

IN THE SUPREME COURT OF THE STATE OF NEVADA

THOMAS A. PICKENS,
INDIVIDUALLY AND AS TRUSTEE
OF THE LV BLUE TRUST,

Appellant,

vs.

DR. DANKA K. MICHAELS,
INDIVIDUALLY AND AS TRUSTEE
OF THE MICH-MICH TRUST,

Respondent;

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Elizabeth A. Brown
Clerk of Supreme Court

S.C. DOCKET NO.: 83491
D.C. Case No. D-17-560737-D

APPENDIX

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ATTORNEYS FOR APPELLANT

JOHN D. JONES, ESQ.
Nevada Bar No. 6699
JONES & LOBELLO
9950 W. Flamingo Road, #100
Las Vegas, Nevada 89147
702-318-5060

ATTORNEYS FOR RESPONDENT

Jennifer V. Abrams, Esq.
Nevada Bar No. 7575
The Abrams & Mayo Law Firm
6252 South Rainbow Blvd., #100
Las Vegas, NV 89118
702-222-4021

and

Shawn M. Goldstein, Esq.
Nevada Bar No. 9814
GOLDSTEIN FLAXMAN, PLLC
10161 Park Run Drive, Suite 150
Las Vegas, NV 89145
702-919-1919

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Plaintiff's Trial Exhibit 50 - 2015 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06590-06672
Plaintiff's Trial Exhibit 51 - 2016 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06673-06691
Plaintiff's Trial Exhibit 52 - 2008 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXVIII/ AA06692- XXIX/ AA06759
Plaintiff's Trial Exhibit 53 - 2009 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06760-06832
Plaintiff's Trial Exhibit 54 - 2010 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06833-06862
Plaintiff's Trial Exhibit 55 - 2011 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06863-06912
Plaintiff's Trial Exhibit 56 - 2012 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06913-06930
Plaintiff's Trial Exhibit 57 - 2013 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06931-06962
Plaintiff's Trial Exhibit 58 - 2014 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06963-06998

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Plaintiff's Trial Exhibit 59 - 2015 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06999
Plaintiff's Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXX/AA07000
Plaintiff's Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014	02/14/2020	XXX/AA07001- 07002
Plaintiff's Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
Plaintiff's Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016	02/14/2020	XXX/AA07007- 07008
Plaintiff's Trial Exhibit 69 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2017 through 12/31/2017	02/14/2020	XXX/AA07009- 07010
Plaintiff's Trial Exhibit 70 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2018 through 12/31/2018	02/14/2020	XXX/AA07011
Plaintiff's Trial Exhibit 71 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2019 through 04/30/19	02/14/2020	XXX/AA07012- 07013
Plaintiff's Trial Exhibit 74 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 07/01/2014 through 12/31/14	02/14/2020	XXX/AA07014

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Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15	02/14/2020	XXX/AA07015- 07016
Plaintiff's Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017- 07050
Plaintiff's Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
Plaintiff's Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052
Plaintiff's Trial Exhibit 82 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/30/10 through 12/15/11	02/14/2020	XXX/AA07053
Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12	02/14/2020	XXX/AA07054- 07057
Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13	02/14/2020	XXX/AA07058
Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14	02/14/2020	XXX/AA07059

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Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020 12/16/15 through 12/15/16	02/14/2020	XXX/AA07061-07092
Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17	02/14/2020	XXX/AA07093-07095
Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18	02/14/2020	XXX/AA07096-07204
Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205-07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229-07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12	02/14/2020	XXX/AA07232-07236

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Plaintiff's Trial Exhibit 100 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/13 through 12/08/14	02/14/2020	XXX/AA07240-07247
Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15	02/14/2020	XXX/AA07248-07250
Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16	02/14/2020	XXXI/AA07251-07255
Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17	02/14/2020	XXXI/AA07256-07258
Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18	02/14/2020	XXXI/AA07259
Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXI/AA07260
Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13	02/14/2020	XXXI/AA07261-07262
Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14	02/14/2020	XXXI/AA07263
Plaintiff's Trial Exhibit 108 - American Express #51001 titled in the name of Blue Point Development 12/20/14 through 12/20/15	02/14/2020	XXXI/AA07264-XXXII/AA07516
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Plaintiff’s Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18	02/14/2020	XXXII/AA 07686-07687
Plaintiff’s Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19	02/14/2020	XXXII/AA 07688-07689
Plaintiff’s Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14	02/14/2020	XXXII/AA 07690-07691
Plaintiff’s Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13	02/14/2020	XXXII/AA 07692-07693
Plaintiff’s Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17	02/14/2020	XXXII/AA 07694-07695
Plaintiff’s Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff’s Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
Plaintiff’s Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18	02/14/2020	XXXII/AA 07701-07702
Plaintiff’s Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19	02/14/2020	XXXII/AA 07703-07704
Plaintiff’s Trial Exhibit 125 - Land Rover Financial Group statement 12/13/13 – 01/12/14	02/14/2020	XXXII/AA 07705-07706

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Plaintiff’s Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13	02/14/2020	XXXII/AA 07708- XXXIII/AA 07769
Plaintiff’s Trial Exhibit 128 - Valic – Danka Michalecko statements 9/30/13, 12/31/13, and 9/30/15	02/14/2020	XXXIII/AA 07770-07772
Plaintiff’s Trial Exhibit 129 - Pinnacle Health Systems – Danka K. Michaels. Statements 9/30/13 and 12/31/13	02/14/2020	XXXIII/AA 07773-07778
Plaintiff’s Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff’s Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff’s Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff’s Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff’s Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff’s Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
Plaintiff’s Trial Exhibit 147 - Plaintiff email dated August 26, 2014	02/14/2020	XXXIII/AA 07920-07922
Plaintiff’s Trial Exhibit 148 - Plaintiff email dated May 22, 2013	02/14/2020	XXXIII/AA 07923-07930
Plaintiff’s Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933

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Plaintiff’s Trial Exhibit 152 - Plaintiff email dated December 2, 2016	02/14/2020	XXXIII/AA 07999- XXXIV/AA 08018
Plaintiff’s Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff’s Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
Plaintiff’s Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
Plaintiff’s Trial Exhibit 156 – Request to appeal denial of unemployment benefits	02/21/2020	XXXIV/AA 08248
Defendant’s Trial Exhibit A – Plaintiff’s Response to Defendant’s First Request for Production of Documents and Tangible Things from Plaintiff (with certain attachments thereto)	02/14/2020	XXXIV/AA 08249
Defendant’s Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250- XXXV/AA 08257
Defendant’s Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
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Defendant’s Trial Exhibit M – Notice of Entry of Findings of Fact and Conclusions of Law filed on June 1, 2018 in the matter of <i>Bluepoint Development Inc. v. Patience One, LLC</i>	02/14/2020	XXXVI/AA 08572- XXXVII/AA 08867
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Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/19/2018	II/AA00306-00329
Appendix of Exhibits in Support of Defendant’s Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees	08/01/2019	III/AA00567-IV/AA00702
Appendix of Exhibits in Support of Defendant’s Motion to Compel Discovery Responses	04/22/2019	II/AA00398-00440
Appendix of Exhibits in Support of Defendant’s Motion to Dismiss	11/29/2017	I/AA00025-00044

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Appendix of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion 1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00763-00813
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Certificate of Service	01/09/2019	II/AA00359-00360
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Complaint for Divorce and for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest	10/24/2017	I/AA00001-00015
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Defendant Danka K. Michaels Memorandum of Fees and Costs	08/25/2021	XII/AA02658-02671
Defendant’s Closing Argument Brief	05/28/2021	XI/AA02444-02467
Defendant’s EDCR 7.27 Brief	04/02/2021	XI/AA02302-02320
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Defendant’s Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250-XXXV/AA 08257
Defendant’s Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
Defendant’s Trial Exhibit J – Plaintiff’s Decree of Divorce filed June 26, 2021	02/14/2020	XXXV/AA 08271
Defendant’s Trial Exhibit K – Blue Point Development account statement and record produced by Wells Fargo Bank, in response to Subpoena Duces Tecum	02/14/2020	XXXV/AA 08272
Defendant’s Trial Exhibit L – Wells Fargo billing Statement dated November 2016	02/14/2020	XXXV/AA 08273-XXXVI/AA 08571
Defendant’s Trial Exhibit M – Notice of Entry of Findings of Fact and Conclusions of Law filed on June 1, 2018 in the matter of <i>Bluepoint Development Inc. v. Patience One, LLC</i>	02/14/2020	XXXVI/AA 08572-XXXVII/AA 08867
Defendant’s Trial Exhibit N – Records evidencing attorney’s fees and expert fees paid by Defendant in this action	02/14/2020	XXXVII/AA 08868-08938
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Exhibit Appendix to Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs	12/20/2017	I/AA00064-00093
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First Amended Compliant for Divorce; for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest; and for Alternative Equitable Relief Under the Putative Spouse Doctrine	03/22/2018	I/AA00174-00188
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Motion for Leave to File Second Amended Complaint	09/07/2018	I/AA00245-II/AA00270
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Notice of Entry of Stipulation and Order to Vacate Discovery Hearing	06/19/2019	III/AA00560-00564
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Plaintiff Thomas Pickens General Financial Disclosure Form-Trial	02/11/2020	V/AA00955-00962

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Plaintiff's Objection to Defendant Danka K. Michaels' Memorandum of Fees and Costs	09/07/2021	XIII/AA02823-02854
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Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for International Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00814-00843
Plaintiff's Rebuttal to Defendant's Closing Argument	06/15/2021	XI/AA02489-XII/AA02524
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/10/2020	V/AA00951-00954

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Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02835-02406
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02407-02424
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Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/13/2019	II/AA00496-III/AA00516
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Plaintiff’s Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff’s Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
Plaintiff’s Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18	02/14/2020	XXXII/AA 07701-07702
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Plaintiff’s Trial Exhibit 126 - Lexus Statement – 12/24/13	02/14/2020	XXXII/AA 07707
Plaintiff’s Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13	02/14/2020	XXXII/AA 07708- XXXIII/AA 07769
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Plaintiff’s Trial Exhibit 13 - 2009 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03225- XV/AA03262
Plaintiff’s Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff’s Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff’s Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff’s Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff’s Trial Exhibit 14 - 2010 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03263- 03319
Plaintiff’s Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff’s Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
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Plaintiff’s Trial Exhibit 148 - Plaintiff email dated May 22, 2013	02/14/2020	XXXIII/AA 07923-07930
Plaintiff’s Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933
Plaintiff’s Trial Exhibit 15 - 2011 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03320- 03372
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Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
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Plaintiff's Trial Exhibit 19 - 2015 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03495- XVI/AA03543
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Plaintiff's Trial Exhibit 20 - 2016 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XVI/AA03544- 03639
Plaintiff's Trial Exhibit 21 - 2005 1040 Income Tax Return for Danka Michaels	02/14/2020	XVI/AA03640- 03735
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Plaintiff's Trial Exhibit 27 - 2011 1040 Income Tax Return for Danka Michaels	02/14/2020	XVIII/AA04240- XIX/AA04361
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Plaintiff's Trial Exhibit 29 - 2013 1040 Income Tax Return for Danka Michaels	02/14/2020	XIX/AA04483- XX/AA04646
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Plaintiff’s Trial Exhibit 4 - Nevada Prescription Monitoring Program Prescription log for Tom Pickens	02/14/2020	XIV/AA03112- 03116
Plaintiff’s Trial Exhibit 40 - 2011 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05392- 05488
Plaintiff’s Trial Exhibit 41 - 2012 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05489- XXIV/AA05577
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Plaintiff’s Trial Exhibit 45 - 2016 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA05803- 05934
Plaintiff’s Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA005935- XXVI/AA06106
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Plaintiff’s Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXX/AA07000
Plaintiff’s Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014	02/14/2020	XXX/AA07001- 07002
Plaintiff’s Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
Plaintiff’s Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016	02/14/2020	XXX/AA07007- 07008
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Plaintiff’s Trial Exhibit 7 - Affidavit of Custodian of Records and file from First American Title Company—purchase of 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 on October 7, 2004	02/14/2020	XIV/AA03137- 03150

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Plaintiff’s Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017-07050
Plaintiff’s Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
Plaintiff’s Trial Exhibit 8 - Certificate of Custodian of Records for Ticor Title of Nevada—purchase of 7608 Lowe Avenue, Las Vegas, Nevada 89131 on February 28, 2011	02/14/2020	XIV/AA03151-03164
Plaintiff’s Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052

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Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205-07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229-07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
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Transcript RE: Non-Jury Trial Day 3	10/28/2021	XIII/AA02957- XIV/AA03007
Transcript RE: Non-Jury Trial Day 4	10/28/2021	XIV/AA03008- 03040
Transcript RE: Non-Jury Trial Day 5	10/28/2021	XIV/AA03041- 03054
Trial Subpoena	01/29/2020	V/AA00906- 00909
Trial Subpoena Robert Semonian	01/28/2020	V/AA00892- 00898
Trial Subpoena Shannon L. Evans, Esq.	01/28/2020	V/AA00899- 00905

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. This isn't a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.**2016**

Submission Identification Number (SID) ▶

Taxpayer's name

DANKA MICHAELS

Social security number

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	151,204
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	28,626
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	52,109
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	13,483
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **ROBERT S SEMONIAN CPA** to enter or generate my PIN **17101**
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884-98765

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ **09-11-2017**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2016)

EEA

Danka Michaels002286

AA03001

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

▶ Don't send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**2016**Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax year beginning , 2016, and ending , 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP**56-2371654****Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,540,822
2	Gross profit (Form 1120S, line 3)	2	1,180,951
3	Ordinary business income (loss) (Form 1120S, line 21)	3	(46,917)
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	(46,913)

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name don't enter all zeros

on the corporation's 2016 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 06-05-2017 Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09-11-2017

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2016)

EEA

Danka Michaels002287

AA03002

PERSONAL PROPERTY DECLARATION & ASSET LISTING

Assessor ID# 137725 Group 0
 Business Name MICHAELS DANKA K MD PROF CORP
 Mailing Address 3320 N BUFFALO DR 406
 LAS VEGAS, NV 89127410
 Location Address 3320 N BUFFALO DR 106 LAS VEGAS
 Phone Number (702) 869-4190
 Website Address

Fiscal Year 2015 - 2016

Legal/Corporation Name DANKA S MICHAELS MD PROF CORP
 Contact Name DR MICHAELS
 Contact Phone 702-869-4190
 Email Address NAC'S 137111
 Physicians Offices (except Mental Health Specialists) MID-LEVEL/WWW.CLARKCOUNTY.NV.GOV/ASSESSOR

QUESTIONS:

1. In the business information printed above, correct? (Type YES or NO)

(If "NO" please type corrections over the existing information)
 This business information above should be identical to the information printed on the declaration you returned in the mail.

2. What is the NAICS or type of business?

3. Check and complete any of the following that apply:

- New Business
 Business reorganized
 Business sold
 Out of business

4. Which information are you providing? (check one)

X

Complete list of business assets (Indicate add or delete in last column)

137725

Add or Delete	Asset ID or Serial # (optional)	Description	Year Acquired	Acquisition Cost	Dept Code	Notes	Lessor or Lessee Name	Lessor or Lessee Number	Street Address (R/S, E/W)	Lessor or Lessee NAME	Lessor or Lessee Street Type (St, Dr, Ln)	Lessor or Lessee Number	Lessor or Lessee City	Lessor or Lessee Zip	Lessor or Lessee Customer	Date Lease Began	Lease Term	Monthly Lease Payment	Lease Type	Account ID#	This Asset	
		OFFICE EQUIP	2003	9,151	15																137725	
		OFFICE EQUIP	2003	1,300	15																137725	
		OFFICE EQUIP	2003	1,300	15																137725	
		MEDICAL EQUIP	2005	17,575	15																137725	
		LIABILITIES ONE	2006	17,217	07																137725	
		LIABILITIES TWO	2006	17,217	07																137725	
		SPIN EQUIPMENT	2013	1,500	15																137725	
		PC'S EQUIP	2014	400	07																137725	
		SERVICES EQUIP	2014	1,655	05																137725	
		COMPUTER EQUIP	2014	1,655	05																137725	
		COMPUTER EQUIP	2014	1,655	05																137725	
		COMPUTER EQUIP	2014	1,655	05																137725	
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		COMPUTER EQUIP	2014	1,655	05																137725	
		COMPUTER EQUIP	2014	1,655	05																	

Print this instruction sheet for reference before you begin the process.
Click on worksheet tab "Department Codes - Expanded List" and print a copy.
Click on worksheet tab "Business Personal Property Declaration & Asset Listing".
This is the template you will use to complete your current year filing.
Follow the steps below:

- 1. Complete questions 1-4 on the Business Personal Property Declaration & Asset Listing.**

2. Prepare the asset listing (based on the option selected from question 5).

You may use this template to import or key in your asset listing. You may resize columns to suit data requirements, but please do not delete or alter the sequence of any of the columns.

List all personal property owned, rented, leased, or controlled, as of July 1 of Fiscal Year reporting. DO NOT INCLUDE THE FOLLOWING:

- Any assets acquired after July 1 of Fiscal Year reporting.
- Licensed vehicles subject to the privilege tax.
- Inventory held for resale
- Raw materials held for manufacturing into finished goods
- Supplies that are consumed in normal day-to-day operations having a useful life of less than one year

- An identifiable description and/or asset ID number as used in previous year filings
- The original acquisition date and cost
- Reason for deletion (sold, transferred, sequestered, or other)

3. Please follow the Assessor's prescribed format:

The sample data entered below is fictitious and does not pertain to your business.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or Serial # of the property, if applicable (may be left blank)	Description of the property	Year Acquired	Acquisition Cost	Dep Code	Make	Lessor or Lessee Name	Lessor or Lessee Number	Lessor or Lessee Street Address (N, S, E, W)	Lessor or Lessee Street Type (Rt, Dr, Ln)	Lessor or Lessee City	Lessor or Lessee State	Lessor or Lessee Zip	Lessor or Lessee Customer	Date Lease Began	Lease Term	Monthly Lease Payment	Lease Type		
46716560	DESK	2005	1,500	15															
40978700	CHAIRS	2005	3,000	15															
035000460	OFFICE FURNITURE	2000	12,500	15															
850603000	COMPUTER	2009	5,000	03															
46470566	PHONE SYSTEM	2009	4,500	05			333	Valley View	Blvd	San Vegas		89107-4372		17560		09/2009	18 yrs		75
Enter ADD for any item that is in addition to the prior fiscal year reporting and enter DELETE or X for any item that was on the prior fiscal year's asset listing but is not there for the current fiscal year.																			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
Asset ID # or serial # of the property, if applicable (may be left blank)	Description of the property	Year acquired, or calendar year the property was purchased or placed in service (year must be unique - do not combine years)	Acquisition cost, or actual cost, including installation, transportation, and setup charges	DO NOT INCLUDE SALES TAX	Department Codes based on COMMON DEPARTMENT CODES key (see also "Department Codes - expanded list" When unknown, enter Department Code 15)	03 = Computers, Laptops, Tablets, Kitchen Utensils, Video Tapes	TEIX = Leasehold/Tenant Improvements	20 = Sales & Security Vaults	30 = Cellular, Radio & Tele-vision Towers	50 = Billboards									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)
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Danka Michaels002289

COMMON DEPARTMENT CODES - EXPANDED LIST

Code 15 - Furniture, Trade Fixtures, General Equipment, Signs

Apartment Furnishings (including non-built-in appliances)	Golf Courses: Machinery & Equipment (except golf carts and mowing equipment)	Office Furniture & Fixtures
Auto Repair & Maintenance Equipment (except electronic diagnostic)	Hotel/ Motel Furnishings	Photography & Photo Finishing Equipment
Cameras (35 mm and Polaroid)	Ice Machines	Professional Services Equipment & Fixtures
Coin-wrap equipment	Laundry Equipment	Refrigeration Equipment
Construction & Earth Moving Equipment (mobile or portable)	Libraries - Law, Medical, & other Professions	Repair & Maintenance Equipment
Dry Cleaning Equipment	Machinery	Restaurant & Bar Equipment
Fire & Security Alarms	Manufacturing Equipment, used in most industries (All equipment except listed in codes 10 & 20)	Retail Store Fixtures, Displays, Cases & Racks
Forklifts	Mechanical Equipment	Service Station & Carwash Equipment
Furnishings & Fixtures - most industries	Medical, Dental & Lab Equipment <i>All types, except electronic or diagnostic</i>	Signs (except electronic)
Gaming: Table Games & Non-electronic Equipment	(See also Medical Equipment in codes 07 & 05)	Tools (except small hand tools)
	Non-GPS Surveying Equipment	Vending Machines
		Wholesale & Distribution E&F

Code 10 - Daycare, Playground, Performing Arts & Spectator Sports Equipment

Cable TV Industry E&F (except towers, converters, coax & fiber optic cable)	Manufacturing Equipment used in: Audio & Video Products, Furniture & Related Products	Satellite Equipment
Cranes- Mobile Telescopic	Microwave Systems, except Towers	Waste Management: Garbage Dumpsters, Portable Toilets
Day Care /Child Care Facility E&F	Playground Equipment	
Laser / Infrared Instruments (construction)	Performing Arts & Spectator Sports Equipment	

Code 07 - Electronic Equipment, Slot Machines

Arcade Games	Lawn Care Equipment	Musical Instrument Rentals
Auto Repair Electronic Diagnostic Equipment	Mailing Machines, Postage Meters, & Scales	Patio Furniture
Blue Print Machines (Small table models only)	Mainframe Computers	Point-of-Sale Computer Systems
Cash Registers	Medical, Dental, & Lab Equipment <i>Electronic only, including:</i>	Printing Equipment (digital or non-impact)
Closed Circuit TV, Surveillance, or Camera Systems	Anesthesia Monitors EKG Machines	Radio & Television Broadcasting E&F (except towers & analog broadcasting)
Computer-integrated Machinery	Apnea Monitors Heart Rate Devices	Rent-to-Own Merchandise
Currency Counters	Blood Pressure Monitors Medical Lasers	Signs, Electronic
Gaming: Slot Machines & Electronic Equipment	Defibrillators Neurological Monitors	Slot Machines
Golf Courses: Golf Carts & Mowing Equipment	Detox Analyzers Oxygen Analyzers	Small Hand Tools
GPS Equipment	Doppler Patient Monitors (all kinds)	Sound and Stereo Equipment, CD Players
(See also Medical Equipment in codes 15 & 05)	EEG Machines	Video Players, VCR and DVD

Code 05 - Servers, Copiers, Phones, Fax Machines, TV's

Copiers & Duplicating Machines	Medical & Dental Equipment <i>Diagnostic only, including:</i>	Telecommunication Equipment, Including:
Fax Machines	Diagnostic Ultrasounds	Answering Machines
General Ultrasonic Scanners (See also Medical Equipment in categories 1 & 3)	Cameras: Nuclear Medicine & Intra Oral	Pagers
	Scanners: CAT (Comp Tomography), Cardiac	Telephone Systems
	Ultrasonic, MRI (Magnetic), OB/GYN Ultrasonic,	2-way Radios
	PET (Positron)	Telecommunications: Switching Equipment
		Televisions

Code 03 - Computers, Linens, Uniforms, Kitchen Utensils, Video Tapes

Analog Television Broadcasting Equipment	Costume Rental	Restaurant & Bar: Kitchen Utensils, Glassware,
Cable Box Converters	Formal Wear	Small Wares, Pots, Pans, Linens, Silverware
Cameras (Digital (point & shoot), includes video)	Gaming: Tokens, Chips, Dice, & Playing Cards	Video Tapes, DVD's, Game Tapes, CD's
Cell Phones	Linens & Uniforms	
Computers - PC's, Mini's, Hardware, Printers, Scanners and Taxable Software		

Code TFX - Leasehold/Tenant Improvements Examples: Interior build-outs, built-in fixtures, cabinets, shelving, partitions, etc.

