Amended 990-T

2018 Exempt Org. Return prepared for:

Boulder Pride dba: Out Boulder County PO Box 1081 Boulder, CO 80306

MIDDLEMIST CROUCH & CO CPAS PC

2960 CENTER GREEN CT BOULDER, CO 80301-5406

MIDDLEMIST CROUCH & CO CPAS PC 2960 CENTER GREEN CT BOULDER, CO 80301-5406 303-449-4025

June 16, 2020

Boulder Pride dba: Out Boulder County PO Box 1081 Boulder, CO 80306

Dear Client:

Enclosed is your 2018 Amended Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. You will receive a refund of \$659. Mail your Federal return as soon as possible to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

CATHERINE MIDDLEMIST, CPA

	ı	Ev	NOTICE empt Organization Bu	201 Usin	.8-100 ess Incom	ne Ta	x Return	ı	OMB No. 154	5-0687
Fo	rm 990-T		(and proxy tax u	nder	section 603	3(e))			201	_
	NDED RETURN For calendar year 2018 or other tax year beginning, 2018, and ending,,,									
SEF	ment of the Treasury		enter SSN numbers on this form as it					0	pen to Public Ins 01(c)(3) Organiza	pection for ations Only
A	Revenue Service Check box if	- Do not	Check box if	name cl	nanged and see instr	ructions.)		D Emp	ployer identificati	on number
	address changed	Print	BOULDER PRIDE					inst	ructions.)	,
	cempt under section 501(C)(3)	or	DBA: OUT BOULDER C	LUNO	Ϋ́				4-146713	
-	408(e) 220(e)	Type	PO BOX 1081						related business e instructions.)	activity code
	408A 530(a)		BOULDER, CO 80306							
	529(a)									
C Bo	ok value of all assets end of year		exemption number (See instruction							
	•		k organization type 🟲 🗓) corporation		` '	01(a) tr		ther trust
			's unrelated trades or businesses.	1			Describe the only (or			Porto I \/
tı	ade or business here		st in the blank space at the end	of tho	provious sente	nce c	. IT 0 omplete Parts I an	niy one	e, complete F omplete a Scl	hedule M
11 f/	more than one, descri	be the firs	ess, then complete Parts III-V.	or the	previous serie	1100, 0	ompiete i arto i ar	ia 11, 00	inplote a go	
ī	Ouring the tax year, was	the corpo	oration a subsidiary in an affiliat	ted gro	oup or a parent	-subsic	diary controlled gro	up?	► Yes	No
	f 'Yes.' enter the name	and ident	ifying number of the parent corp	ooratio	on ►					
	The books are in care of						Telephone number	· > (7:	20) 346-	1836
Par	t I Unrelated Tr	ade or E	Business Income		(A) Incom	1е	(B) Expense	es	(C) N	et
	Gross receipts or sale	S								
b	Less returns and allowances	S	c Balance►	1c						
			, line 7)	2						
			m line 1c	3						
			Schedule D)	4a						
			17) (attach Form 4797)	4b						
5	Capital loss deduction: Income (loss) from a pa	tor trusts artnershin	or an S cornoration	4c						
Э	(attach statement)			5			7 20 22			
6	Rent income (Schedu	le C)		6						
7			(Schedule E)	7					-	
8			rom a controlled organization (Schedule F).	8						
9), (9), or (17) organization (Schedule G)	9						
10			ne (Schedule I)	10						
11			l)	11						
12	Other income (See in	structions	; attach schedule)	10						
		0.11	10	12						
		3 through	en Elsewhere (See instru		s for limitatio	ons o	n deductions.)	(Exce	ept for	
Pa	rt II Deductions	notran s deduc	tions must be directly con	nect	ed with the u	ınrela	ted business ir	ncome	∍.)	
14	Compensation of office	cers, direc	tors, and trustees (Schedule K).					14		
15	Salaries and wages							15		
16	Repairs and maintena	ance						16		
17	Bad debts							17		
18	Interest (attach sched	dule) (see	instructions)					18		
19	Taxes and licenses							19		
20	Charitable contributio	ns (See ir	nstructions for limitation rules).			 •		20		
21	Depreciation (attach I	Form 4562	2)	 4	2	2-		22b		
22	Less depreciation cla	imed on S	Schedule A and elsewhere on re	turn		Za				
23	Depletion		ensation plans							
24	Contributions to defer	neu comp	ensation plans					25		
25	Evenes event even	nege (Sch	edule I)							
26 27	Excess exempt exper	nsts (Sche	dule J)							
28	Other deductions (att	ach sched	lule)					. 28		
29	Total deductions, Ad	ld lines 14	through 28					. 29		
30	Unrelated business to	axable inc	ome before net operating loss o	leduct	ion. Subtract lir	ne 29 f	rom line 13	. 30		
31	Deduction for net operating	loss arising	in tax years beginning on or after Janua	ry 1, 20	18 (see instructions	5)		. 31		
32	Unrelated business to	axable inc	ome. Subtract line 31 from line	3U				. 32		

