	nd Po	ersonal Property	/ Leas	ed With Real Pr	operty)		
(see ins	structions)									
Description of	of property									
1) N/I									<del></del>	
	7									
2)			<del></del>		· · · · · · · · · · · · · · · · · · ·			<del></del> -		
3)					<del> </del>				<del></del>	
4)										
		2 Rent receiv	ved or accrued							
(a) Fror	m personal property (if the perce	entage of rent	(b) From	real an	d personal property (if the		3(a) Deductions dire	atly connected with the	e income	
for p	ersonal property is more than 10	0% but not	percentage	of rent f	or personal property exceed	s	in columns 2(a) and 2(b) (attach schedule)			
	more than 50%)		50% or if the	he rent i	s based on profit or income)					
1)										
							<del></del>	····		
2)	<u> </u>	•								
3)					<del></del>					
4)					<del></del>					
Total			Total				(b) Total deductions	<b>3.</b>		
	ncome. Add totals of col		2(b). Enter				Enter here and on pag			
	n page 1, Part I, line 6,				<b>•</b>		Part I, line 6, column (I	B) ▶		
Schedule	e E - Unrelated De	<u>ebt-Finance</u>	d Income (se	e ins	tructions)					
					_		3 Deductions directly con	nected with or allocable	e to	
	4 December of debt force		l l		s income from or		debt-finance	ed property		
	Description of debt-finance	bed property	'	allocable to debt-financed property (i		(a) Straight line depreciation		(b) Other de	ductions	
						(-, -	(attach schedule)	(attach sch		
(1) N/F	·								<del></del>	
	7							<del> </del>		
2)	····-		<del></del>					1		
3)			<del></del>					<del> </del>		
4)	····									
4. An	nount of average isition debt on or	<ol><li>Average adjusted of or allocable to</li></ol>	basis		Column	7.0	ross income reportable	8. Allocable d		
	le to debt-financed	debt-financed prop			4 divided		olumn 2 x column 6)	(column 6 x total 3(a) and		
property	y (attach schedule)	(attach schedule	θ)	D,	y calumn 5			S(a) and	3(0))	
1)					%			l _		
2)					%		•	1		
3)					%			<u> </u>		
					%					
4)	<b>_</b>	<del></del>					have and an man 1	Enter have one	1 00 0000 1	
						⊏nter Part	here and on page 1, 1, line 7, column (A)	Enter here and Part I, line 7,		
						, ait	r, into r, widinii (A)	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	∞.anı (D)	
Totals					▶			ļ	<del></del>	
Total divid	lends-received deduct	ions induded ii	n column 8					L		
								Form 9	90-T (2018)	

1. Name of penodical	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	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						-
(2)						-
(3)	ļ				<u> </u>	2 A
(4)						- 0 4 4
Totals (carry to Part II, line (5))		ļ				
Totals (carry to Part II, line (5))	<u> </u>	<u> </u>	L			5 000 T (0040)

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 penodical	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	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)		<u></u>				
(4)						
Totals from Part I			,	4	,	
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)	* *	, , , , , , , , , , , , , , , , , , ,	4	Enter here and on page 1, Part II, line 27

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	

Form **990-T** (2018)

\*\*-\*\*\*6085

## **Federal Statements**

## Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount	
Interest on notes receivable	\$	37
Total	\$ 7,98	7