Code 20 - Generators, Safes & Security Vaults

Cranes - Bridge	Ice Manufacturing Equipment (excluding ice machines)	Safes & Security Vaults
Fire-proof File Cabinets	Locksmith Equipment	Water Treatment & Sewage Plants
Food Production: Line Equipment	Manufacturing Equipment used in: Cement, Concrete, Lime, Gypsum, and	
Generators, Power	Abrasive Products	

Code 30 - Cellular, Radio & Television Towers

Code 50 - Billboards (off-site advertising only)

Nevada Department of Taxation

Form TXR-030.01

Nevada Commerce Tax Return

Business Entity NAICS code category	62 - health care and social assistance	0	6	2	Tax ID No	1	0	0	2	1	0	5	7	9	0
For the taxable year	07/01/2015				through	06/30/2016									
Business Entity legal name	DANKA K MICHAELS MD PROF CORP DBA BLUE POINT MEDICAL SPA														
Business Entity address	3320 N BUFFALO DR, LAS VEGAS, NV 89129														

☒ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

Situs to Nevada	Gross Revenue from engaging in business in Nevada	
	1 Sale of inventory	1
	2 Service performance	2
	3 Rents, royalties and leases	3
	4 Interest income from credit sales and loans	4
	5 Damages received from litigation for loss of business income	5
	6 Insurance proceeds for loss of business income	6
	7 Forgiven debt	7
	8 Other revenue	8
	9 Total Gross Revenue (Line 1 through Line 8)	9
10 Less \$4,000,000 Threshold	10	(4,000,000.00)
11 Adjusted Gross Revenue (Line 9 less Line 10)	11	
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO		
To the extent included in revenue	General Business Deductions	
	12 Returns and refunds to customers	12
	13 Bad debt	13
	14 Distributions required by fiduciary duty or law	14
	15 Distributions under certain written contracts	15
	16 Reimbursement of certain expenses and advances from clients	16
	17 Taxes collected from 3 rd party and remitted to taxing authority	17
	18 Other deductions	18
	Industry Specific Deductions	
	19 Employee leasing deduction	19
	20 Gaming deduction	20
	21 Health care provider deduction	21
	22 Insurance deduction	22
	23 Liquor tax deduction	23
	24 Mining deduction	24
	25 US Armed Forces housing deduction	25
	26 Total Deductions (Line 12 through Line 25)	26
	27 Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)	27
28 Tax rate per NAICS code category	28	0 . 0 0 1 9 0
Tax liability	29 Commerce Tax due	29
	30 Plus penalty	30
	31 Plus interest	31
	32 Plus liability established by Department	32
	33 Less credit(s) approved by Department	33
	34 Total amount due and payable (Line 29 through Line 33)	34
	35 Amount remitted with the return	35

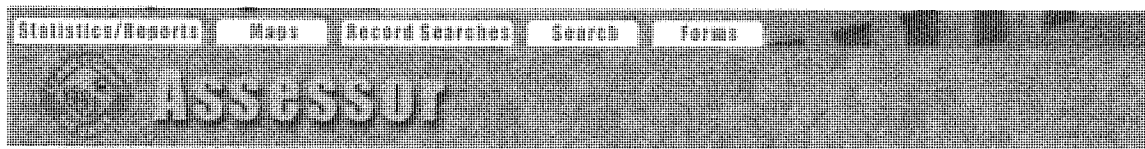
☒ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:		Phone number:	
Name and title:	D MICHAELS, PRESIDENT	Date:	

For Department use only

Danka Michaels002291

AA03006



Michele W. Shafe, Assessor

SUBMIT YOUR ASSET LISTING ONLINE

Nevada Revised Statutes 361.185 and 361.265 provide for the prosecution of persons who fail to submit a sworn statement of property or submit a false statement thereof. Statutes require that this declaration be completed and returned to the County Assessor by July 31st of year filing or within 15 days, whichever is later.

-OATH-

Under penalty of perjury, I do hereby solemnly and truly declare and affirm that I have examined this Personal Property Declaration and to the best of my knowledge and belief it is truly correct and complete.

By submitting your declaration online, you are agreeing to the above oath.

Thank you for submitting your Personal Property Declaration online.

Assessor ID#: 137725

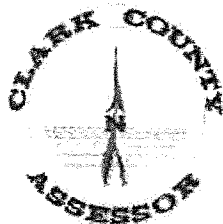
Business Name: MICHAELS DANKA K MD PROF CORP

Your file was received on: 7/6/2016 4:22:14 PM

The information you provided will be used in your valuation. An appraiser from our office may contact you if additional information is required to process your account.

Please print this page for your records as a confirmation of your on-line filing.

[Go Back](#)



Government Center, 500 South Grand Central Parkway, Las Vegas, Nevada 89155-1401

(702) 455-4997 (APPRAISAL DIVISION)

[Return to Home](#)

Danka Michaels002292

AA03007

1120SEF	EF Transmission Status <small>(Keep for your records)</small>	2017																																																																																																																																												
<small>Name(s) as shown on return</small> DANKA K MICHAELS MD PROF CORP		<small>EIN number</small> 56-2371654																																																																																																																																												
<p>The following will be transmitted to the IRS. <input checked="checked" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended <input type="checkbox"/> Reserved</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Acknowledgement and General Information for Entities That File Returns Electronically		2017
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		Employer Identification Number [REDACTED]
<p>Entity address</p> <p>3320 N BUFFALO DR</p> <p>LAS VEGAS, NV 89129</p>		
<p>Thank you for participating in IRS e-file.</p>		
<p>1. <input checked="" type="checkbox"/> 2017 <u>1120S</u> income tax return for <u>Federal</u> was filed electronically. The electronic filing services were provided by <u>ROBERT S SEMONIAN CPA</u></p>		
<p>2. <input type="checkbox"/> income tax return was accepted on _____ using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is _____</p>		
<p>PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</p>		

For calendar year 2017 or tax year beginning . 2017, ending . 20

A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions 3320 N BUFFALO DR	E Date incorporated 06-25-2003
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129	F Total assets (see instructions) \$ 445,603

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	2,007,903	1c	2,005,711	
	b Returns and allowances	1b	2,192			
	c Balance. Subtract line 1b from line 1a					
	2 Cost of goods sold (attach Form 1125-A)				2	412,722
	3 Gross profit. Subtract line 2 from line 1c				3	1,592,989
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)				4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions - attach statement)			5		
	6 Total income (loss). Add lines 3 through 5			6	1,592,989	
	7 Compensation of officers (see instructions - attach Form 1125-E)			7	195,000	
	8 Salaries and wages (less employment credits)			8	625,499	
	9 Repairs and maintenance			9	46,188	
	10 Bad debts			10		
	11 Rents			11	103,200	
	12 Taxes and licenses		Wks. Tax/Lic	12	104,079	
	13 Interest			13	4,836	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	42,537	
	15 Depletion (Do not deduct oil and gas depletion.)			15		
	16 Advertising			16	85,418	
	17 Pension, profit-sharing, etc., plans			17		
	18 Employee benefit programs			18	8,973	
	19 Other deductions (attach statement)		Statement #2	19	242,404	
20 Total deductions. Add lines 7 through 19			20	1,458,134		
21 Ordinary business income (loss). Subtract line 20 from line 6			21	134,855		
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c		
	b Tax from Schedule D (Form 1120S)	22b				
	c Add lines 22a and 22b (see instructions for additional taxes)					
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a		23d		
	b Tax deposited with Form 7004	23b				
	c Credit for federal tax paid on fuels (attach Form 4136)	23c				
	d Add lines 23a through 23c					
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26		
27 Enter amount from line 26 Credited to 2018 estimated tax		Refunded	27			

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Sign Here	DANKA MICHAELS, MD Signature of officer	Date	PRESIDENT Title
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature	Date 06-28-2018
	Firm's name ROBERT S SEMONIAN CPA	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00391972
	Firm's address PO BOX 5605 Ventura CA 93005	Firm's EIN 95-4514704	Phone no. (805) 659-5344

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	Yes	No
		c <input type="checkbox"/> Other (specify) ▶			
2	See the instructions and enter the:				
	a Business activity ▶	PHYSICIAN	b Product or service ▶	MEDICAL CARE	
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				X
4	At the end of the tax year, did the corporation:				
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?	Yes	No
	If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of restricted stock ▶		
	(ii) Total shares of non-restricted stock ▶		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?	Yes	No
	If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of stock outstanding at the end of the tax year ▶		
	(ii) Total shares of stock outstanding if all instruments were executed ▶		
6	Has this corporation filed, or is it required to file, Form 9918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
	If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$		
10	Does the corporation satisfy both of the following conditions?		
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000		
	b The corporation's total assets at the end of the tax year were less than \$250,000	X	
	If "Yes," the corporation is not required to complete Schedules L and M-1.		
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?	X	
	If "Yes," enter the amount of principal reduction \$		
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	X	
13 a	Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Forms 1099?	X	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	134,855
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) . . . Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
d Other deductions (see instructions) . . . Type ▶	12d		
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) . . . Type ▶	13d	
	e Other rental credits (see instructions) . . . Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) . . . Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	(38)
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	225,912
	e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17 a	Investment income	17a
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18 134,855

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		83,841		41,418		
2a	Trade notes and accounts receivable . . .						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions) . .						
6	Other current assets (attach statement) . .	Statement #19	81,514	Statement #19	60,309		
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement) . . .						
10a	Buildings and other depreciable assets . .	955,274		955,274			
b	Less accumulated depreciation	(568,861)	386,413	(611,398)	343,876		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		551,768		445,603		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year		34,825		60,153		
18	Other current liabilities (attach statement) .	Statement #22	1,836	Statement #22	962		
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more		110,928		71,366		
21	Other liabilities (attach statement)						
22	Capital stock		17,000		17,000		
23	Additional paid-in capital		200,000		200,000		
24	Retained earnings		187,179		96,122		
25	Adjustments to shareholders' equity (attach statement)						
	Less cost of treasury stock		()		()		
27	Total liabilities and shareholders' equity . .		551,768		445,603		

EEA

Form 1120S (2017)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	134,855	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
4	Add lines 1 through 3	134,855	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	134,855

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	187,179		
2 Ordinary income from page 1, line 21	134,855		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions	()	()	
6 Combine lines 1 through 5	322,034		
7 Distributions other than dividend distributions	225,912		
8 Balance at end of tax year. Subtract line 7 from line 6	96,122		

Form **1125-A****Cost of Goods Sold**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

OMB No. 1545-0123

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

DANKA K MICHAELS MD PROF CORP

Employer identification number

56-2371654

1	Inventory at beginning of year	1	
2	Purchases	2	300,351
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	112,371
6	Total. Add lines 1 through 5	6	412,722
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	412,722

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2017

For calendar year 2017, or tax year

beginning 2017 ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
56-2371654

B Corporation's name, address, city, state, and ZIP code
DANKA K MICHAELS MD PROF CORP

3320 N BUFFALO DR

LAS VEGAS NV 89129

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[REDACTED]

E Shareholder's name, address, city, state, and ZIP code
DANKA MICHAELS MD

3320 N BUFFALO DR

LAS VEGAS NV 89129

F Shareholder's percentage of stock ownership for tax year 100.00000 %

For IRS Use Only



☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) <u>134,855</u>	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 <u>A</u>	Alternative minimum tax (AMT) items <u>(38)</u>
11	Section 179 deduction	16 <u>D</u>	Items affecting shareholder basis <u>225,912</u>
12	Other deductions		
		17	Other information

* See attached statement for additional information.

Schedule K-1 Distribution Information

2017

Shareholder's name:

DANKA MICHAELS MD

Shareholder's ID Number

Name of S Corporation

DANKA K MICHAELS MD PROF CORP

S Corporation's EIN

56-2371654

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2017	225,912	100.00	1000.00000	225,912
TOTAL				225,912

AA03018

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No **179**

Name(s) shown on return

DANKA K MICHAELS MD PROF CORP

Business or activity to which this form relates

FORM 1120S

Identifying number

56-2371654

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	42,162

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	375
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	42,537
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

EEA

Danka Michaels002304

AA03019

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

▶ Return completed Form 8879-S to ERO. (Don't send to IRS.)

▶ Go to www.irs.gov/Form8879S for the latest information.**2017**Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year beginning , 2017, and ending , 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP

56-2371654

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	2,005,711
2	Gross profit (Form 1120S, line 3)	2	1,592,989
3	Ordinary business income (loss) (Form 1120S, line 21)	3	134,855
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	134,855

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name Don't enter all zeros

on the corporation's 2017 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 02-25-2018 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06-28-2018

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2017)

EEA

Danka Michaels002305

AA03020

Federal Supporting Statements		2017 PG01
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSE	8,724
COMPUTER	5,034
EQUIPMENT RENTAL/LEASE	47,708
LIABILITY INSURANCE	43,701
JANITORIAL	5,156
LEGAL AND PROFESSIONAL	1,323
OFFICE EXPENSE	34,020
OUTSIDE SERVICES/SUB CONTRACTORS	20,809
PAYROLL PROCESSING EXPENSE	3,808
POSTAGE/SHIPPING	2,472
SECURITY	367
UTILITIES	10,385
BILLING SERVICES	12,226
COMMUNICATIONS	23,966
CREDIT AND MERCHANT FEES	22,705
TOTAL	242,404

SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01
Statement #19

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
ADVANCES	4,627	3,425
SPA SUPPLIES	76,887	56,884
TOTAL	81,514	60,309

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES

PG01
Statement #22

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
PAYROLL TAXES PAY	549	962
GIFT CARDS	1,287	
TOTAL	1,836	962

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

FEIN

56-2371654

FORM1125A - LINE 5 - OTHER COST

Statement #5

DESCRIPTIONAMOUNT

LAB FEES

1,174

MEDICAL SUPPLIES

48,464

NERVE CONDUCTION COSTS

9,375

ULTRA SOUND SERVICES

53,358

TOTAL**112,371**

Nevada Department of Taxation
Nevada Commerce Tax Return

Form TXR-030.01
 Revised 08/09/2016

Tax ID No Or NVBID N V

Business Entity NAICS code category Choose: 062 For the taxable year 07/01/2017 through 06/30/2018

Business Entity legal name DANKA K MICHAELS MD PROF CORP

Business Entity address 3320 N BUFFALO DR LAS VEGAS NV 89129

☐ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

Situsued to Nevada	Gross Revenue from engaging in business in Nevada		
	1	Sale of inventory	1
	2	Service performance	2
	3	Rents, royalties and leases	3
	4	Interest income from credit sales and loans	4
	5	Damages received from litigation for loss of business income	5
	6	Insurance proceeds for loss of business income	6
	7	Forgiven debt	7
	8	Other revenue <input type="text"/>	8
	9	Total Gross Revenue (Line 1 through Line 8)	9
	10	Less \$4,000,000 Threshold	10 (4,000,000.00)
	11	Adjusted Gross Revenue (Line 9 less Line 10)	11
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	General Business Deductions		
	12	Returns and refunds to customers	12
	13	Bad debt	13
	14	Distributions required by fiduciary duty or law	14
	15	Distributions under certain written contracts	15
	16	Reimbursement of certain expenses and advances from clients	16
	17	Taxes collected from 3rd party and remitted to taxing authority	17
	18	Other deductions <input type="text"/>	18
	Industry Specific Deductions		
	19	Employee leasing deduction	19
	20	Gaming deduction	20
	21	Health care provider deduction	21
	22	Insurance deduction	22
	23	Liquor tax deduction	23
	24	Mining deduction	24
	25	US Armed Forces housing deduction	25
	26	Total Deductions (Line 12 through Line 25)	26
		27	Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)
	28	Tax rate per NAICS code category	28 0.00190
Tax liability	29	Commerce Tax due	29
	30	Plus penalty	30
	31	Plus interest	31
	32	Plus liability established by Department	32
	33	Less credit(s) approved by Department	33
	34	Total amount due and payable (Line 29 through Line 33)	34
	35	Amount remitted with the return	35

☐ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:	<input type="text"/>	Phone number:	<input type="text"/>
Name and title: DANKA MICHAELS	PRESIDENT	Date:	02/25/2018

For Department use only

Danka Michaels002308

AA03023

Nevada Filing Instructions**2017**

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

SSN or EIN

56-2371654

Date to file by: 08-14-2018

Form to be filed: NVTXR_30 and supplemental forms and schedules

Sign and Date: Please sign and date your return.

Refund: \$0.00

Address to file: Nevada Department of Taxation
ATTN Commerce Tax Nonremittance
PO Box 51133
Los Angeles, CA 900515433

	Notes about the return	2017 PAGE 1
Name(s) DANKA K MICHAELS MD PROF CORP	Your social security number 56-2371654	
<p>1. The Commerce Tax is an annual tax passed by the Nevada Legislature during the 2015 Legislative Session. The tax is imposed on businesses with a Nevada gross revenue exceeding \$4,000,000 in the taxable year. All businesses are required to file a Commerce Tax return, regardless of liability.</p> <p>Taxable year The taxable year is July 1, 2016 through June 30, 2017. If the business entity ceases to exist before the end of the taxable year, input the date the entity ceased to exist in the second box of line "For the taxable year through". The box "Final return" should also be checked.</p> <p>When to file The Commerce Tax return can be filed between July 1, 2017 and August 15, 2017.</p> <p>Where to file Return can be filed electronically or on a hard copy.</p> <p>To file electronically, go to: https://www.nevadatax.nv.gov/</p> <p>FAQ Page: https://tax.nv.gov/Commerce/ComTaxFAQs/</p> <p>Instructions: https://tax.nv.gov/uploadedFiles/taxnvgov/Content/Commerce/CommerceTax_Instructions.pdf</p>		
NVNOTES.LD		

Danka Michaels002310

AA03025

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2017

S CORPORATION NAME

DANKA K MICHAELS MD PROF CORP

EIN

56-2371654

Taxes and Licenses

Form 1120S

Page 1, Line 12

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	6,796
6	Intangible property taxes	6	
7	Payroll taxes	7	89,570
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	7,713
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	104,079

Schedule M-2/Retained Earnings Worksheet

Form 1120S

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

DANKA K MICHAELS MD PROF CORP

56-2371654

Analysis of Current-Year Retained Earnings

1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1	187,179
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2	134,855
3	Distributions (Schedule K, line 16d)	3	(225,912)
4	Subtotal (combines lines 1 through 3)	4	96,122
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5	96,122
6	Difference (line 4 minus line 5) (should be zero)	6	

Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA

1	Ending retained earnings (Schedule L, column d, line 24)	1	96,122
2	Beginning retained earnings (Schedule L, column b, line 24)	2	187,179
3	Retained earnings change (line 1 minus line 2)	3	(91,057)
4	Ending AAA plus OAA	4	96,122
5	Beginning AAA plus OAA	5	187,179
6	Difference (line 4 minus line 5)	6	(91,057)

Current-Year Timing Adjustments per Schedule M-1

Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)

7	Other income recorded on books not included on Schedule K	7	
8	Depreciation on Schedule K not included on books	8	
9	Other Schedule K items not included on books	9	
10	Total subtractions (lines 7 through 9)	10	

Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)

11	Income included on Schedule K not recorded on books	11	
12	Depreciation on books not included on Schedule K	12	
13	Other items on books not included on Schedule K	13	
14	Total additions (lines 11 through 13)	14	
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	15	

Current-Year Timing Adjustments Per Schedule M-3

Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.