rar	t III T	otal Unrela	ated Business Taxa	ble Income								
	Total of	unrelated bu	siness taxable income co	omputed from all unrelated trades o	r businesses (see			•				
	instructi	ions)					33	0.				
34	Amount	ts paid for dis		34								
35	Deduction	ion for net ope		35								
	instructi	ions)		33								
36	Total of	f unrelated bu 33 and 34	''	36	0.							
27	OI IIIIes	c deduction (C	·	37								
37 38	Specific	c aeauction (C t ed business 1										
50	enter th	ne smaller of	zero or line 36				38	0.				
Par	t IV T	Tax Compu	ıtation									
39	Organiz	zations Taxal	ole as Corporations. Mult	tiply line 38 by 21% (0.21)			39	0.				
40	Trusts	Taxable at Tr										
		38 from:	Tax rate schedule or	Schedule D (Form 1041)		▶	40					
41	Proxy t	tax. See instr	ructions				41					
42	Alternat	itive minimum	tax (trusts only)				42					
43	Tax on	Noncomplian	nt Facility Income. See in	nstructions			43					
44	Total.	Add lines 41,	42, and 43 to line 39 or	40, whichever applies			44	0.				
Par	t V 1	Tax and Pa	vments									
45 a	Foreign	tax credit (c	orporations attach Form	1118; trusts attach Form 1116)	45 a							
t	Other c	credits (see in	structions)		45 b							
(Genera	al business cre	edit. Attach Form 3800 (s	see instructions)	45 c							
C	d Credit f	for prior year	minimum tax (attach For	m 8801 or 8827)	45 d			•				
•							45 e	0.				
46	Subtrac	ct line 45e fro	om line 44]= 0011 DE 0007 DE			46	0.				
47	Other to	taxes. Check	if from: Form 4255	Form 8611 Form 8697 Form	1 0000		47					
	Oth	her (attach sc	nedule)	ons)			48	0.				
48	Total ta	ax. Add lines	46 and 47 (see instruction	ons)	14) line 2		49	<u> </u>				
49				-A or Form 965-B, Part II, column (and the second s		43					
50 a	a Payme	ents: A 2017 o	overpayment credited to 2	2018	50 a							
					50 c							
•	c lax de	eposited with i	rorm 8808	at course (see instructions)	50 d		1.2	CHARDADAM O				
								STATEMENT 2				
	n Foreigr	n withholding	(see instructions)		e Backup withholding (see instructions)							
,	e Backup	p withholding	(see instructions)		50 f							
1	e Backup f Credit t	p withholding for small emp	(see instructions) oloyer health insurance p	remiums (attach Form 8941)								
1	e Backup f Credit t g Other o	p withholding for small emp credits, adjust	(see instructions) bloyer health insurance ptments, and payments:	remiums (attach Form 8941)	50 f							
!	e Backup f Credit t g Other o ☐ For	p withholding for small emp credits, adjust rm 4136	(see instructions) oloyer health insurance p tments, and payments:	remiums (attach Form 8941) Form 2439 er Total	50 f		51	0.				
51	e Backup f Credit t g Other o For Total p	p withholding for small emp credits, adjust rm 4136 payments. Ad	(see instructions) bloyer health insurance p tments, and payments: Othe d lines 50a through 50g.	remiums (attach Form 8941) Form 2439 Total	50 f		51 52	0.				
51 52	e Backup f Credit t g Other o For Total p Estima	p withholding for small emp credits, adjust rm 4136 payments. Ad ated tax pena	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached	50 f	▶∐	52	0.				
51 52 53	e Backup f Credit t g Other o For Total p Estima Tax du	p withholding for small emp credits, adjust rm 4136 payments. Ad ated tax pena ue. If line 51 is	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached	50 f 50 g	▶∐	52 53	0. 659.				
51 52 53 54	e Backup f Credit to g Other of Total p Estima Tax du Overpa	p withholding for small emporedits, adjusting 4136	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tal of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 52, enter amount over tall of lines 48, 49, and 49, and 49, and 40, and 4	50 f 50 g wed	▶∐	52 53 54					
51 52 53 54 55	e Backup f Credit to g Other of Total p Estima Tax du Overpa Enter t	p withholding for small emporedits, adjusting 4136 payments. Ad ated tax penaue. If line 51 is ayment, if line amount of	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the deck in the second of t	50 f 50 g wed	Refunded	52 53 54	659.				
51 52 53 54 55 Pa	e Backup f Credit to g Other co Total p Estima Tax du Overpa Enter t At any	p withholding for small emporedits, adjusting 4136 payments. Adated tax penaue. If line 51 is ayment. If line the amount of Statement :	(see instructions)	remiums (attach Form 8941) Form 2439 er Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the test of lines 48, 49, and 52, enter are test to 2019 estimated tax Activities and Other Inform the organization have an interest in or	50 f 50 g wed nount overpaid ation (see instruction a signature or other	Refunded betions)	52 53 54 55 er a	659. 659. Yes No				