16	Permanent differences	16	
17	Temporary differences	17	
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	18	
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	19	
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	20	
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	21	(91,057)
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	22	
23	Net reconciliation difference (line 3 minus line 21 or 22)	23	

Summary of Stock Ownership					2017	
CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS MD			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

Depreciation Detail Listing

STATE FORM 1120S

2017

PAGE 1

For your records only

Name(s) as shown on return															Social security number/EIN			
DANKA K MICHAELS MD PROF CORP															56-2371654			
No	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current			
1	OFFICE FURNITURE	06252003	9,151		100.00			9,151	7		0	9,151		9,151				
2	MEDICAL EQUIPMENT	06252003	1,304		100.00			1,304	7		0	1,304		1,304				
3	MED EQUIP	07012005	17,576		100.00	PY		0	5		0	17,576		17,576				
4	MED EQUIP	07012006	164,054		100.00	PY		114,054	7		0	164,054		164,054				
5	MED EQUIP	07012007	59,066		100.00			59,066	7		0	59,066		59,066				
6	MED EQUIP	07012008	5,990		100.00			5,990	7		0	5,990		5,990				
7	MED EQUIP	08012008	15,550		100.00			15,550	7		0	15,550		15,550				
8	SPA EQUIP	07012009	48,720		100.00	PY		0	5		0	48,720		48,720				
9	SOFTWARE	07012009	1,868		100.00			1,868	3		0	1,868		1,868				
10	MEDICAL EQUIP	12282010	54,660		100.00	PY		0	5		0	54,660		54,660				
11	COMPUTER EQUIP	02172010	5,854		100.00	PY		0	3		0	5,854		5,854				
12	EQUIP	07012012	1,437		100.00	PY		0	5	SL HY	20	1,437		1,437				
13	OFFICE EQUIPMENT	07012013	205		100.00			205	7	200 DB MQ	9.3	138	19	157				
14	MEDICAL EQUIPMENT	07012013	4,417		100.00			4,417	7	200 DB MQ	9.3	2,980	411	3,391				
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00			424,671	15	SL MQ	6.667	88,472	28,311	116,783				
16	SPA EQUIPMENT	10012013	1,500		100.00			1,500	7	200 DB MQ	10.04	919	151	1,070				
17	OFFICE EQUIP AND FURN	07012015	98,251		100.00			98,251	7	SL HY	14.286	21,054	14,036	35,090				
18	MEDICAL LASER	07012015	41,000		100.00			41,000	3	SL HY	33.333	20,500	13,667	34,167				
Totals			955,274					777,027				519,293	56,595	575,888				
Land Amount							PY	178,247	PY	83,538	CY 179 and CY Bonus							
Net Depreciable Cost			955,274								TOTAL CY Depr including 179/bonus							
											56,595							
											ST ADJ:							

AA03032

Next Year's Depreciation Worksheet

(Keep for your records)

2017

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Tax ID Number

56-2371654

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	06252003	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	06252003	1,304	SL	7	
1120	1	MED EQUIP	07012005		EXP	5	
1120	1	MED EQUIP	07012006	114,054	SL	7	
1120	1	MED EQUIP	07012007	59,066	SL	7	
1120	1	MED EQUIP	07012008	5,990	SL	7	
1120	1	MED EQUIP	08012008	15,550	SL	7	
1120	1	SPA EQUIP	07012009		SL	5	
1120	1	SOFTWARE	07012009	1,868	SL	3	
1120	1	MEDICAL EQUIP	12282010		SL	5	
1120	1	COMPUTER EQUIP	02172010		SL	3	
1120	1	EQUIP	07012012		SL	5	
1120	1	OFFICE EQUIPMENT	07012013	205	M	7	18
1120	1	MEDICAL EQUIPMENT	07012013	2,209	M	7	195
1120	1	LEASEHOLD IMPROVEMENTS	10012013	424,671	SL	15	28,311
1120	1	SPA EQUIPMENT	10012013	1,500	M	7	131
1120	1	OFFICE EQUIP AND FURNITU	07012015	49,125	SL	7	7,018
1120	1	MEDICAL LASER	07012015	20,500	SL	3	3,417
		TOTAL					39,090

Danka Michaels002318

AA03033

ROBERT S SEMONIAN CPA

PO BOX 5605
Ventura, CA 93005
semon@prodigy.net
Phone: (805)659-5344 | Fax: (805)659-5346

Customer Name	Customer Information	
Danka K Michaels MD Prof Corp 3320 N Buffalo Dr Las Vegas, NV 89129	Invoice #:	
	Date:	June 28, 2018
	Phone:	
	E-mail:	

Your 2017 tax return was prepared by Robert S Semonian CPA.

Description	Fee
Federal And Supplemental Forms	
Form 1120S	U.S. S Corp Income Tax Return, page 1
Form 1120S pg 2	U.S. S Corp Income Tax Return, page 2
Form 1120S pg 3	U.S. S Corp Income Tax Return, page 3
Form 1120S pg 4	U.S. S Corp Income Tax Return, page 4
Form 1120S pg 5	U.S. S Corp Income Tax Return, page 5
K-1	Shareholder's Share of Income
K-1 Dist	Shareholder's Share of Distributions
Form 1125-A	Cost of Goods Sold
Form 1125-E	Compensation of Officers
Form 4562	Depreciation and Amortization
Form 8879-S	E-File Signature Authorization for 1120S
FED DEPR Schedule	Federal Depreciation Schedule
Next Year Depr	Next Year Depreciation Schedule
ST DEPR Schedule	State Depreciation Schedule
Wks DIST	Distribution Information
Wks M-2	Schedule M-2 Worksheet
Wks SOWN	Summary of Ownership Changes
Wks Tax/Lic	Taxes and Licenses Worksheet
Statement 1120S	Form 1120S - Itemized Other Deduction
Statement Sch L	Schedule L - Itemized Other Current Assets
Statement Sch L	Schedule L - Itemized Other Current Liab's
Statement 1125A	Form 1125A - Itemized Other Costs
Comparison	Tax Year Comparison Sheet
EF Notice	General Information for Electronic Filing
K-K1 Comparison	Comparison of Schedule K to K-1
Nevada Forms	
NVTXR 30	Nevada Commerce Tax Return
NVINST	NV Filing Instructions
Total Forms	27
	Forms Subtotal
	0.00
	Total Balance Due
	0.00

Payment due upon receipt. Thank you for your business!

1120S

**Sub S Corporation
Diagnostic Summary**

2017

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

Mailing Address: 3320 N BUFFALO DR
LAS VEGAS, NV 89129

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 06-28-2018

Return Information

Item on Return	2017 Federal	2016 Federal (If available)
Total Assets	445,603	551,768
Number of Shareholders	1	1
Gross Receipts/Sales	2,007,903	1,552,011
Total Income	1,592,989	1,180,951
Total Deductions	1,458,134	1,227,868
Ordinary Income	134,855	(46,917)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	313,122	404,179

State/City InformationState/City

Gross
Income

Taxable
Income

Composite
Tax

Other Tax

Refund/
(Balance Due)

NVTXR_30

**1120S TAX RETURN COMPARISON
2015 / 2016 / 2017**

2017

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	Identifying number 56-2371654
---	----------------------------------

	2015 FEDERAL	2016 FEDERAL	2017 FEDERAL	DIFFERENCE BETWEEN 2016 & 2017
Income				
Net receipts	1,762,946	1,540,822	2,005,711	464,889
Cost of goods sold	361,432	359,871	412,722	52,851
Gross profit	1,401,514	1,180,951	1,592,989	412,038
Net gain/loss from 4797				
Other income				
Total income	1,401,514	1,180,951	1,592,989	412,038
Deductions				
Compensation of officers	195,000	200,000	195,000	(5,000)
Salaries and wages	506,747	494,084	625,499	131,415
Repairs and maintenance	14,469	45,560	46,188	628
Bad debts				
Rents	94,600	103,200	103,200	
Taxes and licenses	119,575	76,537	104,079	27,542
Interest	15,569	7,684	4,836	(2,848)
Net depreciation	106,364	42,688	42,537	(151)
Depletion				
Advertising	10,284	31,547	85,418	53,871
Pension, profit-sharing				
Employee benefits	27,313	9,243	8,973	(270)
Other deductions	205,837	217,325	242,404	25,079
Total deductions	1,295,758	1,227,868	1,458,134	230,266
Ordinary business income(loss)	105,756	(46,917)	134,855	181,772
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss)	105,756	(46,917)	134,855	181,772
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	7	4		(4)
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

2015 2016 2017 DIFFERENCE

1120S TAX RETURN COMPARISON
2015 / 2016 / 2017

2017

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2015 FEDERAL	2016 FEDERAL	2017 FEDERAL	DIFFERENCE BETWEEN 2016 & 2017
Deductions				
Section 179 deduction				
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment	54	20	(38)	(58)
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	474			
Property distributions		8,240	225,912	217,672
Repayment of loans from shareholders				
Other information				
Investment income	7	4		(4)
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE		NV	NV	
Taxable income				
Total tax				
Overpayment				
Balance due				
	2015	2016	2017	DIFFERENCE

Nevada Department of Taxation
Nevada Commerce Tax Return

Form TXR-030.01
 Revised 08/09/2016

Tax ID No **1002105790** Or NVBID **N V**

Business Entity NAICS code category Choose: **062** For the taxable year **07/01/2016** through **06/30/2017**

Business Entity legal name **DANKA K MICHAELS MD PROF CORP**

Business Entity address **3320 N BUFFALO DR LAS VEGAS NV 89129**

☒ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

Sitused to Nevada	Gross Revenue from engaging in business in Nevada		
	1	Sale of inventory	1
	2	Service performance	2
	3	Rents, royalties and leases	3
	4	Interest income from credit sales and loans	4
	5	Damages received from litigation for loss of business income	5
	6	Insurance proceeds for loss of business income	6
	7	Forgiven debt	7
	8	Other revenue	8
	9	Total Gross Revenue (Line 1 through Line 8)	9
10	Less \$4,000,000 Threshold	10	(4,000,000.00)
11	Adjusted Gross Revenue (Line 9 less Line 10)	11	
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	General Business Deductions		
	12	Returns and refunds to customers	12
	13	Bad debt	13
	14	Distributions required by fiduciary duty or law	14
	15	Distributions under certain written contracts	15
	16	Reimbursement of certain expenses and advances from clients	16
	17	Taxes collected from 3rd party and remitted to taxing authority	17
	18	Other deductions	18
	Industry Specific Deductions		
	19	Employee leasing deduction	19
	20	Gaming deduction	20
	21	Health care provider deduction	21
	22	Insurance deduction	22
	23	Liquor tax deduction	23
	24	Mining deduction	24
	25	US Armed Forces housing deduction	25
	26	Total Deductions (Line 12 through Line 25)	26
	27	Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)	27
28	Tax rate per NAICS code category	28	
Tax liability	29	Commerce Tax due	29
	30	Plus penalty	30
	31	Plus interest	31
	32	Plus liability established by Department	32
	33	Less credit(s) approved by Department	33
	34	Total amount due and payable (Line 29 through Line 33)	34
	35	Amount remitted with the return	35

☒ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:		Phone number:	
Name and title: DANKA MICHAELS	PRESIDENT	Date:	06/05/2017

For Department use only

Danka Michaels002323

AA03038

2017 W-2 and EARNINGS SUMMARY



Employee Reference Copy		W-2		Wage and Tax Statement		2017	
OMB No. 1545-0048							
Copy C for employee's records							
d Control number	Dept.	Corp.	Employer use only				
000005	R7/G4Q		A	12			
c Employer's name, address, and ZIP code							
DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129							
Batch #97130							
e/f Employee's name, address, and ZIP code							
DANKA K MICHAELS 3320 N BUFFALO DR #106 LAS VEGAS, NV 89129							
b Employer's FED ID number	a Employee's SSA number						
56-2371654							
1 Wages, tips, other comp.	2 Federal income tax withheld						
195000.00	46990.32						
3 Social security wages	4 Social security tax withheld						
127200.00	7886.40						
5 Medicare wages and tips	6 Medicare tax withheld						
195000.00	2827.50						
7 Social security tips	8 Allocated tips						
9 Verification Code	10 Dependent care benefits						
11 Nonqualified plans	12a See instructions for box 12						
14 Other	12b						
	12c						
	12d						
	13 Stat emp/Ret. plan/3rd party sick pay						
15 State Employer's state ID no.	16 State wages, tips, etc.						
17 State income tax	18 Local wages, tips, etc.						
19 Local income tax	20 Locality name						

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pay	195000.00	Social Security Tax Withheld Box 4 of W-2	7886.40	State Income Tax Box 17 of W-2
Fed. Income Tax Withheld Box 2 of W-2	46990.32	Medicare Tax Withheld Box 6 of W-2	2827.50	Local Income Tax Box 19 of W-2
				SUI/SDI Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	195,000.00	195,000.00	195,000.00
Less Wages Over Limit	N/A	67,800.00	N/A
Reported W-2 Wages	195,000.00	127,200.00	195,000.00

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

DANKA K MICHAELS
3320 N BUFFALO DR #106
LAS VEGAS, NV 89129

Social Security Number [REDACTED]
Taxable Marital Status SINGLE

Exemptions/Allowances

FEDERAL: 0

© 2017 ADP, LLC

1 Wages, tips, other comp.	2 Federal income tax withheld		
195000.00	46990.32		
3 Social security wages	4 Social security tax withheld		
127200.00	7886.40		
5 Medicare wages and tips	6 Medicare tax withheld		
195000.00	2827.50		
d Control number	Dept.	Corp.	Employer use only
000005	R7/G4Q		A
12			
c Employer's name, address, and ZIP code			
DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129			
b Employer's FED ID number	a Employee's SSA number		
56-2371654			
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp/Ret. plan/3rd party sick pay		
e/f Employee's name, address and ZIP code			
DANKA K MICHAELS 3320 N BUFFALO DR #106 LAS VEGAS, NV 89129			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy			
W-2			
Wage and Tax Statement			
OMB No. 1545-0048			
Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp.	2 Federal income tax withheld		
195000.00	46990.32		
3 Social security wages	4 Social security tax withheld		
127200.00	7886.40		
5 Medicare wages and tips	6 Medicare tax withheld		
195000.00	2827.50		
d Control number	Dept.	Corp.	Employer use only
000005	R7/G4Q		A
12			
c Employer's name, address, and ZIP code			
DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129			
b Employer's FED ID number	a Employee's SSA number		
56-2371654			
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp/Ret. plan/3rd party sick pay		
e/f Employee's name, address and ZIP code			
DANKA K MICHAELS 3320 N BUFFALO DR #106 LAS VEGAS, NV 89129			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
State Reference Copy			
W-2			
Wage and Tax Statement			
OMB No. 1545-0048			
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp.	2 Federal income tax withheld		
195000.00	46990.32		
3 Social security wages	4 Social security tax withheld		
127200.00	7886.40		
5 Medicare wages and tips	6 Medicare tax withheld		
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56-2371654			
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	12d		
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e/f Employee's name, address and ZIP code			
DANKA K MICHAELS 3320 N BUFFALO DR #106 LAS VEGAS, NV 89129			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
City or Local Reference Copy			
W-2			
Wage and Tax Statement			
OMB No. 1545-0048			
Copy 3 to be filed with employee's City or Local Income Tax Return.			

Danka Michaels002324

AA03039

**Nevada Department of Taxation
Nevada Commerce Tax Return**

Form TXR-030.01
Revised 08/09/2016

Tax ID No	1002105790	Or NVBID	N V
Business Entity NAICS code category	Choose 062	For the taxable year	07/01/2017 through 06/30/2018
Business Entity legal name	DANKA K MICHAELS MD PROF CORP		
Business Entity address	3320 N BUFFALO DR LAS VEGAS NV 89129		

☒ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

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	7 Forgiven debt	7
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	9 Total Gross Revenue (Line 1 through Line 8)	9
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	19 Employee leasing deduction	19
	20 Gaming deduction	20
	21 Health care provider deduction	21
	22 Insurance deduction	22
	23 Liquor tax deduction	23
	24 Mining deduction	24
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	27 Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)	27
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	31 Plus interest	31
	32 Plus liability established by Department	32
	33 Less credit(s) approved by Department	33
	34 Total amount due and payable (Line 29 through Line 33)	34
	35 Amount remitted with the return	35

☒ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:		Phone number:	
Name and title: DANKA MICHAELS	PRESIDENT	Date:	02/25/2018

For Department use only

Danka Michaels002325

AA03040

1065EF	EF Transmission Status (Keep for your records)	2012																																																																																																																																					
Name(s) as shown on return PATIENCE ONE LLC		EIN number 45-5302432																																																																																																																																					
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1065 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2012, or tax year beginning _____, 2012, ending _____, 20_____. ▶ Information about Form 1065 and its separate instructions is at www.irs.gov/form1065 .		OMB No. 1545-0099 2012	
A Principal business activity REAL ESTATE	Print or type.	Name of partnership PATIENCE ONE LLC		D Employer identification number 45-5302432	
B Principal product or service DEVELOPMENT		Number, street, and room or suite no. If a P.O. box, see the instructions. STE 208 3320 N BUFFALO		E Date business started 05-09-2012	
C Business code number 531120		City or town, state, and ZIP code LAS VEGAS, NV 89129		F Total assets (see the instructions) \$ 1,782,628	

G Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2

J Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
22 Ordinary business income (loss). Subtract line 21 from line 8			22	

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			
	Signature of general partner or limited liability company member manager TOM PICKENS		Date 09-16-2018	
	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA		Preparer's signature [Signature]	
	Firm's name ▶ ROBERT S SEMONIAN CPA		Firm's EIN ▶ 95-4514704	
	Firm's address ▶ PO BOX 5605 Ventura, CA 93005		Phone no. (805) 659-5344	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2012)

EEA

Danka Michaels001470

AA03042

Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No
a	<input type="checkbox"/> Domestic general partnership		
b	<input type="checkbox"/> Domestic limited partnership		
c	<input checked="" type="checkbox"/> Domestic limited liability company		
d	<input type="checkbox"/> Domestic limited liability partnership		
e	<input type="checkbox"/> Foreign partnership		
f	<input type="checkbox"/> Other ▶		
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X
3	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
4	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
---	---	--	---

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	Yes	No
6	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than \$250,000.		
b	The partnership's total assets at the end of the tax year were less than \$1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10	At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file all required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	TOM PICKENS	Identifying number of TMP	
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145		

Schedule K		Partners' Distributive Share Items	Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1 0
	2	Net rental real estate income (loss) (attach Form 8825)	2 (91,670)
	3 a	Other gross rental income (loss)	3a
	b	Expenses from other rental activities (attach statement)	3b
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
	5	Interest income	5
	6	Dividends: a Ordinary dividends	6a
	b	Qualified dividends	6b
	7	Royalties	7
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss)	9b
	c	Unrecaptured section 1250 gain (attach statement)	9c
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type	11
	12	Section 179 deduction (attach Form 4562)	12
	13 a	Contributions	13a
	b	Investment interest expense	13b
	c	Section 59(e)(2) expenditures: (1) Type (2) Amount	13c(2)
	d	Other deductions (see instructions) Type	13d
	Self-Employment	14 a	Net earnings (loss) from self-employment
b		Gross farming or fishing income	14b
c		Gross nonfarm income	14c
Credits	15 a	Low-income housing credit (section 42(j)(5))	15a
	b	Low-income housing credit (other)	15b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
	d	Other rental real estate credits (see instructions) Type	15d
	e	Other rental credits (see instructions) Type	15e
	f	Other credits (see instructions) Type	15f
Foreign Transactions	16 a	Name of country or U.S. possession	16a
	b	Gross income from all sources	16b
	c	Gross income sourced at partner level	16c
	d	Foreign gross income sourced at partnership level	
	e	Passive category General category f Other	16f
	g	Deductions allocated and apportioned at partner level	
	h	Interest expense h Other	16h
	i	Deductions allocated and apportioned at partnership level to foreign source income	
	j	Passive category j General category k Other	16k
	l	Total foreign taxes (check one): Paid Accrued	16l
Alternative Minimum Tax (AMT) Items	m	Reduction in taxes available for credit (attach statement)	16m
	n	Other foreign tax information (attach statement)	
	17 a	Post-1986 depreciation adjustment	17a
	b	Adjusted gain or loss	17b
	c	Depletion (other than oil and gas)	17c
	d	Oil, gas, and geothermal properties-gross income	17d
Other Information	e	Oil, gas, and geothermal properties-deductions	17e
	f	Other AMT items (attach statement)	17f
	18 a	Tax-exempt interest income	18a
	b	Other tax-exempt income	18b
	c	Nondeductible expenses	18c
	19 a	Distributions of cash and marketable securities	19a
	b	Distributions of other property	19b
20 a	Investment income	20a	
b	Investment expenses	20b	
c	Other items and amounts (attach statement)		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	(91,670)
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners		(91,670)					

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		Assets		(a)	(b)	(c)	(d)
1	Cash						5,389
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts						
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (attach statement)						
7a	Loans to partners (or persons related to partners)						
b	Mortgage and real estate loans						
8	Other investments (attach statement)						
9a	Buildings and other depreciable assets					1,406,437	
b	Less accumulated depreciation					74,558	1,331,879
10a	Depletable assets						
b	Less accumulated depletion						
11	Land (net of any amortization)						427,541
12a	Intangible assets (amortizable only)					11,900	
b	Less accumulated amortization					567	11,333
13	Other assets (attach statement)					Statement #29	6,486
14	Total assets						1,782,628
		Liabilities and Capital					
15	Accounts payable						
16	Mortgages, notes, bonds payable in less than 1 year						
17	Other current liabilities (attach statement)						
18	All nonrecourse loans						
19a	Loans from partners (or persons related to partners)						
b	Mortgages, notes, bonds payable in 1 year or more						1,528,598
20	Other liabilities (attach statement)						
21	Partners' capital accounts						254,030
22	Total liabilities and capital						1,782,628

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	(91,670)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(91,670)
5 Add lines 1 through 4	(91,670)		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions:	a Cash	
2 Capital contributed:	345,700	b Property		
a Cash		7 Other decreases (itemize):		
b Property		8 Add lines 6 and 7		
3 Net income (loss) per books	(91,670)	9 Balance at end of year. Subtract line 8 from line 5		254,030
4 Other increases (itemize):				
5 Add lines 1 through 4	254,030			

Form 8825

(Rev. December 2010)

Department of the Treasury
Internal Revenue ServiceRental Real Estate Income and Expenses of a
Partnership or an S Corporation

▶ See instructions.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name

PATIENCE ONE LLC

Employer identification number

45-5302432

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	3320 N BUFFALO LAS VEGAS, NV 89129	4 COMMERCIAL	97	
B				
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	2	32,333		
Rental Real Estate Expenses					
3	Advertising	3			
4	Auto and travel	4			
5	Cleaning and maintenance	5	1,285		
6	Commissions	6			
7	Insurance	7	5,504		
8	Legal and other professional fees	8			
9	Interest	9	16,775		
10	Repairs	10	2,623		
11	Taxes	11	6,115		
12	Utilities	12	3,075		
13	Wages and salaries	13			
14	Depreciation (see instructions)	14	74,558		
15	Other (list) ▶ <u>Amortization</u>		567		
	<u>Statement #8A</u>	15	13,501		
16	Total expenses for each property. Add lines 3 through 15	16	124,003		
17	Income or (Loss) from each property. Subtract line 16 from line 2	17	(91,670)		
18 a	Total gross rents. Add gross rents from line 2, columns A through H	18a	32,333		
b	Total expenses. Add total expenses from line 16, columns A through H	18b	(124,003)		
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19			
20 a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a			
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
	(1) Name	(2) Employer identification number			
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	(91,670)		

For Paperwork Reduction Act Notice, see instructions.

Form 8825 (12-2010)

EEA

Danka Michaels001475

AA03047

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2012

For calendar year 2012, or tax
year beginning _____, 2012
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership																	
A Partnership's employer identification number 45-5302432																	
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129																	
C IRS Center where partnership filed return efile																	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																	
Part II Information About the Partner																	
E Partner's identifying number [REDACTED]																	
F Partner's name, address, city, state, and ZIP code DANKA MICHAELS MD 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																	
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																	
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																	
I1 What type of entity is this partner? (see inst.) <u>INDIVIDUAL</u>																	
I2 If this partner is a retirement plan (IRS/SEP/Keogh/etc.), check here (see instructions) <input type="checkbox"/>																	
J Partner's share of profit, loss, and capital (see instructions). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th></th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> </tbody> </table>			Beginning		Ending	Profit	50.00000000	%	50.00000000	Loss	50.00000000	%	50.00000000	Capital	50.00000000	%	50.00000000
	Beginning		Ending														
Profit	50.00000000	%	50.00000000														
Loss	50.00000000	%	50.00000000														
Capital	50.00000000	%	50.00000000														
K Partner's share of liabilities at year end. <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Nonrecourse</td> <td style="text-align: right;">\$ 764,299</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Recourse</td> <td style="text-align: right;">\$</td> </tr> </table>		Nonrecourse	\$ 764,299	Qualified nonrecourse financing	\$	Recourse	\$										
Nonrecourse	\$ 764,299																
Qualified nonrecourse financing	\$																
Recourse	\$																
L Partner's capital account analysis: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Beginning capital account</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Capital contributed during the year</td> <td style="text-align: right;">\$ 172,850</td> </tr> <tr> <td>Current year increase (decrease)</td> <td style="text-align: right;">\$ (45,835)</td> </tr> <tr> <td>Withdrawals & distributions</td> <td style="text-align: right;">\$ ()</td> </tr> <tr> <td>Ending capital account</td> <td style="text-align: right;">\$ 127,015</td> </tr> </table> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) </div>		Beginning capital account	\$	Capital contributed during the year	\$ 172,850	Current year increase (decrease)	\$ (45,835)	Withdrawals & distributions	\$ ()	Ending capital account	\$ 127,015						
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Capital contributed during the year	\$ 172,850																
Current year increase (decrease)	\$ (45,835)																
Withdrawals & distributions	\$ ()																
Ending capital account	\$ 127,015																
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions)																	

651112
 OMB No. 1545-0099

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	
2 Net rental real estate income (loss) (45,835)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
15 Credits	
16 Foreign transactions	
17 Alternative minimum tax (AMT) items	
18 Tax-exempt income and nondeductible expenses	
19 Distributions	
20 Other information	
*See attached statement for additional information.	

For IRS Use Only

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2012

For calendar year 2012, or tax

year beginning _____, 2012
ending _____, 20

**Partner's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Partnership											
A Partnership's employer identification number 45-5302432											
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129											
C IRS Center where partnership filed return efile											
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)											
Part II Information About the Partner											
E Partner's identifying number [REDACTED]											
F Partner's name, address, city, state, and ZIP code TOM PICKENS 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145											
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member											
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner											
I1 What type of entity is this partner? (see inst.) <u>INDIVIDUAL</u>											
I2 If this partner is a retirement plan (IRS/SEP/Keogh/etc.), check here (see instructions) <input type="checkbox"/>											
J Partner's share of profit, loss, and capital (see instructions): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Beginning</th> <th style="text-align: left; border-bottom: 1px solid black;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit 50.00000000 %</td> <td>50.00000000 %</td> </tr> <tr> <td>Loss 50.00000000 %</td> <td>50.00000000 %</td> </tr> <tr> <td>Capital 50.00000000 %</td> <td>50.00000000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit 50.00000000 %	50.00000000 %	Loss 50.00000000 %	50.00000000 %	Capital 50.00000000 %	50.00000000 %		
Beginning	Ending										
Profit 50.00000000 %	50.00000000 %										
Loss 50.00000000 %	50.00000000 %										
Capital 50.00000000 %	50.00000000 %										
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Capital contributed during the year	\$ 172,850										
Current year increase (decrease)	\$ (45,835)										
Withdrawals & distributions	\$ ()										
Ending capital account	\$ 127,015										
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions)											

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	
2 Net rental real estate income (loss) (45,835)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
15 Credits	
16 Foreign transactions	
17 Alternative minimum tax (AMT) items	
18 Tax-exempt income and nondeductible expenses	
19 Distributions	
20 Other information	
*See attached statement for additional information.	

For IRS Use Only

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PATIENCE ONE LLC

FORM 8825 - 1

45-5302432

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	61,907
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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		61,906	10	MQ	SL	774
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
	2012-09	1,282,624	31.5	MM	S/L	11,877

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	74,558
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

EEA

Danka Michaels001478

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Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
LOAN FEES	2012-09-25	11,900	461	7	567
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					567

Form **8879-PE****IRS e-file Signature Authorization for Form 1065**

OMB No. 1545-2042

▶ Do not send to the IRS. Keep for your records.

▶ See Instructions.

2012Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning , 2012, ending , 20

Name of partnership

PATIENCE ONE LLC

Employer identification number

45-5302432

Part I Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	(91,670)
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2012 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the partnership's 2012 electronically filed return of partnership income.

☐ As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2012 electronically filed return of partnership income.

General partner or limited liability company member manager's signature ▶

Title ▶ MEMBER

Date ▶ 05-28-2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROBERT S SEMONIAN CPA

Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-PE (2012)

EEA

Danka Michaels001480

AA03052

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

PATIENCE ONE LLC

45-5302432

FORM 1065, SCHEDULE L, LINE 13

Statement #29

OTHER ASSETS

DESCRIPTION

BEG OF YEAR

END OF YEAR

UTILITY DEPOSITS

6,486

TOTAL

6,486

FORM 8825, LINE 15 - OTHER

PG01

Statement #8A

DESCRIPTION

AMOUNT

ANNUAL LOAN MAINTENA

7,650

MANAGEMENT FEES

2,548

JANITORIAL

802

INSPECTIONS

445

LANDSCAPING

475

FIRE PROTECTION

287

BANK CHARGES

75

TELEPHONE

111

TRASH

1,108

TOTAL

13,501

Federal Filing Instructions**2012**

Name(s) as shown on return

PATIENCE ONE LLC

Your Social Security Number

45-5302432

Date to file by: 04-15-2013

Form to be filed: Form 1065 and supplemental forms and schedules

Sign and date: A general partner or managing member must sign and date the return on the bottom of page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0011

1065EF	EF Transmission Status <small>(Keep for your records)</small>	2013																																																																																																																																												
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<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1065 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <p>Fed return has MESSAGE PAGE.</p>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Federal Filing Instructions**2013**

Name(s) as shown on return

PATIENCE ONE LLC

Your Social Security Number

45-5302432

Date to file by: 9-15-2014

Form to be filed: Form 1065 and supplemental forms and schedules

Sign and date: A general partner or managing member must sign and date the return on the bottom of page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0011

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2013, or tax year beginning _____, 2013, ending _____, 20_____. ▶ Information about Form 1065 and its separate instructions is at www.irs.gov/form1065 .		OMB No. 1545-0099 2013	
A Principal business activity REAL ESTATE	Type or Print	Name of partnership PATIENCE ONE LLC		D Employer identification number 45-5302432	
B Principal product or service DEVELOPMENT		Number, street, and room or suite no. If a P.O. box, see the instructions. STE 208 3320 N BUFFALO		E Date business started 05-09-2012	
C Business code number 531120		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89129		F Total assets (see the instructions) \$ 1,823,970	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2

J Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
22 Ordinary business income (loss). Subtract line 21 from line 8			22	

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	THOMAS PICKENS Signature of general partner or limited liability company member manager			Date _____			
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA		Preparer's signature _____		Date 09-16-2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00391972
	Firm's name ▶ ROBERT S SEMONIAN CPA				Firm's EIN ▶ 95-4514704		
	Firm's address ▶ PO BOX 5605 Ventura, CA 93005				Phone no. (805) 659-5344		

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2013)

EEA

Danka Michaels001485

AA03057

Other Information

EPA

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	TOM PICKENS	Identifying number of TMP	
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145		

Schedule K		Partners' Distributive Share Items	Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1 0
	2	Net rental real estate income (loss) (attach Form 8825)	2 (31,306)
	3 a	Other gross rental income (loss)	3a
	b	Expenses from other rental activities (attach statement)	3b
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
	5	Interest income	5
	6	Dividends: a Ordinary dividends	6a
	b	Qualified dividends	6b
	7	Royalties	7
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss)	9b
	c	Unrecaptured section 1250 gain (attach statement)	9c
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
	12	Section 179 deduction (attach Form 4562)	12
	13 a	Contributions	13a
	b	Investment interest expense	13b
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
	Self-Employment	14 a	Net earnings (loss) from self-employment
b		Gross farming or fishing income	14b
c		Gross nonfarm income	14c
Credits	15 a	Low-income housing credit (section 42(j)(5))	15a
	b	Low-income housing credit (other)	15b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
	d	Other rental real estate credits (see instructions) Type ▶	15d
	e	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
Foreign Transactions	16 a	Name of country or U.S. possession ▶	
	b	Gross income from all sources	16b
	c	Gross income sourced at partner level	16c
		Foreign gross income sourced at partnership level	
	d	Passive category ▶ e General category ▶ f Other ▶	16f
		Deductions allocated and apportioned at partner level	
	g	Interest expense ▶ h Other ▶	16h
		Deductions allocated and apportioned at partnership level to foreign source income	
	i	Passive category ▶ j General category ▶ k Other ▶	16k
	l	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l
	m	Reduction in taxes available for credit (attach statement)	16m
Alternative Minimum Tax (AMT) Items	n	Other foreign tax information (attach statement)	
	17 a	Post-1986 depreciation adjustment	17a 6
	b	Adjusted gain or loss	17b
	c	Depletion (other than oil and gas)	17c
	d	Oil, gas, and geothermal properties-gross income	17d
	e	Oil, gas, and geothermal properties-deductions	17e
Other Information	f	Other AMT items (attach statement)	17f
	18 a	Tax-exempt interest income	18a
	b	Other tax-exempt income	18b
	c	Nondeductible expenses	18c
	19 a	Distributions of cash and marketable securities	19a
	b	Distributions of other property	19b
	20 a	Investment income	20a
b	Investment expenses	20b	
c	Other items and amounts (attach statement)		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	(31,306)
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		(31,306)					

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		Assets		(a)	(b)	(c)	(d)
1	Cash				5,389		20,204
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts						
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (attach statement)						
7a	Loans to partners (or persons related to partners)						
b	Mortgage and real estate loans						
8	Other investments (attach statement)						
9a	Buildings and other depreciable assets	1,406,437				1,499,561	
b	Less accumulated depreciation	74,558		1,331,879		139,486	1,360,075
10a	Depletable assets						
b	Less accumulated depletion						
11	Land (net of any amortization)				427,541		427,541
12a	Intangible assets (amortizable only)	11,900				11,900	
b	Less accumulated amortization	567		11,333		2,267	9,633
13	Other assets (attach statement)			Statement #29	6,486	Statement #29	6,517
14	Total assets				1,782,628		1,823,970
		Liabilities and Capital					
15	Accounts payable						
16	Mortgages, notes, bonds payable in less than 1 year						
17	Other current liabilities (attach statement)						
18	All nonrecourse loans						
19a	Loans from partners (or persons related to partners)						
b	Mortgages, notes, bonds payable in 1 year or more				1,528,598		1,509,987
20	Other liabilities (attach statement)						
21	Partners' capital accounts				254,030		313,983
22	Total liabilities and capital				1,782,628		1,823,970

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	(31,306)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(31,306)
5 Add lines 1 through 4	(31,306)		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	254,030	6 Distributions:	a Cash	
2 Capital contributed:	91,259	b Property		
a Cash		7 Other decreases (itemize):		
b Property		8 Add lines 6 and 7		
3 Net income (loss) per books	(31,306)	9 Balance at end of year. Subtract line 8 from line 5		313,983
4 Other increases (itemize):				
5 Add lines 1 through 4	313,983			

Rental Real Estate Income and Expenses of a
Partnership or an S Corporation

▶ See instructions.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name

PATIENCE ONE LLC

Employer identification number

45-5302432

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	3320 N BUFFALO LAS VEGAS, NV 89129	4 COMMERCIAL	365	
B				
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	224,800			
Rental Real Estate Expenses					
3	Advertising				
4	Auto and travel				
5	Cleaning and maintenance	6,840			
6	Commissions	6,160			
7	Insurance				
8	Legal and other professional fees				
9	Interest	76,851			
10	Repairs	9,404			
11	Taxes	17,549			
12	Utilities	47,527			
13	Wages and salaries				
14	Depreciation (see instructions)	64,928			
15	Other (list) ▶ <u>Amortization</u>	1,700			
	<u>Statement #8A</u>	25,147			
16	Total expenses for each property. Add lines 3 through 15	256,106			
17	Income or (Loss) from each property. Subtract line 16 from line 2	(31,306)			

18 a	Total gross rents. Add gross rents from line 2, columns A through H	18a	224,800
b	Total expenses. Add total expenses from line 16, columns A through H	18b	(256,106)
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19	
20 a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a	
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:		
	(1) Name (2) Employer identification number		
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	(31,306)

For Paperwork Reduction Act Notice, see instructions.

Form 8825 (12-2010)

EEA

Danka Michaels001490

AA03062

AA03063

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2013


For calendar year 2013, or tax

year beginning _____, 2013
ending _____, 20

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership																	
A Partnership's employer identification number 45-5302432																	
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129																	
C IRS Center where partnership filed return OGDEN																	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																	
Part II Information About the Partner																	
E Partner's identifying number [REDACTED]																	
F Partner's name, address, city, state, and ZIP code TOM PICKENS 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																	
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																	
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																	
I1 What type of entity is this partner? <u>INDIVIDUAL</u>																	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here (see instructions) <input type="checkbox"/>																	
J Partner's share of profit, loss, and capital (see instructions):																	
<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th></th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> </tr> <tr> <td>Loss</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> </tr> <tr> <td>Capital</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> </tr> </tbody> </table>		Beginning		Ending	Profit	50.0000000	%	50.0000000	Loss	50.0000000	%	50.0000000	Capital	50.0000000	%	50.0000000	
	Beginning		Ending														
Profit	50.0000000	%	50.0000000														
Loss	50.0000000	%	50.0000000														
Capital	50.0000000	%	50.0000000														
K Partner's share of liabilities at year end:																	
Nonrecourse \$ 754,993																	
Qualified nonrecourse financing \$																	
Recourse \$																	
L Partner's capital account analysis:																	
Beginning capital account \$ 127,015																	
Capital contributed during the year \$ 45,630																	
Current year increase (decrease) \$ (15,653)																	
Withdrawals & distributions \$ ()																	
Ending capital account \$ 156,992																	
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book																	
<input type="checkbox"/> Other (explain)																	
M Did the partner contribute property with a built-in gain or loss?																	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
If "Yes", attach statement (see instructions)																	

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 OMB No. 1545-0099	
Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (15,653)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 3
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information
*See attached statement for additional information.	
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">For IRS Use Only</div>  </div>	

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

IRS.gov/form1065

Schedule K-1 (Form 1065) 2013

EEA

Danka Michaels001492

AA03064

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2013Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PATIENCE ONE LLC

FORM 8825 - 1

45-5302432

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation** (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	15,263
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,191

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	42,711
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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		15,264	10	HY	S/L	763
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	64,928
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

EEA

Danka Michaels001493

AA03065

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year				43	1,700
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,700

7004

Form
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Print
or
Type

Name

Identifying number

PATIENCE ONE LLC

45-5302432

Number, street, and room or suite no. (If P.O. box, see instructions.)

3320 N BUFFALO STE 208

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

LAS VEGAS, NV 89129

Note. File request for extension by the due date of the return for which the ext. is granted. See inst. before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) 0 9

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐

If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5a The application is for calendar year 20 13, or tax year beginning _____, 20 __, and ending _____, 20 __

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form 7004 (Rev. 12-2012)

EEA

Danka Michaels001495

AA03067

Form **8879-PE****IRS e-file Signature Authorization for Form 1065**

OMB No. 1545-2042

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-PE and its instructions is at www.irs.gov/form8879pe.**2013**Department of the Treasury
Internal Revenue Service

For calendar year 2013, or tax year beginning , 2013, ending , 20

Name of partnership

PATIENCE ONE LLC

Employer identification number

45-5302432

Part I Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	(31,306)
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2013 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the partnership's 2013 electronically filed return of partnership income.

☐ As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2013 electronically filed return of partnership income.