51 52 53 54 55	e Backup f Credit to g Other co Total p Estima Tax du Overpa Enter t At any	p withholding for small emporedits, adjusting 4136 payments. Adated tax penaue. If line 51 is ayment. If line the amount of Statement :	(see instructions)	remiums (attach Form 8941) Form 2439 er Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the test of lines 48, 49, and 52, enter are test to 2019 estimated tax Activities and Other Inform the organization have an interest in or	50 f 50 g wed nount overpaid ation (see instruction a signature or other	Refunded betions)	52 53 54 55 er a	659. 659. Yes No				
51 52 53 54 55 Pa	e Backup f Credit to g Other co Total p Estima Tax du Overpa Enter t rt VI At any financi	p withholding for small emporedits, adjusting 4136 payments. Addated tax penaule. If line 51 is ayment. If line the amount of Statements time during the ial account (bather small statements)	(see instructions)	remiums (attach Form 8941) Form 2439 er Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the second to 2019 estimated tax Activities and Other Inform the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization country?	50 f 50 g wed	Refunded betions)	52 53 54 55 er a	659. 659. Yes No				
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51 52 53 54 55 Pa	For the state of t	p withholding for small emporedits, adjusting 4136 payments. Addated tax penaue. If line 51 is ayment. If line the amount of Statements time during the ial account (bit of Foreign Bary the tax year, it would be supported to the same of the same o	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the design of the second of the second of the second of the organization have an interest in organization country? If 'Yes,' the organization of the foreign country? If 'Yes,' the organization of the second of the	50 f 50 g wed ation (see instruction a signature or other exaction may have to a country here	Refunded betions) authority over file FinCEN	52 53 54 55 er a	659. 659. Yes No				
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51 52 53 54 55 Pa 56	Forter If	p withholding for small emporedits, adjusting 4136 payments. Addated tax pena ale. If line 51 is ayment. If line the amount of Statement: time during the ial account (but of Foreign Barg the tax year, see instructions the amount of the amou	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the design of the second of the second of the second of the organization have an interest in organization country? If 'Yes,' the organization have an interest in organization of the foreign country? If 'Yes,' the organization of the second	stion (see instruction may have to a country here the grantor of, or training to the country here the grantor of, or training the country here the country	Refunded betions) authority over file FinCEN ansferor to,	52 53 54 55 ver a N Form	659. 659. m 114, Yes No eign trust?.				
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51 52 53 54 55 Pa 56	For the state of t	p withholding for small emporedits, adjusting 4136 payments. Addated tax pena ale. If line 51 is ayment. If line the amount of Statement: time during the ial account (but of Foreign Barg the tax year, see instructions the amount of the amou	(see instructions) coloyer health insurance perments, and payments: Other d lines 50a through 50g. Ity (see instructions). Chis less than the total of line 51 is larger than the total fline 54 you want: Credical Segarding Certains e 2018 calendar year, did thank, securities, or other) in a fink and Financial Accounts, did the organization recons for other forms the organization of the perjury, I declare that I have exporrect, and complete. Declaration	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the common state of lines 48, 49, and 52, enter amount over the common state of lines 48, 49, and 52, enter amount over the common state of lines 48, 49, and 52, enter amount over the common state of lines 48, 49, and 52, enter amount of the common state of common state of lines and Other Inform the organization have an interest in organization country? If 'Yes,' the organization if 'Yes,' enter the name of the foreign eive a distribution from, or was it the anization may have to file. In organization may have to file.	stion (see instruction may have to a country here the grantor of, or training to the country here the grantor of, or training the country here the country	Refunded betions) authority over file FinCEN ansferor to,	52 53 54 55 er a Forn a fore	659. 659. 114, Peign trust?. Incoviedge and edge. The IRS discuss this return with eparer shown below (see				