General partner or limited liability company member manager's signature ▶

Title ▶ MEMBER

Date ▶ 04-07-2014

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-PE (2013)

EEA

Danka Michaels001496

AA03068

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

PATIENCE ONE LLC

45-5302432

FORM 1065, SCHEDULE L, LINE 13

Statement #29

OTHER ASSETS

DESCRIPTION

BEG OF YEAR

END OF YEAR

UTILITY DEPOSITS

6,486

6,517

TOTAL

6,486

6,517

FORM 8825, LINE 15 - OTHER

PG01

Statement #8A

DESCRIPTION

AMOUNT

OFFICE EXPENSES

418

MANAGEMENT FEES

10,552

JANITORIAL

2,315

INSPECTIONS

1,485

LANDSCAPING

4,616

LICENSES

120

BANK CHARGES

242

TELEPHONE

238

TRASH

5,161

TOTAL

25,147

1065EF	EF Transmission Status <small>(Keep for your records)</small>	2014																																																																																																																																												
<small>Name(s) as shown on return</small> PATIENCE ONE LLC		<small>EIN number</small> 45-5302432																																																																																																																																												
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1065 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <p style="margin-left: 40px;">Fed return has MESSAGE PAGE.</p>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2014, or tax year beginning _____, 2014, ending _____, 20_____. ▶ Information about Form 1065 and its separate instructions is at www.irs.gov/form1065 .		OMB No. 1545-0123 2014	
A Principal business activity REAL ESTATE	Type or Print	Name of partnership PATIENCE ONE LLC		D Employer identification number 45-5302432	
B Principal product or service DEVELOPMENT		Number, street, and room or suite no. If a P.O. box, see the instructions. 3320 N BUFFALO STE 208		E Date business started 05-09-2012	
C Business code number 531120		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89129		F Total assets (see the instructions) \$ 1,810,318	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2

J Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
22 Ordinary business income (loss). Subtract line 21 from line 8			22	

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			
	THOMAS PICKENS Signature of general partner or limited liability company member manager			Date 09-16-2018
	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Print/Type preparer's name ROBERT S SEMONIAN CPA			
Paid Preparer Use Only	Preparer's signature ROBERT S SEMONIAN CPA		Date 09-16-2018	Check <input checked="" type="checkbox"/> if self-employed PTIN P00391972
	Firm's name ROBERT S SEMONIAN CPA		Firm's EIN 95-4514704	
	Firm's address PO BOX 5605 Ventura, CA 93005		Phone no. (805) 659-5344	

For Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2014)

EEA

Danka Michaels001499

AA03071

Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No
a	<input type="checkbox"/> Domestic general partnership		
c	<input checked="" type="checkbox"/> Domestic limited liability company		
e	<input type="checkbox"/> Foreign partnership		
b	<input type="checkbox"/> Domestic limited partnership		
d	<input type="checkbox"/> Domestic limited liability partnership		
f	<input type="checkbox"/> Other ▶		
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X
3	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
4	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	Yes	No
			X
6	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than \$250,000.		
b	The partnership's total assets at the end of the tax year were less than \$1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		X
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10	At any time during calendar year 2014, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2014 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	TOM PICKENS	Identifying number of TMP	
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145		

Schedule K		Partners' Distributive Share Items	Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1 0
	2	Net rental real estate income (loss) (attach Form 8825)	2 (4,096)
	3 a	Other gross rental income (loss)	3a
	b	Expenses from other rental activities (attach statement)	3b
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
	5	Interest income	5
	6	Dividends: a Ordinary dividends	6a
	b	Qualified dividends	6b
	7	Royalties	7
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss)	9b
	c	Unrecaptured section 1250 gain (attach statement)	9c
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
	12	Section 179 deduction (attach Form 4562)	12
	13 a	Contributions	13a
	b	Investment interest expense	13b
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
	Self-Employment	14 a	Net earnings (loss) from self-employment
b		Gross farming or fishing income	14b
c		Gross nonfarm income	14c
Credits	15 a	Low-income housing credit (section 42(j)(5))	15a
	b	Low-income housing credit (other)	15b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d	Other rental real estate credits (see instructions) Type ▶	15d
	e	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
Foreign Transactions	16 a	Name of country or U.S. possession ▶	16a
	b	Gross income from all sources	16b
	c	Gross income sourced at partner level	16c
		Foreign gross income sourced at partnership level	
	d	Passive category ▶ e General category ▶ f Other ▶	16f
		Deductions allocated and apportioned at partner level	
	g	Interest expense ▶ h Other ▶	16h
		Deductions allocated and apportioned at partnership level to foreign source income	
	i	Passive category ▶ j General category ▶ k Other ▶	16k
	l	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l
	m	Reduction in taxes available for credit (attach statement)	16m
Alternative Minimum Tax (AMT) Items	n	Other foreign tax information (attach statement)	
	17 a	Post-1986 depreciation adjustment	17a 6
	b	Adjusted gain or loss	17b
	c	Depletion (other than oil and gas)	17c
	d	Oil, gas, and geothermal properties - gross income	17d
	e	Oil, gas, and geothermal properties - deductions	17e
Other Information	f	Other AMT items (attach statement)	17f
	18 a	Tax-exempt interest income	18a
	b	Other tax-exempt income	18b
	c	Nondeductible expenses	18c 46
	19 a	Distributions of cash and marketable securities	19a
	b	Distributions of other property	19b
	20 a	Investment income	20a
b	Investment expenses	20b	
c	Other items and amounts (attach statement)		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	(4,096)
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		(4,096)					

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		Assets		(a)	(b)	(c)	(d)
1	Cash				20,204		46,216
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts						
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (attach statement)						
7a	Loans to partners (or persons related to partners)						
b	Mortgage and real estate loans						
8	Other investments (attach statement)						
9a	Buildings and other depreciable assets	1,499,561				1,510,661	
b	Less accumulated depreciation	139,486		1,360,075		195,603	1,315,058
10a	Depletable assets						
b	Less accumulated depletion						
11	Land (net of any amortization)				427,541		427,541
12a	Intangible assets (amortizable only)	11,900				15,775	
b	Less accumulated amortization	2,267			9,633	789	14,986
13	Other assets (attach statement)			Statement #29	6,517	Statement #29	6,517
14	Total assets				1,823,970		1,810,318
		Liabilities and Capital					
15	Accounts payable						
16	Mortgages, notes, bonds payable in less than 1 year						
17	Other current liabilities (attach statement)					Statement #31	10,554
18	All nonrecourse loans						
19a	Loans from partners (or persons related to partners)						
b	Mortgages, notes, bonds payable in 1 year or more				1,509,987		1,489,923
20	Other liabilities (attach statement)						
21	Partners' capital accounts				313,983		309,841
22	Total liabilities and capital				1,823,970		1,810,318

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	(4,142)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 46	46	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(4,096)
5 Add lines 1 through 4	(4,096)		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	313,983	6 Distributions:	a Cash	
2 Capital contributed:			b Property	
a Cash		7 Other decreases (itemize):		
b Property				
3 Net income (loss) per books	(4,142)	8 Add lines 6 and 7		
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5		309,841
5 Add lines 1 through 4	309,841			

**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

▶ See instructions.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name PATIENCE ONE LLC Employer identification number 45-5302432

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	<u>3320 N BUFFALO</u> <u>LAS VEGAS, NV 89129</u>	<u>4</u> <u>COMMERCIAL</u>	<u>365</u>	
B				
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	<u>329,049</u>			
Rental Real Estate Expenses					
3	Advertising				
4	Auto and travel				
5	Cleaning and maintenance	<u>11,738</u>			
6	Commissions				
7	Insurance	<u>20,429</u>			
8	Legal and other professional fees	<u>22,083</u>			
9	Interest	<u>79,465</u>			
10	Repairs	<u>39,423</u>			
11	Taxes	<u>23,440</u>			
12	Utilities	<u>35,283</u>			
13	Wages and salaries				
14	Depreciation (see instructions)	<u>56,117</u>			
15	Other (list) ▶ <u>Meals & Entertainment</u>	<u>47</u>			
	<u>Amortization</u>	<u>789</u>			
	<u>Statement #8A</u>	<u>44,331</u>			
16	Total expenses for each property. Add lines 3 through 15	<u>333,145</u>			
17	Income or (Loss) from each property. Subtract line 16 from line 2	<u>(4,096)</u>			

18 a	Total gross rents. Add gross rents from line 2, columns A through H	18a	<u>329,049</u>
b	Total expenses. Add total expenses from line 16, columns A through H	18b	<u>(333,145)</u>
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19	
20 a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a	
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed: (1) Name _____ (2) Employer identification number _____ _____ _____ _____		
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	<u>(4,096)</u>

For Paperwork Reduction Act Notice, see instructions.

Form 8825 (12-2010)

**Schedule K-1
(Form 1065)**

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

651113

<div> <input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 </div> Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (2,048)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 3
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses C 23
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information
*See attached statement for additional information.	

Part I Information About the Partnership																					
A Partnership's employer identification number 45-5302432																					
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129																					
C IRS Center where partnership filed return OGDEN																					
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																					
Part II Information About the Partner																					
E Partner's identifying number [REDACTED]																					
F Partner's name, address, city, state, and ZIP code DANKA MICHAELS MD 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																					
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																					
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																					
I1 What type of entity is this partner? <u>INDIVIDUAL</u>																					
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																					
J Partner's share of profit, loss, and capital (see instructions):																					
<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th></th> <th>Ending</th> <th></th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> <td>%</td> </tr> <tr> <td>Loss</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> <td>%</td> </tr> <tr> <td>Capital</td> <td>50.0000000</td> <td>%</td> <td>50.0000000</td> <td>%</td> </tr> </tbody> </table>		Beginning		Ending		Profit	50.0000000	%	50.0000000	%	Loss	50.0000000	%	50.0000000	%	Capital	50.0000000	%	50.0000000	%	
	Beginning		Ending																		
Profit	50.0000000	%	50.0000000	%																	
Loss	50.0000000	%	50.0000000	%																	
Capital	50.0000000	%	50.0000000	%																	
K Partner's share of liabilities at year end:																					
Nonrecourse \$ 744,962																					
Qualified nonrecourse financing . . . \$																					
Recourse \$																					
L Partner's capital account analysis:																					
Beginning capital account \$ 156,991																					
Capital contributed during the year . . . \$																					
Current year increase (decrease) . . . \$ (2,071)																					
Withdrawals & distributions \$ ()																					
Ending capital account \$ 154,920																					
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain)																					
M Did the partner contribute property with a built-in gain or loss?																					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
If "Yes," attach statement (see instructions)																					

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

IRS gov/form1065

Schedule K-1 (Form 1065) 2014

EEA

Danka Michaels001505

AA03077

Schedule K-1
(Form 1065)

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax

year beginning _____, 2014
ending _____, 20Partner's Share of Income, Deductions,
Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership	
A	Partnership's employer identification number 45-5302432
B	Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129
C	IRS Center where partnership filed return OGDEN
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner																	
E	Partner's identifying number [REDACTED]																
F	Partner's name, address, city, state, and ZIP code TOM PICKENS 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																
G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																
H	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
I1	What type of entity is this partner? <u>INDIVIDUAL</u>																
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J	Partner's share of profit, loss, and capital (see instructions): <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>50.00000000</td><td>%</td><td>50.00000000</td></tr><tr><td>Loss</td><td>50.00000000</td><td>%</td><td>50.00000000</td></tr><tr><td>Capital</td><td>50.00000000</td><td>%</td><td>50.00000000</td></tr></tbody></table>		Beginning		Ending	Profit	50.00000000	%	50.00000000	Loss	50.00000000	%	50.00000000	Capital	50.00000000	%	50.00000000
	Beginning		Ending														
Profit	50.00000000	%	50.00000000														
Loss	50.00000000	%	50.00000000														
Capital	50.00000000	%	50.00000000														
K	Partner's share of liabilities at year end: <table border="1"><tbody><tr><td>Nonrecourse</td><td>\$</td><td>744,961</td></tr><tr><td>Qualified nonrecourse financing</td><td>\$</td><td></td></tr><tr><td>Recourse</td><td>\$</td><td></td></tr></tbody></table>	Nonrecourse	\$	744,961	Qualified nonrecourse financing	\$		Recourse	\$								
Nonrecourse	\$	744,961															
Qualified nonrecourse financing	\$																
Recourse	\$																
L	Partner's capital account analysis: <table border="1"><tbody><tr><td>Beginning capital account</td><td>\$</td><td>156,992</td></tr><tr><td>Capital contributed during the year</td><td>\$</td><td></td></tr><tr><td>Current year increase (decrease)</td><td>\$</td><td>(2,071)</td></tr><tr><td>Withdrawals & distributions</td><td>\$</td><td></td></tr><tr><td>Ending capital account</td><td>\$</td><td>154,921</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain)</p>	Beginning capital account	\$	156,992	Capital contributed during the year	\$		Current year increase (decrease)	\$	(2,071)	Withdrawals & distributions	\$		Ending capital account	\$	154,921	
Beginning capital account	\$	156,992															
Capital contributed during the year	\$																
Current year increase (decrease)	\$	(2,071)															
Withdrawals & distributions	\$																
Ending capital account	\$	154,921															
M	Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement (see instructions)																

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (2,048)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 3
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses C 23
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information
*See attached statement for additional information.	
For IRS Use Only	

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

IRS.gov/form1065

Schedule K-1 (Form 1065) 2014

EEA

Danka Michaels001506

AA03078

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PATIENCE ONE LLC

FORM 8825 - 1

45-5302432

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	5,550
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,717

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	42,711
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,550	5	MO	SL	139
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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	56,117
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

EEA

Danka Michaels001507

AA03079

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
LOAN FEES	07-01-2014	15,775	461	10	789
43 Amortization of costs that began before your 2014 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 789

Form **8879-PE****IRS e-file Signature Authorization for Form 1065**

OMB No. 1545-0123

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-PE and its instructions is at www.irs.gov/form8879pe.**2014**Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax year beginning , 2014, ending , 20

Name of partnership

PATIENCE ONE LLC

Employer identification number

45-5302432

Part I Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	(4,096)
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2014 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the partnership's 2014 electronically filed return of partnership income.

☐ As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2014 electronically filed return of partnership income.

General partner or limited liability company member manager's signature ▶

Title ▶ MEMBER

Date ▶ 05-21-2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-PE (2014)

EEA

Danka Michaels001509

AA03081

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

PATIENCE ONE LLC

FEIN

45-5302432

FORM 1065, SCHEDULE L, LINE 13

Statement #29

OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
UTILITY DEPOSITS	6,517	6,517
TOTAL	6,517	6,517

FORM 1065, SCHEDULE L, LINE 17PG01
Statement #31OTHER CURRENT LIABILITIES

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
SEC DEPOSITS		10,554
TOTAL		10,554

FORM 8825, LINE 15 - OTHERPG01
Statement #8A

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK CHARGES	632
DUES	100
INSPECTIONS	766
JANITORIAL	9,307
LANDSCAPING	4,979
LICENSES	1,137
MANAGEMENT FEES	2,262
OFFICE EXPENSES	1,446
TELEPHONE	580
TRASH	4,091
OUTSIDE SERVICES	9,398
PRIOR LOAN FEES REFI	9,633
TOTAL	44,331

Federal Filing Instructions**2014**

Name(s) as shown on return

PATIENCE ONE LLC

Your Social Security Number

45-5302432

Date to file by: 04-15-2015

Form to be filed: Form 1065 and supplemental forms and schedules

Sign and date: A general partner or managing member must sign and date the return on the bottom of page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0011

Federal Filing Instructions**2015**

Name(s) as shown on return

PATIENCE ONE LLC

Your Social Security Number

45-5302432

Date to file by: 04-18-2016

Form to be filed: Form 1065 and supplemental forms and schedules

Sign and date: A general partner or managing member must sign and date the return on the bottom of page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0011

Form 1065 Department of the Treasury Internal Revenue Service	U.S. Return of Partnership Income For calendar year 2015, or tax year beginning _____, 2015, ending _____, 20_____. ► Information about Form 1065 and its separate instructions is at www.irs.gov/form1065 .	OMB No. 1545-0123 <div style="border: 1px solid black; padding: 5px; display: inline-block;">2015</div>	
A Principal business activity <div style="border: 1px solid black; padding: 2px;">REAL ESTATE</div>	Type or Print	Name of partnership <div style="border: 1px solid black; padding: 2px;">PATIENCE ONE LLC</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">45-5302432</div>
B Principal product or service <div style="border: 1px solid black; padding: 2px;">DEVELOPMENT</div>		Number, street, and room or suite no. If a P.O. box, see the instructions. <div style="border: 1px solid black; padding: 2px;">3320 N BUFFALO STE 208</div>	E Date business started <div style="border: 1px solid black; padding: 2px;">05-09-2012</div>
C Business code number <div style="border: 1px solid black; padding: 2px;">531120</div>		City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">LAS VEGAS, NV 89129</div>	F Total assets (see the instructions) <div style="border: 1px solid black; padding: 2px;">\$ 1,730,906</div>

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ► _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2

J Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales		
	b Returns and allowances		
	c Balance. Subtract line 1b from line 1a		1c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
7 Other income (loss) (attach statement)		7	
8 Total income (loss). Combine lines 3 through 7		8	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)		9
	10 Guaranteed payments to partners		10
	11 Repairs and maintenance		11
	12 Bad debts		12
	13 Rent		13
	14 Taxes and licenses		14
	15 Interest		15
	16 a Depreciation (if required, attach Form 4562)		16a
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b
	16c		16c
	17 Depletion (Do not deduct oil and gas depletion.)		17
	18 Retirement plans, etc.		18
	19 Employee benefit programs		19
	20 Other deductions (attach statement)		20
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	
22 Ordinary business income (loss). Subtract line 21 from line 8		22	

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">THOMAS PICKENS</div> Signature of general partner or limited liability company member manager	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;"></div> Date	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div>	Date 09-16-2018
	Firm's name ► ROBERT S SEMONIAN CPA	Check <input checked="" type="checkbox"/> if self-employed PTIN P00391972	
	Firm's address ► PO BOX 5605 Ventura, CA 93005	Firm's EIN ► 95-4514704 Phone no. (805) 659-5344	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2015)

EEA

Danka Michaels001513

AA03085

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:		Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶		
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?			X
3 At the end of the tax year:			
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership SEE-1065B1 . .		X	
4 At the end of the tax year, did the partnership:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below			X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details			X
6 Does the partnership satisfy all four of the following conditions?			
a The partnership's total receipts for the tax year were less than \$250,000.			
b The partnership's total assets at the end of the tax year were less than \$1 million.			
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.			
d The partnership is not filing and is not required to file Schedule M-3			X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.			
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?			X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?			X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?			X
10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶			X

Schedule E Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	TOM PICKENS	Identifying number of TMP	
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145		

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 0
	2 Net rental real estate income (loss) (attach Form 8825)	2 (48,856)
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Income (Loss)	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b Collectibles (28%) gain (loss)	9b
	c Unrecaptured section 1250 gain (attach statement)	9c
	10 Net section 1231 gain (loss) (attach Form 4797)	10
Deductions	11 Other income (loss) (see instructions) Type ▶	11
	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
Self-Employment	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d Other deductions (see instructions) Type ▶	13d
	14 a Net earnings (loss) from self-employment	14a
	b Gross farming or fishing income	14b
Credits	c Gross nonfarm income	14c
	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
Foreign Transactions	f Other credits (see instructions) Type ▶	15f
	16 a Name of country or U.S. possession ▶	16a
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Passive category ▶ e General category ▶ f Other ▶	16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ▶ h Other ▶	16h
	Deductions allocated and apportioned at partnership level to foreign source income	
	i Passive category ▶ j General category ▶ k Other ▶	16k
Alternative Minimum Tax (AMT) Items	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l
	m Reduction in taxes available for credit (attach statement)	16m
	n Other foreign tax information (attach statement)	
	17 a Post-1986 depreciation adjustment	17a 6
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
Other Information	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
	18 a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19 a Distributions of cash and marketable securities	19a
b Distributions of other property	19b	
Other Information	20 a Investment income	20a
	b Investment expenses	20b
	c Other items and amounts (attach statement)	

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	(48,856)
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		(48,856)					

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			46,216		7,397
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7a Loans to partners (or persons related to partners)					
b Mortgage and real estate loans					
8 Other investments (attach statement)					
9a Buildings and other depreciable assets		1,510,661		1,524,457	
b Less accumulated depreciation		195,603	1,315,058	248,414	1,276,043
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)			427,541		427,541
12a Intangible assets (amortizable only)		15,775		15,775	
b Less accumulated amortization		789	14,986	2,367	13,408
13 Other assets (attach statement)		Statement #29	6,517	Statement #29	6,517
14 Total assets			1,810,318		1,730,906
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)		Statement #31	10,554	Statement #31	10,554
18 All nonrecourse loans					
19a Loans from partners (or persons related to partners)					
b Mortgages, notes, bonds payable in 1 year or more			1,489,923		1,458,431
20 Other liabilities (attach statement)					
21 Partners' capital accounts			309,841		261,921
22 Total liabilities and capital			1,810,318		1,730,906

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	(48,856)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(48,856)
5 Add lines 1 through 4	(48,856)		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	309,841	6 Distributions:	a Cash	
2 Capital contributed:		b Property		
a Cash	936	7 Other decreases (itemize):		
b Property		8 Add lines 6 and 7		
3 Net income (loss) per books	(48,856)	9 Balance at end of year. Subtract line 8 from line 5		261,921
4 Other increases (itemize):				
5 Add lines 1 through 4	261,921			

Form

8825

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

▶ See instructions.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name

PATIENCE ONE LLC

Employer identification number

45-5302432

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.				
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	3320 N BUFFALO LAS VEGAS, NV 89129	4 COMMERCIAL	365	
B				
C				
D				

Rental Real Estate Income		Properties				
		A	B	C	D	
2	Gross rents	2	243,778			
Rental Real Estate Expenses						
3	Advertising	3				
4	Auto and travel	4	1,638			
5	Cleaning and maintenance	5	9,360			
6	Commissions	6				
7	Insurance	7	26,198			
8	Legal and other professional fees	8	3,820			
9	Interest	9	74,805			
10	Repairs	10	22,252			
11	Taxes	11	17,916			
12	Utilities	12	44,062			
13	Wages and salaries	13				
14	Depreciation (see instructions)	14	52,811			
15	Other (list) ▶ <u>Amortization</u>		1,578			
	<u>Statement #8A</u>	15	38,194			
16	Total expenses for each property. Add lines 3 through 15	16	292,634			
17	Income or (Loss) from each property. Subtract line 16 from line 2	17	(48,856)			

18 a	Total gross rents. Add gross rents from line 2, columns A through H	18a	243,778
b	Total expenses. Add total expenses from line 16, columns A through H	18b	(292,634)
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19	
20 a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a	
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:		
(1) Name		(2) Employer identification number	
_____		_____	
_____		_____	
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on:	21	(48,856)
• Form 1065 or 1120S: Schedule K, line 2, or			
• Form 1065-B: Part I, line 4			

For Paperwork Reduction Act Notice, see instructions.

Form 8825 (12-2010)

EEA

Danka Michaels001518

AA03090

SCHEDULE B-1
(Form 1065)

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

▶ **Attach to Form 1065. See instructions.**

OMB No. 1545-0099

Name of partnership

PATIENCE ONE LLC

Employer identification number (EIN)

45-5302432

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Org.	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DANKA MICHAELS MD		US	50
TOM PICKENS		US	50

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

EEA

Schedule B-1 (Form 1065) (Rev. 12-2011)

Danka Michaels001519

AA03091

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
45-5302432

B Partnership's name, address, city, state, and ZIP code
PATIENCE ONE LLC
3320 N BUFFALO STE 208
LAS VEGAS, NV 89129

C IRS Center where partnership filed return
OGDEN

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
[REDACTED]

F Partner's name, address, city, state, and ZIP code
DANKA MICHAELS MD
9517 QUEEN CHARLOTTE DR
LAS VEGAS, NV 89145

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending
Profit	50.0000000	%	50.0000000
Loss	50.0000000	%	50.0000000
Capital	50.0000000	%	50.0000000

K Partner's share of liabilities at year end:

Nonrecourse \$ 729,216

Qualified nonrecourse financing . . . \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account \$ 154,920

Capital contributed during the year . . . \$ 468

Current year increase (decrease) . . . \$ (24,428)

Withdrawals & distributions \$

Ending capital account \$ 130,960

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No
If "Yes," attach statement (see instructions)

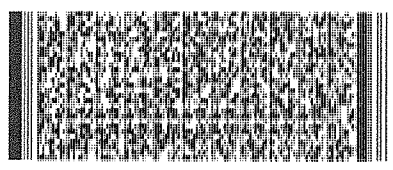
Final K-1 Amended K-1 OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (24,428)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 3
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information

*See attached statement for additional information.

For IRS Use Only



**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax

year beginning _____, 2015
ending _____, 20

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership																	
A Partnership's employer identification number 45-5302432																	
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129																	
C IRS Center where partnership filed return OGDEN																	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																	
Part II Information About the Partner																	
E Partner's identifying number [REDACTED]																	
F Partner's name, address, city, state, and ZIP code TOM PICKENS 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																	
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																	
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																	
I1 What type of entity is this partner? <u>INDIVIDUAL</u>																	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																	
J Partner's share of profit, loss, and capital (see instructions): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th></th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">50.00000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">50.00000000</td> </tr> </tbody> </table>		Beginning		Ending	Profit	50.00000000	%	50.00000000	Loss	50.00000000	%	50.00000000	Capital	50.00000000	%	50.00000000	
	Beginning		Ending														
Profit	50.00000000	%	50.00000000														
Loss	50.00000000	%	50.00000000														
Capital	50.00000000	%	50.00000000														
K Partner's share of liabilities at year end: <table style="width: 100%; margin-top: 5px;"> <tr> <td>Nonrecourse</td> <td style="text-align: right;">\$ 729,216</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Recourse</td> <td style="text-align: right;">\$</td> </tr> </table>	Nonrecourse	\$ 729,216	Qualified nonrecourse financing	\$	Recourse	\$											
Nonrecourse	\$ 729,216																
Qualified nonrecourse financing	\$																
Recourse	\$																
L Partner's capital account analysis: <table style="width: 100%; margin-top: 5px;"> <tr> <td>Beginning capital account</td> <td style="text-align: right;">\$ 154,921</td> </tr> <tr> <td>Capital contributed during the year</td> <td style="text-align: right;">\$ 468</td> </tr> <tr> <td>Current year increase (decrease)</td> <td style="text-align: right;">\$ (24,428)</td> </tr> <tr> <td>Withdrawals & distributions</td> <td style="text-align: right;">\$ ()</td> </tr> <tr> <td>Ending capital account</td> <td style="text-align: right;">\$ 130,961</td> </tr> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) </div>	Beginning capital account	\$ 154,921	Capital contributed during the year	\$ 468	Current year increase (decrease)	\$ (24,428)	Withdrawals & distributions	\$ ()	Ending capital account	\$ 130,961							
Beginning capital account	\$ 154,921																
Capital contributed during the year	\$ 468																
Current year increase (decrease)	\$ (24,428)																
Withdrawals & distributions	\$ ()																
Ending capital account	\$ 130,961																
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement (see instructions)																	

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 OMB No. 1545-0123	
Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) 2 Net rental real estate income (loss) (24,428) 3 Other net rental income (loss) 4 Guaranteed payments 5 Interest income 6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss)	15 Credits 16 Foreign transactions 17 Alternative minimum tax (AMT) items A 3 18 Tax-exempt income and nondeductible expenses 19 Distributions 20 Other information 14 Self-employment earnings (loss)
*See attached statement for additional information.	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">For IRS Use Only</div> </div>	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PATIENCE ONE LLC

3320 N BUFFALO

45-5302432

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	600
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,827

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	42,711
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		600	7	HY	S/L	43
d 10-year property		12,596	10	HY	S/L	630
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	52,811
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2015 tax year (see instructions):						
43 Amortization of costs that began before your 2015 tax year					43	1,578
44 Total. Add amounts in column (f). See the instructions for where to report					44	1,578

Federal Supporting Statements		2015	PG01
Name(s) as shown on return PATIENCE ONE LLC		FEIN	45-5302432

FORM 1065 - SCHEDULE L - LINE 13

Statement #29

OTHER ASSETS

DESCRIPTION

BEG OF YEAR

END OF YEAR

UTILITY DEPOSITS

6,517

6,517

TOTAL

6,517

6,517

FORM 1065 - SCHEDULE L - LINE 17

PG01
Statement #31

OTHER CURRENT LIABILITIES

DESCRIPTION

BEG OF YEAR

END OF YEAR

SEC DEPOSITS

10,554

10,554

TOTAL

10,554

10,554

FORM 8825, LINE 15 - OTHER

PG01
Statement #8A

DESCRIPTION

AMOUNT

BANK CHARGES

62

DUES

100

ELEVATOR

130

INSPECTIONS

784

JANITORIAL

9,299

LANDSCAPING

7,551

LICENSES

325

OFFICE EXPENSES

1,449

OUTSIDE SERVICES

479

TELEPHONE

650

TRASH

4,043

TRAVEL

13,322

TOTAL

38,194

Federal Filing Instructions**2016**

Name(s) as shown on return

PATIENCE ONE LLC

Your Social Security Number

45-5302432

Date to file by: 03-15-2017

Form to be filed: Form 1065 and supplemental forms and schedules

Sign and date: A general partner or managing member must sign and date the return on the bottom of page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0011

Form 1065 Department of the Treasury Internal Revenue Service	U.S. Return of Partnership Income For calendar year 2016, or tax year beginning _____, 2016, ending _____, 20_____. ▶ Information about Form 1065 and its separate instructions is at www.irs.gov/form1065 .	OMB No. 1545-0123 2016
A Principal business activity REAL ESTATE	Type or Print	D Employer identification number 45-5302432
B Principal product or service DEVELOPMENT		E Date business started 05-09-2012
C Business code number 531120		F Total assets (see the instructions) \$ 1,684,157
Name of partnership PATIENCE ONE LLC		
Number, street, and room or suite no. If a P.O. box, see the instructions 3320 N BUFFALO STE 208		
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89129		

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**

J Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a			
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			1c	
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (attach statement)			7	
	8 Total income (loss). Combine lines 3 through 7			8	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
20 Other deductions (attach statement)			20		
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	
	22 Ordinary business income (loss). Subtract line 21 from line 8			22	

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.				
	DANKA MICHAELS, MD Signature of general partner or limited liability company member manager	Date 09-16-2018	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature	Date 09-16-2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00391972
	Firm's name ▶ ROBERT S SEMONIAN CPA			Firm's EIN ▶ 95-4514704	
	Firm's address ▶ PO BOX 5605 Ventura, CA 93005			Phone no. (805) 659-5344	

For Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2016)

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Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No																														
a	<input type="checkbox"/> Domestic general partnership																																
b	<input type="checkbox"/> Domestic limited partnership																																
c	<input checked="" type="checkbox"/> Domestic limited liability company																																
d	<input type="checkbox"/> Domestic limited liability partnership																																
e	<input type="checkbox"/> Foreign partnership																																
f	<input type="checkbox"/> Other ▶																																
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X																														
3	At the end of the tax year:																																
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X																														
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership SEE 1065B1	X																															
4	At the end of the tax year, did the partnership:																																
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">(i) Name of Corporation</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Country of Incorporation</th> <th style="width:25%;">(iv) Percentage Owned in Voting Stock</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																										
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																														
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">(i) Name of Entity</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Type of Entity</th> <th style="width:15%;">(iv) Country of Organization</th> <th style="width:20%;">(v) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																									
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																													
5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X																														
6	Does the partnership satisfy all four of the following conditions?																																
a	The partnership's total receipts for the tax year were less than \$250,000.																																
b	The partnership's total assets at the end of the tax year were less than \$1 million.																																
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.																																
d	The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		X																														
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X																														
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X																														
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X																														
10	At any time during calendar year 2016, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X																														

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2016 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		
21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	DANKA MICHAELS MD	Identifying number of TMP	
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145		

Schedule K		Partners' Distributive Share Items	Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	0
	2	Net rental real estate income (loss) (attach Form 8825)	2	(2,964)
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
	b	Qualified dividends	6b	
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)	9b	
	c	Unrecaptured section 1250 gain (attach statement)	9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
	12	Section 179 deduction (attach Form 4562)	12	
	13a	Contributions	13a	
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14a	Net earnings (loss) from self-employment	14a
b		Gross farming or fishing income	14b	
c		Gross nonfarm income	14c	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶	16a	
	b	Gross income from all sources	16b	
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Passive category ▶ e General category ▶ f Other ▶	16f	
		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income		
	i	Passive category ▶ j General category ▶ k Other ▶	16k	
	l	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
	m	Reduction in taxes available for credit (attach statement)	16m	
Alternative Minimum Tax (AMT) Items	n	Other foreign tax information (attach statement)		
	17a	Post-1986 depreciation adjustment	17a	6
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties - gross income	17d	
	e	Oil, gas, and geothermal properties - deductions	17e	
Other Information	f	Other AMT items (attach statement)	17f	
	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19a	Distributions of cash and marketable securities	19a	140,788
	b	Distributions of other property	19b	
	20a	Investment income	20a	
b	Investment expenses	20b		
c	Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	(2,964)
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		(2,523)				(441)	

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			7,397		15,110
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7a Loans to partners (or persons related to partners)					
b Mortgage and real estate loans					
8 Other investments (attach statement)					
9a Buildings and other depreciable assets	1,524,457			1,524,457	
b Less accumulated depreciation	248,414	1,276,043		301,298	1,223,159
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)			427,541		427,541
12a Intangible assets (amortizable only)	15,775			15,775	
b Less accumulated amortization	2,367	13,408		3,945	11,830
13 Other assets (attach statement)		Statement #29	6,517	Statement #29	6,517
14 Total assets			1,730,906		1,684,157
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)		Statement #31	10,554	Statement #31	10,554
18 All nonrecourse loans					
19a Loans from partners (or persons related to partners)					
b Mortgages, notes, bonds payable in 1 year or more			1,458,431		1,425,514
20 Other liabilities (attach statement)					
21 Partners' capital accounts			261,921		248,089
22 Total liabilities and capital			1,730,906		1,684,157

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	(2,964)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(2,964)
5 Add lines 1 through 4	(2,964)		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	261,921	6 Distributions: a Cash	140,788
2 Capital contributed: a Cash	129,920	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	(2,964)		
4 Other increases (itemize):		8 Add lines 6 and 7	140,788
5 Add lines 1 through 4	388,877	9 Balance at end of year. Subtract line 8 from line 5	248,089

**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

▶ See instructions.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name **PATIENCE ONE LLC** Employer identification number **45-5302432**

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	3320 N BUFFALO LAS VEGAS, NV 89129	4 COMMERCIAL		
B				
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	2	270,911		
Rental Real Estate Expenses					
3	Advertising	3			
4	Auto and travel	4	1,750		
5	Cleaning and maintenance	5			
6	Commissions	6			
7	Insurance	7	12,809		
8	Legal and other professional fees	8	950		
9	Interest	9	73,380		
10	Repairs	10	41,156		
11	Taxes	11	24,418		
12	Utilities	12	33,928		
13	Wages and salaries	13			
14	Depreciation (see instructions)	14	52,884		
15	Other (list) ▶ <u>Amortization</u>	15	1,578		
	<u>Statement #8A</u>		31,022		
16	Total expenses for each property. Add lines 3 through 15	16	273,875		
17	Income or (Loss) from each property. Subtract line 16 from line 2	17	(2,964)		
18 a	Total gross rents. Add gross rents from line 2, columns A through H	18a	270,911		
b	Total expenses. Add total expenses from line 16, columns A through H	18b	(273,875)		
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19			
20 a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a			
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
(1) Name		(2) Employer identification number			
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	(2,964)		

For Paperwork Reduction Act Notice, see instructions.

Form 8825 (12-2010)

EEA

Danka Michaels001531

AA03103

SCHEDULE B-1
(Form 1065)

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

▶ **Attach to Form 1065. See instructions.**

OMB No. 1545-0099

Name of partnership

PATIENCE ONE LLC

Employer identification number (EIN)

45-5302432

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Org.	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DANKA MICHAELS MD		US	100
TOM PICKENS		US	50

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.
EEA

Schedule B-1 (Form 1065) (Rev. 12-2011)

Danka Michaels001532

AA03104

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service


2016

For calendar year 2016, or tax

year beginning _____, 2016
ending _____, 20Partner's Share of Income, Deductions,
Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Partnership																	
A	Partnership's employer identification number 45-5302432																
B	Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129																
C	IRS Center where partnership filed return OGDEN																
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																
Part II Information About the Partner																	
E	Partner's identifying number [REDACTED]																
F	Partner's name, address, city, state, and ZIP code DANKA MICHAELS MD 9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145																
G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																
H	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
I1	What type of entity is this partner? <u>INDIVIDUAL</u>																
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J	Partner's share of profit, loss, and capital (see instructions): <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>50.0000000</td><td>%</td><td>50.0000000 %</td></tr><tr><td>Loss</td><td>50.0000000</td><td>%</td><td>50.0000000 %</td></tr><tr><td>Capital</td><td>50.0000000</td><td>%</td><td>50.0000000 %</td></tr></tbody></table>		Beginning		Ending	Profit	50.0000000	%	50.0000000 %	Loss	50.0000000	%	50.0000000 %	Capital	50.0000000	%	50.0000000 %
	Beginning		Ending														
Profit	50.0000000	%	50.0000000 %														
Loss	50.0000000	%	50.0000000 %														
Capital	50.0000000	%	50.0000000 %														
K	Partner's share of liabilities at year end: <table border="1"><tbody><tr><td>Nonrecourse</td><td>\$</td><td>712,757</td></tr><tr><td>Qualified nonrecourse financing</td><td>\$</td><td></td></tr><tr><td>Recourse</td><td>\$</td><td></td></tr></tbody></table>	Nonrecourse	\$	712,757	Qualified nonrecourse financing	\$		Recourse	\$								
Nonrecourse	\$	712,757															
Qualified nonrecourse financing	\$																
Recourse	\$																
L	Partner's capital account analysis: <table border="1"><tbody><tr><td>Beginning capital account</td><td>\$</td><td>130,960</td></tr><tr><td>Capital contributed during the year</td><td>\$</td><td></td></tr><tr><td>Current year increase (decrease)</td><td>\$</td><td>(1,482)</td></tr><tr><td>Withdrawals & distributions</td><td>\$</td><td>(10,868)</td></tr><tr><td>Ending capital account</td><td>\$</td><td>118,610</td></tr></tbody></table> <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain)	Beginning capital account	\$	130,960	Capital contributed during the year	\$		Current year increase (decrease)	\$	(1,482)	Withdrawals & distributions	\$	(10,868)	Ending capital account	\$	118,610	
Beginning capital account	\$	130,960															
Capital contributed during the year	\$																
Current year increase (decrease)	\$	(1,482)															
Withdrawals & distributions	\$	(10,868)															
Ending capital account	\$	118,610															
M	Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement (see instructions)																

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (1,482)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 3
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions A 10,868
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information
*See attached statement for additional information.	
For IRS Use Only 	

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

IRS.gov/form1065

Schedule K-1 (Form 1065) 2016

EEA

Danka Michaels001533

AA03105

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax

year beginning _____, 2016
ending _____, 20 _____Partner's Share of Income, Deductions,
Credits, etc.

▶ See page 2 of form and separate instructions.

☒ Final K-1☐ Amended K-1

OMB No. 1545-0123

651113

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (1,041)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 2
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions A 129,920
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information

Part I Information About the Partnership

A Partnership's employer identification number
45-5302432

B Partnership's name, address, city, state, and ZIP code
PATIENCE ONE LLC
3320 N BUFFALO STE 208
LAS VEGAS, NV 89129

C IRS Center where partnership filed return
OGDEN

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
[REDACTED]

F Partner's name, address, city, state, and ZIP code
TOM PICKENS
9517 QUEEN CHARLOTTE DR
LAS VEGAS, NV 89145

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending
Profit	50.00000000	%	0.00000000 %
Loss	50.00000000	%	0.00000000 %
Capital	50.00000000	%	0.00000000 %

K Partner's share of liabilities at year end:

Nonrecourse \$ 500,488

Qualified nonrecourse financing . . . \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account \$ 130,961

Capital contributed during the year . . . \$

Current year increase (decrease) . . . \$ (1,041)

Withdrawals & distributions \$ (129,920)

Ending capital account \$

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes," attach statement (see instructions)

For IRS Use Only



For Paperwork Reduction Act Notice, see Instructions for Form 1065.

IRS gov/form1065

Schedule K-1 (Form 1065) 2016

EEA

Danka Michaels001534

AA03106

Schedule K-1
(Form 1065)

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 of form and separate instructions.

651113

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

Part III **Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I **Information About the Partnership**

A Partnership's employer identification number
45-5302432

B Partnership's name, address, city, state, and ZIP code
PATIENCE ONE LLC
3320 N BUFFALO STE 208
LAS VEGAS, NV 89129

C IRS Center where partnership filed return
OGDEN

D ☐ Check if this is a publicly traded partnership (PTP)

Part II **Information About the Partner**

E Partner's identifying number
56-5899079

F Partner's name, address, city, state, and ZIP code
MICH-MICH TRUST
9517 QUEEN CHARLOTTE DR
LAS VEGAS, NV 89145

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I1 What type of entity is this partner? TRUST

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions).

	Beginning		Ending
Profit	0.00000000	%	50.00000000 %
Loss	0.00000000	%	50.00000000 %
Capital	0.00000000	%	50.00000000 %

K Partner's share of liabilities at year end:

Nonrecourse \$ 212,269

Qualified nonrecourse financing . . . \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account \$

Capital contributed during the year . . . \$ 129,920

Current year increase (decrease) . . . \$ (441)

Withdrawals & distributions \$ ()

Ending capital account \$ 129,479

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes," attach statement (see instructions)

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss) (441)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items A 1
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information

*See attached statement for additional information.