51 52 53 54 55 Pa 56	For the state of t	p withholding for small emporedits, adjusting all emporedits, adjusting all emporedits. Addited tax penalue. If line 51 is ayment. If line the amount of Statement: Time during the ial account (but of Foreign Bally of Foreign Bally is see instruction the amount of the amount of the amount of the amount of the ial account (but of Foreign Bally is see instruction the amount of the amount of the amount of the ial account (but of Foreign Bally is see instruction the instruction that is true, or instruction that is the instruction that is true, or instruction that is the instruction that	(see instructions)	remiums (attach Form 8941) Form 2439 er Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the second of lines 48, 49, and 52, enter amount over the second of lines 48, 49, and 52, enter amount over the second of lines 48, 49, and 52, enter amount over the second of lines 48, 49, and 52, enter amount over the second of lines 48, 49, and 52, enter amount of lines 48, 49, a	swed	Refunded betions) authority over file FinCEN ansferor to, and to the best oreparer has any	52 53 54 55 Forn a fore	Yes No 114, Pign trust?. Incovered and edge. In				
51 52 53 54 55 Pa 56 57 58 Sig	For the state of t	p withholding for small emporedits, adjusting 4136 payments. Addated tax penaue. If line 51 is ayment. If line the amount of Statement: The during the ial account (bay of Foreign Bary, 'see instruction the amount of Under penalties of belief, it is true, contact the smount of the smount of the amount of the amount of the amount of the smount of the s	(see instructions)	remiums (attach Form 8941) Form 2439 er Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the activities and Other Inform the organization have an interest in organization have an interest in organization from other information eine a distribution from, or was it the anization may have to file. and or accrued during the tax year amined this return, including accompanying schale of preparer (other than taxpayer) is based on the policy of the part of the p	swed	Refunded betions) The authority over file FinCEN The ansferor to, and to the best or or parer has any	52 53 54 55 ver a N Form a fore	659. 659. m 114, eign trust?. Incovledge and edge. reparer shown below (see this return with peparer shown below (see this)? XYes No				
51 52 53 54 55 Pa 56	e Backup f Credit to g Other to Total p Estima Tax du Overpa Enter t rt VI At any financi Report During If 'Yes, Enter to	p withholding for small emporedits, adjusting a payments. Addated tax penalue. If line 51 is ayment. If line the amount of Statements time during the ial account (bay of Foreign Bary, 'see instruction the amount of Under penalties of belief, it is true, comparison.	(see instructions)	remiums (attach Form 8941) Form 2439 Total eck if Form 2220 is attached nes 48, 49, and 52, enter amount over the common states of lines 48, 49, and 52, enter amount over the common states of the common s	swed	Refunded betions) Tauthority over file FinCEN Tauthority o	52 53 54 55 ver a N Form a fore of my k y knowle May the prinstruc	659. 659. m 114, eign trust?. Incovledge and edge. reparer shown below (see ctrions)? XYes No PTIN P000062490				
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Schedule A — Cost of Good	ls Sold. Ent	er method of inver	ntory valuation 🟲				6	Т
1 Inventory at beginning of year	6 Inve							
2 Purchases	7 Cos	st of g	joods	sold. Subtract				
3 Cost of labor						e 5, Enter here line 2	7	
4 a Additional section 263A costs (attach		allu	1 111 1 6	arti,	IIII Z		Yes No	
, , , , , , , , , , , , , , , , , , ,		4 a	• -		محما	facation 262A (wi	th roc	
h Other costs	8 Do	B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?						
(attach sch)	to t							
Schedule C - Rent Income	(From Rea	I Property and	Personal Prope	rty L	eas	ed With Real P	rope	erty) (see instructions)
1 Description of property	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(1)								
(2)								
(3)								
(4)							·	
	2 Rent receiv	ed or accrued				3(a) Deductio	ns dir	ectly connected with
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	eal and personal propentage of rent for per ceeds 50% or if the ron profit or income)	and personal property age of rent for personal ds 50% or if the rent is the income in columns in the income in the i			umns 2(a) and 2(b)			
(1)								
(2)								and the second s
(3)								
(4)								
Total		Total				(1) Tilel dedealer	Entor	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	lumns 2(a) ar , column (A).	d 2(b). Enter				(b) Total deductions here and on page 1, P I, line 6, column (B).	art	-
Schedule E - Unrelated De			instructions)					
			2 Gross income from		3 De	ductions directly debt-fin	conne ancec	cted with or allocable to I property
1 Description of debt	t-financed pro	perty	or allocable to debt- financed property dep			(a) Straight line eciation (attach so	:h)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)	ALL							
4 Amount of average acquisition debt on 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	by reportable (colu n 5 column 6			x	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			_	
(2)				%				
(3)				%			-	
(4)				%				
					Ente Part	r here and on pag I, line 7, column	e 1, E (A). F	nter here and on page 1 Part I, line 7, column (B).
Totals Total dividends-received deduct	ions included	in column 8		.	<u></u>		. •	
BAA			EEA0203L 01/30/19					Form 990-T (2018