For IRS Use Only



Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PATIENCE ONE LLC

3320 N BUFFALO

45-5302432

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business-use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,173

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	42,711
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20 a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	52,884
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

EEA

Danka Michaels001536

AA03108

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year				43	1,578
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,578

Name(s) as shown on return

Federal Supporting Statements

2016 PG01

PATIENCE ONE LLC

FEIN

45-5302432

ALLOCATIONS

Statement #SA

<u>LINE</u>	<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>ALLOCATED</u>	<u>UNALLOCATED</u>
K19A	DIST OF CASH & MARKETABLE	\$140,788	\$140,788	\$0

FORM 1065 - SCHEDULE L - LINE 13

PG01
Statement #29

OTHER ASSETS

DESCRIPTION

BEG OF YEAR

END OF YEAR

UTILITY DEPOSITS

6,517

6,517

TOTAL

6,517

6,517

FORM 1065 - SCHEDULE L - LINE 17

PG01
Statement #31

OTHER CURRENT LIABILITIES

DESCRIPTION

BEG OF YEAR

END OF YEAR

SEC DEPOSITS

10,554

10,554

TOTAL

10,554

10,554

Federal Supporting Statements

2016 PG01

Name(s) as shown on return

FEIN

PATIENCE ONE LLC

45-5302432

FORM 8825, LINE 15 - OTHER

Statement #8A

DESCRIPTIONAMOUNT

INSPECTIONS

2,430

JANITORIAL

16,624

LICENSES

1,498

MANAGEMENT FEES

9,966

OFFICE EXPENSES

114

SECURITY

390

TOTAL

31,022

U.S. Corporation Income Tax Return
For calendar year 2008 or tax year beginning _____, 2008, ending _____, 20____
▶ See separate instructions.

CMB No. 1545-0123

2008

A Check if:

- 1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (see instructions) ☐
4 Schedule M-3 attached ☐

Use IRS label. Otherwise, print or type.
Name **BLUE POINT DEVELOPMENT INC**
Number, street, and room or suite no. if a P.O. box, see instructions **STE 160**
7373 PEAK DR
City or town, state, and ZIP code **LAS VEGAS NV 89128**

B Employer identification number **26-3541207**
C Date incorporated **09-23-2008**
D Total assets (see instructions) **1,000**

E Check if: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a	Gross receipts or sales		b	Less returns and allowances		c	Balance	1c	
	2	Cost of goods sold (Schedule A, line 8)							2	0
	3	Gross profit. Subtract line 2 from line 1c							3	
	4	Dividends (Schedule C, line 19)							4	
	5	Interest							5	
	6	Gross rents							6	
	7	Gross royalties							7	
	8	Capital gain net income (attach Schedule D (Form 1120))							8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)							9	
	10	Other income (see instructions - attach schedule)							10	
	11	Total income. Add lines 3 through 10							11	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)							12	
	13	Salaries and wages (less employment credits)							13	
	14	Repairs and maintenance							14	
	15	Bad debts							15	
	16	Rents							16	
	17	Taxes and licenses							17	
	18	Interest							18	
	19	Charitable contributions							19	
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)							20	
	21	Depletion							21	
	22	Advertising							22	
	23	Pension, profit-sharing, etc., plans							23	
	24	Employee benefit programs							24	
	25	Domestic production activities deduction (attach Form 8903)							25	
	26	Other deductions (attach schedule)							26	
	27	Total deductions. Add lines 12 through 26							27	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11							28	0
Tax, Refundable Credits, and Payments	29	Less: a Net operating loss deduction (see instructions)		29a					29c	
		b Special deductions (Schedule C, line 20)		29b						
	30	Taxable income. Subtract line 29c from line 28 (see instructions)							30	0
	31	Total tax (Schedule J, line 10)							31	0
	32a	2007 overpayment credited to 2008	32a							
	b	2008 estimated tax payments	32b							
	c	2008 refund applied for on Form 4466	32c							
	e	Tax deposited with Form 7004								
	f	Credits: (1) Form 2439 (2) Form 4136								
	g	Refundable credits from Form 3800, line 19c, and Form 8827, line 8c	32g						32h	
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached							33		
34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed							34		
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid							35		
36	Enter amount from line 35 you want. Credited to 2009 estimated tax							36		

Sign Here
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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)?
PRESIDENT			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Preparer's signature	Date	Preparer's SSN or PTIN	
ROBERT S SEMONIAN CPA	09-16-2018	P00391972	
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
PO BOX 5605	95-4514704	(805) 659-5344	
Ventura CA 93005			

Schedule A Cost of Goods Sold (see instructions)	
1	Inventory at beginning of year
2	Purchases
3	Cost of labor
4	Additional section 263A costs (attach schedule)
5	Other costs (attach schedule)
6	Total. Add lines 1 through 5
7	Inventory at end of year
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule E Compensation of Officers (see instructions for page 1, line 12)					
Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.					
(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	(d) Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2	Total compensation of officers				
3	Compensation of officers claimed on Schedule A and elsewhere on return				
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12				

Schedule J		Tax Computation (see instructions)	
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	0
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31	10	0

Schedule K		Other Information (see instructions)	
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 531390		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v).		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv).	Yes	No
			X

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

Schedule K Continued

5 At the end of the tax year, did the corporation:				Yes	No
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions					X
If "Yes," complete (i) through (iv).					
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions					X
If "Yes," complete (i) through (iv).					
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)					X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.					
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.					
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?					X
For rules of attribution, see section 318. If "Yes," enter:					
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____					
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ <u>0</u>					
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/>					
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.					
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____					
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>					
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ <input type="checkbox"/>					
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.					
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____					
13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? ▶ <input checked="" type="checkbox"/>				X	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$ _____					

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				1,000
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		0		1,000
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
b	Common stock			1,000	1,000
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach schedule)				
25	Retained earnings-Unappropriated				
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		0		1,000

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
6	Add lines 1 through 5		9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	0

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books		b	Stock	
3	Other increases (itemize):		c	Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3		7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	0

1120EF	EF Transmission Status (Keep for your records)	2009
Name(s) as shown on return BLUE POINT DEVELOPMENT INC		Your EIN 26-3541207

The following will be transmitted to the IRS

☐ 1120 ☐ 7004

The following State(s) will be transmitted.

Federal return has already been accepted.

1120EF.LD

Danka Michaels001336

AA03117

Form 1120		U.S. Corporation Income Tax Return		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		For calendar year 2009 or tax year beginning _____, 2009, ending _____, 20____		2009	
		▶ See separate instructions.			
A Check if:		Name		B Employer identification number	
1a Consolidated return (attach Form 851) <input type="checkbox"/>		Use IRS label.		26-3541207	
b Life/non-life consolidated return <input type="checkbox"/>		Other- wise, print or type.		C Date incorporated	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		7373 PEAK DR		09-23-2008	
3 Personal service corp. (see instructions) <input type="checkbox"/>		City or town, state, and ZIP code		D Total assets (see instructions)	
4 Schedule M-3 attached <input type="checkbox"/>		LAS VEGAS NV 89128		S 983	
		E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change			
		1a Gross receipts or sales 62,493 b Less returns and allowances		c Bal 1c 62,493	
		2 Cost of goods sold (Schedule A, line 8)		2 42,729	
		3 Gross profit. Subtract line 2 from line 1c		3 19,764	
		4 Dividends (Schedule C, line 19)		4	
		5 Interest		5	
		6 Gross rents		6	
		7 Gross royalties		7	
		8 Capital gain net income (attach Schedule D (Form 1120))		8	
		9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9	
		10 Other income (see instructions - attach schedule)		10	
		11 Total income. Add lines 3 through 10		11 19,764	
		12 Compensation of officers (Schedule E, line 4)		12	
		13 Salaries and wages (less employment credits)		13	
		14 Repairs and maintenance		14	
		15 Bad debts		15	
		16 Rents		16	
		17 Taxes and licenses		17	
		18 Interest		18	
		19 Charitable contributions		19	
		20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20	
		21 Depletion		21	
		22 Advertising		22	
		23 Pension, profit-sharing, etc., plans		23	
		24 Employee benefit programs		24	
		25 Domestic production activities deduction (attach Form 8903)		25	
		26 Other deductions (attach schedule) STATEMENT # 5		26 27,440	
		27 Total deductions. Add lines 12 through 26		27 27,440	
		28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 (7,676)	
		29 Less: a Net operating loss deduction (see instructions) 29a		29c	
		b Special deductions (Schedule C, line 20) 29b			
		30 Taxable income. Subtract line 29c from line 28 (see instructions)		30 (7,676)	
		31 Total tax (Schedule J, line 10)		31 0	
		32a 2008 overpayment credited to 2009 32a			
		b 2009 estimated tax payments 32b			
		c 2009 refund applied for on Form 4466 32c			
		d Bal 32d			
		e Tax deposited with Form 7004 32e			
		f Credits: (1) Form 2439 (2) Form 4136 32f			
		g Refundable credits from Form 3800, line 19c, and Form 8827, line 8c 32g			
		33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		33	
		34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed		34	
		35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid		35	
		36 Enter amount from line 35 you want. Credited to 2010 estimated tax Refunded		36	
Sign Here		Signature of officer PRESIDENT Date 09-16-2018 Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Paid Preparer's Use Only		Preparer's signature ROBERT S SEMONIAN CPA Date 09-16-2018 Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN P00391972		EIN 95-4514704	
		Firm's name (or yours if self-employed), address, and ZIP code PO BOX 5605 Ventura CA 93005 Phone no. (805) 659-5344			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120 (2009)

Schedule A Cost of Goods Sold (see instructions)			
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	42,729
6	Total. Add lines 1 through 5	6	42,729
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	42,729

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d ☐

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule E Compensation of Officers (see instructions for page 1, line 12)					
Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.					
(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2	Total compensation of officers				
3	Compensation of officers claimed on Schedule A and elsewhere on return				
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12				

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2 0
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4 0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834, line 29	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)		9
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31		10 0

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>531390</u>		
b	Business activity ▶ <u>REAL ESTATE</u>		
c	Product or service ▶ <u>DEVELOPMENT</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) . . .	X	
5	At the end of the tax year, did the corporation:	Yes	No
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions		X
	If "Yes," complete (i) through (iv).		

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

Name _____

- ▶ Attach to Form 1120.
- ▶ See instructions.

GMB No. 1545-0123

2009

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.

EEA

Schedule G (Form 1120) 2009

Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns
▶ File a separate application for each return.
▶ See separate instructions.

OMB No. 1545-0233

Type or Print	Name	Identifying number
	BLUE POINT DEVELOPMENT INC	26-3541207
	Number, street, and room or suite no. (If P.O. box, see instructions) STE 160	
	7373 PEAK DR	
File by the due date for the return for which an extension is requested. See instructions.	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code))	
	LAS VEGAS NV 89128	

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 9804

1a Enter the form code for the return that this application is for (see below)			
Application	Form Code	Application	Form Code
Is For:		Is For:	
Form 1065	09	Form 1041 (estate)	04
Form 9804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below)			
Application	Form Code	Application	Form Code
Is For:		Is For:	
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5a The application is for calendar year 20 09 , or tax year beginning _____, 20____, and ending _____, 20____

- b Short tax year. If this tax year is less than 12 months, check the reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

EEA

Form 7004 (Rev. 12-2008)

Form **8879-C****IRS e-file Signature Authorization
for Form 1120**

OMB No. 1545-1854

Department of the Treasury
Internal Revenue ServiceFor calendar year 2009, or tax year beginning _____, 2009, ending _____
▶ See instructions. Do not send to the IRS. Keep for your records.**2009**

Name of corporation

BLUE POINT DEVELOPMENT INC

Employer identification number

26-3541207**Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	19,764
2	Taxable income (Form 1120, line 30)	2	(7,676)
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2009 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **ROBERT S SEMONIAN CPA** to enter my PIN **12345** as my signature
ERO firm name do not enter all zeros
on the corporation's 2009 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2009 electronically filed income tax return.

Officer's signature ▶

Date ▶ **09-03-2010**Title ▶ **PRESIDENT****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub.

3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **09-16-2018**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-C (2009)

Federal Supporting Statements		2009 PG 1
<small>Name(s) as shown on return</small> BLUE POINT DEVELOPMENT INC	<small>FED</small> 26-3541207	
<u>FORM 1120 PAGE 1</u>		STATEMENT # 5
<u>DESCRIPTION</u> MEALS AND ENTERTAINMENT 50% LIMIT OFFICE EXPENSE SUPPLIES TELEPHONE TRAVEL REIMBURSED COSTS TOTAL	<u>AMOUNT</u> 5,877 2,545 1,606 50 14,589 2,773 <u>27,440</u>	
<u>Schedule A Line 5</u>		PG01 STATEMENT # 7
<u>DESCRIPTION</u> OUTSIDE COSTS OUTSIDE CONSULTANTS DEV COSTS TOTAL:	<u>AMOUNT</u> 36,509 3,000 3,220 <u>42,729</u>	

STATMENTED

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		1,000		983
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		1,000		983
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				13,536
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach schedule)				
25	Retained earnings-Unappropriated				(13,553)
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		1,000		983

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books	(13,553)	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$ 5,877				
		5,877	9	Add lines 7 and 8	
6	Add lines 1 through 5	(7,676)	10	Income (page 1, line 28)-line 6 less line 9	(7,676)

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books	(13,553)		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	(13,553)	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	(13,553)

1120EF	EF Transmission Status (Keep for your records)	2010
Name(s) as shown on return BLUE POINT DEVELOPMENT INC		Your EIN 26-3541207

The following will be transmitted to the IRS.

☐ 1120 ☐ 7004 ☐ Amended

The following State(s) will be transmitted

Fed return has MESSAGE PAGE.

1120EF1D

Danka Michaels001346

AA03127

Danka Michaels001347

AA03128

Schedule A		Cost of Goods Sold (see instructions)
1	Inventory at beginning of year	1
2	Purchases	2 25,699
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5 15,672
6	Total. Add lines 1 through 5	6 41,371
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8 41,371

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO ☐ 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule C		Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)			70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)			80	
3	Dividends on debt-financed stock of domestic and foreign corporations			see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities			42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities			48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs			70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs			80	
8	Dividends from wholly owned foreign subsidiaries			100	
9	Total. Add lines 1 through 8. See instructions for limitation				
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958			100	
11	Dividends from affiliated group members			100	
12	Dividends from certain FSCs			100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12				
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)				
15	Foreign dividend gross-up				
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3				
17	Other dividends				
18	Deduction for dividends paid on certain preferred stock of public utilities				
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4				
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b				

Schedule E		Compensation of Officers (see instructions for page 1, line 12)			
Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.					
(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2	Total compensation of officers				
3	Compensation of officers claimed on Schedule A and elsewhere on return				
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12				

Schedule J Tax Computation (see instructions)	
1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>
2 Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>
3 Alternative minimum tax (attach Form 4626)	3
4 Add lines 2 and 3	4 0
5a Foreign tax credit (attach Form 1118)	5a
b Credit from Form 8834, line 29	5b
c General business credit (attach Form 3800)	5c
d Credit for prior year minimum tax (attach Form 8827)	5d
e Bond credits from Form 8912	5e
6 Total credits. Add lines 5a through 5e	6
7 Subtract line 6 from line 4	7 0
8 Personal holding company tax (attach Schedule PH (Form 1120))	8
9 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)	9
10 Total tax. Add lines 7 through 9. Enter here and on page 1, line 31	10 0

Schedule K Other Information (see instructions)	
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify)	Yes No
2 See the instructions and enter the:	
a Business activity code no. 531390	
b Business activity REAL ESTATE	
c Product or service DEVELOPMENT	
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation	X
4 At the end of the tax year:	
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)	X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X
5 At the end of the tax year, did the corporation:	
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 951, Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv).	X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

Schedule K	Continued
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				Yes	No
<p>b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including any entity treated as a partnership or in the beneficial interest of a trust)? For rules of constructive ownership, see instructions X</p> <p>If "Yes," complete (i) through (iv).</p>					
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital		
<p>6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) X</p> <p>If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.</p> <p>If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.</p>					
<p>7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? X</p> <p>For rules of attribution, see section 318. If "Yes," enter.</p> <p>(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____</p>					
<p>(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ <u>0</u></p>					
<p>8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/></p> <p>If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.</p>					
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____					
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>					
<p>11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/></p> <p>If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.</p>					
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ <u>7,676</u>					
<p>13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? X</p> <p>If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____</p>					
<p>14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? X</p> <p>If "Yes," complete and attach Schedule UTP.</p>					

SCHEDULE G
(Form 1120)

Department of the Treasury
Internal Revenue Service
Name

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

2010

BLUE POINT DEVELOPMENT INC

Employer identification number (EIN)

26-3541207

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.

EEA

Schedule G (Form 1120) 2010

Form **8879-C****IRS e-file Signature Authorization
for Form 1120**

OMB No. 1545-1884

Department of the Treasury
Internal Revenue ServiceFor calendar year 2010, or tax year beginning _____, 2010, ending _____
▶ See instructions. Do not send to the IRS. Keep for your records.**2010**

Name of corporation

BLUE POINT DEVELOPMENT INC

Employer identification number

26-3541207**Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	27,854
2	Taxable income (Form 1120, line 30)	2	(9,797)
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2010 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **ROBERT S SEMONIAN CPA** to enter my PIN **12345** as my signature
ERO firm name do not enter all zeros
on the corporation's 2010 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2010 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ **10-03-2011** Title ▶ **PRESIDENT****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub.

3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **ROBERT S SEMONIAN CPA** Date ▶ **09-16-2018**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-C (2010)

Federal Supporting Statements		2010 PG 1																
<small>Name(s) as shown on return</small> BLUE POINT DEVELOPMENT INC	<small>FEIN</small> 26-3541207																	
<u>FORM 1120 PAGE 1</u>		STATEMENT # 5																
DESCRIPTION MEALS AND ENTERTAINMENT 50% LIMIT MISCELLANEOUS OFFICE EXPENSE TRAVEL REIMBURSED COSTS COMMUNICATIONS TOTAL	<table style="width: 100%;"> <tr> <th style="text-align: left;"><u>AMOUNT</u></th> <th></th> </tr> <tr> <td>387</td> <td></td> </tr> <tr> <td>186</td> <td></td> </tr> <tr> <td>3,589</td> <td></td> </tr> <tr> <td>20,388</td> <td></td> </tr> <tr> <td>6,651</td> <td></td> </tr> <tr> <td>6,325</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">37,526</td> <td></td> </tr> </table>		<u>AMOUNT</u>		387		186		3,589		20,388		6,651		6,325		37,526	
<u>AMOUNT</u>																		
387																		
186																		
3,589																		
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6,325																		
37,526																		
<u>Schedule A Line 5</u>		PG01 STATEMENT # 7																
DESCRIPTION OUTSIDE COSTS TOTAL:	<table style="width: 100%;"> <tr> <th style="text-align: left;"><u>AMOUNT</u></th> <th></th> </tr> <tr> <td>15,672</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">15,672</td> <td></td> </tr> </table>		<u>AMOUNT</u>		15,672		15,672											
<u>AMOUNT</u>																		
15,672																		
15,672																		

STATMENTLD

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash		983		2,263
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		983		2,263
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders		13,536		
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital				25,000
24	Retained earnings-Appropriated (attach schedule)				
25	Retained earnings-Unappropriated		(13,553)		(23,737)
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		983		2,263

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books	(10,184)	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$ 387				
		387	9	Add lines 7 and 8	
6	Add lines 1 through 5	(9,797)	10	Income (page 1, line 28)-line 6 less line 9	(9,797)

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	(13,553)	5	Distributions: a Cash	
2	Net income (loss) per books	(10,184)		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	(23,737)	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	(23,737)

1120EF	EF Transmission Status (Keep for your records)	2011																																										
Name(s) as shown on return BLUE POINT DEVELOPMENT INC		Your social security number 26-3541207																																										
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1120 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table border="0"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table border="0"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <p>Fed return has MESSAGE PAGE.</p>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____																																						
_____	_____	_____	_____	_____	_____	_____																																						

Form 1120

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2011 or tax year beginning

2011, ending

20

OMB No 1545-0123

2011

See separate instructions.

A Check if:

- 1a Consolidated return (attach Form 951) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co (attach Sch. PH) ☐
- 3 Personal service corp (see instructions) ☐
- 4 Schedule M-3 attached ☐

TYPE
OR
PRINT

Name

BLUE POINT DEVELOPMENT INC

Number, street, and room or suite no. If a P.O. box, see instructions

STE 160

7373 PEAK DR

City or town, state, and ZIP code

LAS VEGAS

NV 89128

B Employer identification number

26-3541207

C Date incorporated

09-23-2008

D Total assets (see instructions)

\$ 27,967

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income

1a Merchant card and third-party payments. For 2011, enter -0-	1a	0
b Gross receipts or sales not reported on line 1a (see instructions)	1b	250,936
c Total. Add lines 1a and 1b	1c	250,936
d Returns and allowances plus any other adjustments (see instructions)	1d	
e Subtract line 1d from line 1c	1e	250,936
2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A)	2	166,343
3 Gross profit. Subtract line 2 from line 1e	3	84,593
4 Dividends (Schedule C, line 19)	4	
5 Interest	5	
6 Gross rents	6	
7 Gross royalties	7	
8 Capital gain net income (attach Schedule D (Form 1120))	8	
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions - attach schedule)	10	
11 Total income. Add lines 3 through 10	11	84,593

Deductions
(See instructions for limitations on deductions.)