Schedule F – Interest, A	nnuities	, Royaltie	s, an	d Rer	nts Fron	n C	controlled O	rgar	ilzations (s	ee instr	uctions)	
		E			rolled Org				E Port of a	dump 4	6 Da-l	uotiona directly
1 Name of controlled 2 Lmp organization identifi num			3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in connected with income in column 5		
(1)												
(2)												
(3)						_						
(4)	<u> </u>											
Nonexempt Controlled Organiz			0.7	otol of	cpocifica	Т	10 Part of o	olum	n 9 that is	1	1 Deducti	ons directly
income income		unrelated ne (loss) structions)	9 Total of specified payments made			10 Part of column 9 that included in the controllin organization's gross inco		controlling	cc	nnected	with income umn 10	
(1)												
(2)			-			_						
(3)			+			\dashv						
(4)							Add columns here and on pa 8, col	age 1	I, Part I, line	Add here	and on pa	6 and 11. Enter ige 1, Part I, line imn (B).
Totals												
Schedule G - Investmen	nt Incom	e of a Se	ction	501(c)(7), (9)), c	or (17) Organ	izat	ion (see inst	ruction	s)	
1 Description of income		2 Amount		3 Deduct		ductions connected	uctions 4 Set-asides connected (attach schedul		ile) set-asio		deductions and ides (column 3 s column 4)	
(1)												
(2)												
(3)												
(4)	P	Enter here an Part I, line 9,										re and on page 1 ne 9, column (B)
Schedule I — Exploited		Activity Ir	ncom	e, Ot	her Tha	n /	Advertising I	nco	me (see inst	ructions	s)	
1 Description of exploited		2 Gross unrelate busines income fr trade o busines	ed ss om r	3 Exper conne pro of u	nses directly ected with duction unrelated ess income	fro or 2	Net income (loss) om unrelated trade business (column minus column 3). f a gain, compute lumns 5 through 7.	5 Gro acti	oss income from vity that is not elated business income	6 Exp attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1)												
(2)						1						
(3)						-						
(4)												Enter here and
Totals	•	Enter here on page Part I, lin column	e 1, e 10,	on Part	here and page 1, I, line 10, umn (B).							on page 1, Part II, line 26
Schedule J – Advertisi		ne (see ins	tructio	ns)		13/3/6						
Part I Income From P	eriodica	Is Report	ed or	ı a Co	onsolida	ate	d Basis					
1 Name of periodic		2 Gros advertis income	s ing	3 adv	Direct vertising costs	4	I Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5	5	Circulation income		adership osts	7 Excess readershi costs (col. 6 minus col. 5, but not mor than col. 4).
(1)						+	through 7.					
<u>(1)</u> <u>(2)</u>												1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(3)						1						-
(4)					· · · · · · · · · · · · · · · · · · ·			-				
Totals (carry to Part II, line (5)) •											

Part II Income From Periodical	s Deported on	a Senarate B	acis (For each n	eriodical listed in	Part II. fill in col	umns 2 through
7 on a line-by-line basis.)	s Reported on	i a Separate D	i or each p	Choulda listed lift		
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	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1 − 5)						
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name		2 Title	4 Compens to unrel	4 Compensation attributable to unrelated business		
					%	
					%	
					%	
					%	
Total. Enter here and on page 1, Part I	I. line 14				•	
BAA	,	TEEA0204 L	12/31/18			Form 990-T (2018)

2018

FEDERAL STATEMENTS

PAGE 1

CLIENT 7684AMND

BOULDER PRIDE DBA: OUT BOULDER COUNTY

84-1467134

6/03/20

02:27PM

STATEMENT 1 FORM 990-T, AMENDED RETURN AMENDED RETURN EXPLANATION

AMENDING FOR SECTION 512(A)(7) REPEAL. REMOVING \$4,140 OF DISALLOWED FRINGES FROM LINE 34.

STATEMENT 2 FORM 990-T, PART V OTHER CHARGES AND PAYMENTS