12 Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E)	12	
13 Salaries and wages (less employment credits)	13	
14 Repairs and maintenance	14	
15 Bad debts	15	
16 Rents	16	
17 Taxes and licenses	17	
18 Interest	18	
19 Charitable contributions	19	
20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	25,361
21 Depletion	21	
22 Advertising	22	
23 Pension, profit-sharing, etc., plans	23	
24 Employee benefit programs	24	
25 Domestic production activities deduction (attach Form 8903)	25	
26 Other deductions (attach schedule)	26	30,137
27 Total deductions. Add lines 12 through 26	27	55,498
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	29,095
29a Net operating loss deduction (see instructions)	29a	17,473
b Special deductions (Schedule C, line 20)	29b	
c Add lines 29a and 29b	29c	17,473

Tax, Refundable Credits and Payments

30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	11,622
31 Total tax (Schedule J, Part I, line 11)	31	1,743
32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33	
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	1,743
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
36 Enter amount from line 35 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36	

Sign Here

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

TOM PICKENS

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

ROBERT S SEMONIAN CP

09-16-2018

P00391972

Firm's name ROBERT S SEMONIAN CPA

Firm's EIN 95-4514704

Firm's address PO BOX 5605

Phone no.

Ventura CA 93005

(805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120 (2011)

Danka Michaels001356

AA03137

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834, line 30 (attach Form 8834)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach schedule)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11

Part II - Payments and Refundable Credits

12	2010 overpayment credited to 2011	12	
13	2011 estimated tax payments	13	
14	2011 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 3800, line 17c and Form 8827, line 8c	19c	
d	Other (attach schedule - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 531390		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)**5** At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions.

If "Yes," complete (i) through (iv) below.

Yes	No
	X

(i) Name of Corporation	(ii) Employer identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including any entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.

If "Yes," complete (i) through (iv) below.

Yes	No
	X

(i) Name of Entity	(ii) Employer identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on **Form 851** for each subsidiary.

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned **▶** _____ and **(ii)** Owner's country **▶** _____

(c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached **▶** 0

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐

If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ _____

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) **▶** 1

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) **▶** \$ 17,473

- 13** Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year **and** its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. **▶** \$ _____

- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

If "Yes," complete and attach Schedule UTP.

- 15a** Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?

- b** If "Yes," did or will the corporation file all required Forms 1099?

	X
	X
	X
	X
	X

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

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

▶ See separate instructions.

▶ Attach to your tax return.

2011Attachment
Sequence No. 179**BLUE POINT DEVELOPMENT INC****FORM 1120**Identifying number
26-3541207**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	25,361
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	25,361
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2011)

Danka Michaels001360

AA03141

Information on Certain Persons Owning the
Corporation's Voting Stock

▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

- ▶ **File a separate application for each return.**
▶ **See separate instructions.**

**Print
or
Type**

Name

Identifying number

BLUE POINT DEVELOPMENT INC

26-3541207

Number, street, and room or suite no. (If P.O. box, see instructions.) **STE 160**

7373 PEAK DR

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code))

LAS VEGAS

NV 89128

Note. File request for extension by the due date of the return for which the ext. is granted. See inst. before completing this form.

Part I Automatic 5-Month Extension

1 a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estates other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5 a The application is for calendar year 20 11, or tax year beginning _____, 20 ____, and ending _____, 20 ____

b Short tax year. If this tax year is less than 12 months, check the reason:

- ☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

6 Tentative total tax	6	1,743
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	1,743

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

EEA

Form 7004 (Rev. 11-2011)

Danka Michaels001362

AA03143

Form **8879-C****IRS e-file Signature Authorization
for Form 1120**

OMB No. 1545-1864

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax year beginning _____, 2011, ending _____

2011

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

Employer identification number

BLUE POINT DEVELOPMENT INC**26-3541207****Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	84,593
2	Taxable income (Form 1120, line 30)	2	11,622
3	Total tax (Form 1120, line 31)	3	1,743
4	Amount owed (Form 1120, line 34)	4	1,743
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2011 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **ROBERT S SEMONIAN CPA** to enter my PIN **12345** as my signature
ERO firm name do not enter all zeros
on the corporation's 2011 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2011 electronically filed income tax return.

Officer's signature ▶

Date ▶ **08-27-2012**Title ▶ **PRESIDENT****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub.

3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **ROBERT S SEMONIAN CPA**Date ▶ **09-16-2018**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-C (2011)

Danka Michaels001363

AA03144

Name(s) as shown on return

Federal Supporting Statements

2011 PG01

BLUE POINT DEVELOPMENT INC

FEIN

26-3541207

Form 1120, Schedule L, Line 18

STATEMENT # 11

Description

INCOME TAXES PAYABLE

Beg Of Year End Of Year

1,743

Total

1,743

FORM 1120 PAGE 1

PG 1
STATEMENT # 5

DESCRIPTION

BANK CHARGES

DUES AND SUBSCRIPTIONS

INSURANCE

LEGAL AND PROFESSIONAL

MEALS AND ENTERTAINMENT 50% LIMIT

OFFICE EXPENSE

OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS

TELEPHONE

TRAVEL

TRUCK AND AUTO

SMALL TOOLS

INSPECTIONS

AMOUNT

289

925

3,419

675

3,391

5,848

59

43

2,622

11,870

607

389

TOTAL

30,137

Schedule A Line 5

PG01
STATEMENT # 7

DESCRIPTION

SUB CONTRACTOR FEES

EQUIPMENT RENTAL FEES

AMOUNT

106,129

1,299

TOTAL:

107,428

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		2,263		15,639
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				12,328
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets			25,361	
b	Less accumulated depreciation	()		(25,361)	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach schedule)				
15	Total assets		2,263		27,967
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule) ..	STATEMENT # 11			1,743
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		25,000		25,000
24	Retained earnings-Appropriated (attach schedule)				
25	Retained earnings-Unappropriated		(23,737)		224
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,263		27,967

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1	Net income (loss) per books	23,961	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	1,743		Tax-exempt interest \$	
3	Excess of capital losses over capital gains ..				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation		a	Depreciation	\$
b	Charitable contributions \$		b	Charitable contributions \$	\$
c	Travel and entertainment \$	3,391			
		3,391	9	Add lines 7 and 8	
6	Add lines 1 through 5	29,095	10	Income (page 1, line 28)-line 6 less line 9	29,095

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	(23,737)	5	Distributions: a Cash	
2	Net income (loss) per books	23,961		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	224	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	224

Form **1125-A**

(December 2011)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, and 1065-B.

OMB No. 1545-2225

Name		Employer identification number
BLUE POINT DEVELOPMENT INC		26-3541207
1	Inventory at beginning of year	1
2	Purchases	2 58,915
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule) STATEMENT # 7	5 107,428
6	Total. Add lines 1 through 5	6 166,343
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8 166,343

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO. 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Federal Filing Instructions

2011

Name(s) as shown on return

Your Social Security Number

BLUE POINT DEVELOPMENT INC

26-3541207

Date to file by: 9-17-2012

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Payment: \$1,743

Transaction Method: Use the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits. Do not send payments directly to an IRS office.

1120EF	EF Transmission Status <small>(Keep for your records)</small>	2012																																																																																																																																					
<small>Name(s) as shown on return</small> BLUE POINT DEVELOPMENT INC		<small>Your social security number</small> 26-3541207																																																																																																																																					
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1120 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	NAME BLUE POINT DEVELOPMENT INC TYPE OR PRINT 3320 N BUFFALO DR City or town, state, and ZIP code LAS VEGAS NV 89129	B Employer identification number 26-3541207 C Date incorporated 09-23-2008 D Total assets (see instructions) \$ 50,553
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change		

Income	1a Gross receipts or sales	1a	168,658	1c	168,658
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			1c	168,658
	2 Cost of goods sold (attach Form 1125-A)			2	103,892
	3 Gross profit. Subtract line 2 from line 1c			3	64,766
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10 Other income (see instructions - attach statement)			10		
11 Total income. Add lines 3 through 10			11	64,766	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)			12	
	13 Salaries and wages (less employment credits)			13	
	14 Repairs and maintenance			14	
	15 Bad debts			15	
	16 Rents			16	
	17 Taxes and licenses			17	
	18 Interest			18	
	19 Charitable contributions			19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20	39,938
	21 Depletion			21	
	22 Advertising			22	
	23 Pension, profit-sharing, etc., plans			23	
	24 Employee benefit programs			24	
	25 Domestic production activities deduction (attach Form 8903)			25	
26 Other deductions (attach statement)		Statement #5	26	24,828	
27 Total deductions. Add lines 12 through 26			27	64,766	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	0	
29a Net operating loss deduction (see instructions)	29a				
b Special deductions (Schedule C, line 20)	29b				
c Add lines 29a and 29b			29c		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)			30	0
	31 Total tax (Schedule J, Part I, line 11)			31	0
	32 Total payments and refundable credits (Schedule J, Part II, line 21)			32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid			35	
	36 Enter amount from line 35 you want: Credited to 2013 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>			36	

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	TOM PICKENS Signature of officer	PRESIDENT Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CP	Preparer's signature	Date 09-16-2018
	Firm's name ROBERT S SEMONIAN CPA	Firm's EIN 95-4514704	Check <input checked="" type="checkbox"/> if self-employed PTIN P00391972
	Firm's address PO BOX 5605	Phone no. (805) 659-5344	
	Ventura CA 93005		

Schedule C		Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)				70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)				80	
3	Dividends on debt-financed stock of domestic and foreign corporations				see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities				42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities				48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs				70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs				80	
8	Dividends from wholly owned foreign subsidiaries				100	
9	Total. Add lines 1 through 8. See instructions for limitation					
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958				100	
11	Dividends from affiliated group members				100	
12	Dividends from certain FSCs				100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12					
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)					
15	Foreign dividend gross-up					
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3					
17	Other dividends					
18	Deduction for dividends paid on certain preferred stock of public utilities					
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶					
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶					

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2 0
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4 0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834, line 30 (attach Form 8834)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8 0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 0

Part II - Payments and Refundable Credits

12	2011 overpayment credited to 2012		12
13	2012 estimated tax payments		13
14	2012 refund applied for on Form 4466		14 ()
15	Combine lines 12, 13, and 14		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions)		17
18	Total payments. Add lines 15, 16, and 17		18
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d		20
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 236200		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT AND CONSTRUCTION		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

Yes No

5 At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including any entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions.If this is a consolidated return, answer here for the parent corporation and on **Form 851** for each subsidiary.

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____

(c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐

If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____

- 13** Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? ☒

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____

- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? ☒

If "Yes," complete and attach Schedule UTP.

- 15a** Did the corporation make any payments in 2012 that would require it to file Form(s) 1099? ☒

- b** If "Yes," did or will the corporation file required Forms 1099? ☐

- 16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? ☒

- 17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? ☒

- 18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? ☒

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BLUE POINT DEVELOPMENT INC

FORM 1120

26-3541207

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	46,000
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	CONSTRUCTION VEHICLE	46,000	46,000
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	46,000
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	46,000
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	39,938
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	39,938
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	6,062

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	39,938
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

EEA

Danka Michaels001374

AA03155

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.
EEA

Schedule G (Form 1120) (Rev. 12-2012)

Danka Michaels001375

AA03156

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

File a separate application for each return.

Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Print or Type

Name BLUE POINT DEVELOPMENT INC Identifying number 26-3541207 Number, street, and room or suite no. (If P.O. box, see instructions.) STE 208 3320 N BUFFALO DR City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). LAS VEGAS NV 89129

Note. File request for extension by the due date of the return for which the ext. is granted. See inst. before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here

If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 20 12, or tax year beginning, 20, and ending, 20

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax 6 0 7 Total payments and credits (see instructions) 7 0 8 Balance due. Subtract line 7 from line 6 (see instructions) 8 0

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form 7004 (Rev. 12-2012)

Form **8879-C** **IRS e-file Signature Authorization for Form 1120** OMB No. 1545-1864
For calendar year 2012, or tax year beginning _____, 2012, ending _____
Department of the Treasury Internal Revenue Service
Name of corporation **BLUE POINT DEVELOPMENT INC** Employer identification number **26-3541207**
2012
Do not send to the IRS. Keep for your records.
Information about Form 8879-C and its instructions is at www.irs.gov/form1120.

Part I Tax Return Information (Whole dollars only)

1 Total income (Form 1120, line 11)	1	64,766
2 Taxable income (Form 1120, line 30)	2	
3 Total tax (Form 1120, line 31)	3	
4 Amount owed (Form 1120, line 34)	4	
5 Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2012 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2012 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

Officer's signature _____ Date 08-15-2013 Title PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub.3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ROBERT S SEMONIAN CPA Date 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. Form **8879-C** (2012)
EEA

Danka Michaels001377

AA03158

Name(s) as shown on return

Federal Supporting Statements

2012 PG01

BLUE POINT DEVELOPMENT INC

FEIN

26-3541207

Schedule M-1 Line 5C

Statement #16

DESCRIPTION

AMOUNT

PENALTIES

91

TOTAL:

91

Form 1120, Schedule L, Line 18

PG01

Statement #11

Description

Beg Of Year End Of Year

INCOME TAXES PAYABLE

1,743

Total

1,743

FORM 1120 PAGE 1

PG 1
Statement #5

DESCRIPTION

AMOUNT

BANK CHARGES

206

LEGAL AND PROFESSIONAL

675

MEALS AND ENTERTAINMENT 50% LIMIT

4,358

OFFICE EXPENSE

2,611

TELEPHONE

57

TRAVEL

2,565

TRUCK AND AUTO

14,356

TOTAL

24,828

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

1125-A Line 5

Statement #7

DESCRIPTION

AMOUNT

SUB CONTRACTOR FEES

20,136

SUPPLIES

441

ARCHITECT FEES

5,316

TOTAL:

25,893

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		15,639		50,553		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders		12,328				
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	25,361		71,361			
b	Less accumulated depreciation	(25,361)		(71,361)			
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		27,967		50,553		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)		1,743				
19	Loans from shareholders				34,840		
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock: a Preferred stock						
b	Common stock	1,000	1,000	1,000	1,000		
23	Additional paid-in capital		25,000		25,000		
24	Retained earnings-Appropriated (attach statement)						
25	Retained earnings-Unappropriated		224		(10,287)		
26	Adjustments to shareholders' equity (attach statement)						
27	Less cost of treasury stock		()		()		
28	Total liabilities and shareholders' equity		27,967		50,553		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1	Net income (loss) per books	(10,511)	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ 6,062		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$ 4,358				
Statement #16	91	10,511	9	Add lines 7 and 8	
6	Add lines 1 through 5		10	Income (page 1, line 28)-line 6 less line 9	0

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	224	5	Distributions: a Cash	
2	Net income (loss) per books	(10,511)		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	(10,287)	8	Balance at end of year (line 4 less line 7)	(10,287)

Form **1125-A**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

1	Inventory at beginning of year	1	
2	Purchases	2	77,999
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	25,893
6	Total. Add lines 1 through 5	6	103,892
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	103,892

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶b Check if there was a writedown of subnormal goods ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Depreciation Detail Listing

2012

FORM 1120

PAGE 1

* Item was disposed of during current year.

For your records only

Social security number/EIN															
26-3541207															
No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TRUCK	20110501	16,000		100.00			0 5	SL HY	20		16,000		PY 16,000	
2	OFFICE EQUIPMENT	20110401	9,361		100.00			0 5	SL HY	20		9,361		PY 9,361	
3	CONSTRUCTION VEHICLE	20121220	46,000		100.00	46,000		0 5	SL HY	0	46,000	46,000			46,000

Danka Michaels001382

Federal Filing Instructions**2012**

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Your Social Security Number

26-3541207

Date to file by: 9-16-2013

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Refund: Neither a refund nor a balance due

1120EF	EF Transmission Status <small>(Keep for your records)</small>	2013																																																																																																																																												
<small>Name(s) as shown on return</small> BLUE POINT DEVELOPMENT INC		<small>Your social security number</small> 26-3541207																																																																																																																																												
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1120 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <p>Fed return has MESSAGE PAGE.</p>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Federal Filing Instructions**2013**

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Your Social Security Number

26-3541207

Date to file by: 9-15-2014

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Payment: \$832

Transaction Method: Use the Electronic Federal Tax Payment System
(EFTPS) to make federal tax deposits. Do not send
payments directly to an IRS office.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	NAME TYPE <u>BLUE POINT DEVELOPMENT INC</u> OR PRINT <u>STE 208</u> <u>3320 N BUFFALO DR</u> City or town, state, or province, country and ZIP or foreign postal code <u>LAS VEGAS NV 89129</u>	B Employer identification number <u>26-3541207</u> C Date incorporated <u>09-23-2008</u> D Total assets (see instructions) <u>50,019</u>
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change		

Income	1a Gross receipts or sales	1a	<u>792,362</u>	1c	<u>792,362</u>
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a				
	2 Cost of goods sold (attach Form 1125-A)	2	<u>136,681</u>		
	3 Gross profit. Subtract line 2 from line 1c	3	<u>655,681</u>		
	4 Dividends (Schedule C, line 19)	4			
	5 Interest	5			
	6 Gross rents	6			
	7 Gross royalties	7			
	8 Capital gain net income (attach Schedule D (Form 1120))	8			
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9			
10 Other income (see instructions - attach statement)	10				
11 Total income. Add lines 3 through 10	11	<u>655,681</u>			
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12	<u>152,308</u>		
	13 Salaries and wages (less employment credits)	13	<u>109,154</u>		
	14 Repairs and maintenance	14	<u>5,748</u>		
	15 Bad debts	15			
	16 Rents	16	<u>54,461</u>		
	17 Taxes and licenses <u>ATT-CTL</u>	17	<u>21,436</u>		
	18 Interest	18			
	19 Charitable contributions	19			
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	<u>235,785</u>		
	21 Depletion	21			
	22 Advertising	22			
	23 Pension, profit-sharing, etc., plans	23			
	24 Employee benefit programs	24	<u>6,192</u>		
	25 Domestic production activities deduction (attach Form 8903)	25			
	26 Other deductions (attach statement) <u>Statement #5</u>	26	<u>60,603</u>		
	27 Total deductions. Add lines 12 through 26	27	<u>645,687</u>		
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	<u>9,994</u>		
29a Net operating loss deduction (see instructions)	29a	<u>4,449</u>			
b Special deductions (Schedule C, line 20)	29b				
c Add lines 29a and 29b	29c	<u>4,449</u>			
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	<u>5,545</u>		
	31 Total tax (Schedule J, Part I, line 11)	31	<u>832</u>		
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32			
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33			
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	<u>832</u>		
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35			
	36 Enter amount from line 35 you want: Credited to 2014 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	36			

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer <u>THOMAS PICKENS</u> Date _____ Title <u>PRESIDENT</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paid Preparer Use Only Print/Type preparer's name <u>ROBERT S SEMONIAN CP</u> Preparer's signature _____ Date <u>09-16-2018</u> Check <input checked="" type="checkbox"/> if self-employed PTIN <u>P00391972</u> Firm's name <u>ROBERT S SEMONIAN CPA</u> Firm's EIN <u>95-4514704</u> Firm's address <u>PO BOX 5605</u> <u>Ventura CA 93005</u> Phone no. <u>(805) 659-5344</u>	

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2 832
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4 832
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 832
8	Personal holding company tax (attach Schedule PH (Form 1120))		8 0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 832

Part II - Payments and Refundable Credits

12	2012 overpayment credited to 2013	12	
13	2013 estimated tax payments	13	
14	2013 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 236200		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT AND CONSTRUCTION		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

	Yes	No
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions		X
If "Yes," complete (i) through (iv) below.		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions		
		X
If "Yes," complete (i) through (iv) below.		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		
		X
If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions.		
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?		
		X
For rules of attribution, see section 318. If "Yes," enter:		
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____		
(c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ <u>0</u>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ <u>4,449</u>		
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		
		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?		
		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2013 that would require it to file Form(s) 1099?		
		X
b If "Yes," did or will the corporation file required Forms 1099?		
		X
16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		
		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		
		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		
		X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		50,553		50,019
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	71,361		301,084	
b	Less accumulated depreciation	(71,361)		(301,084)	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		50,553		50,019
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				3,019
18	Other current liabilities (attach statement)				832
19	Loans from shareholders		34,840		18,840
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
b	Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		25,000		25,000
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		(10,287)		1,328
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		50,553		50,019

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1	Net income (loss) per books	11,615	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	832		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation	\$	a	Depreciation	\$ 6,062
b	Charitable contributions	\$	b	Charitable contributions	\$
c	Travel and entertainment	\$ 3,609			
		3,609			6,062
6	Add lines 1 through 5	16,056	9	Add lines 7 and 8	6,062
			10	Income (page 1, line 28)-line 6 less line 9	9,994

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	(10,287)	5	Distributions: a Cash	
2	Net income (loss) per books	11,615		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	1,328	8	Balance at end of year (line 4 less line 7)	1,328

AA03172

Form **1125-A**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name

Employer identification number

BLUE POINT DEVELOPMENT INC**26-3541207**

1	Inventory at beginning of year	1	
2	Purchases	2	88,287
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	48,394
6	Total. Add lines 1 through 5	6	136,681
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	136,681

9a Check all methods used for valuing closing inventory:(i) ☒ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶**b** Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** **e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.
EEA

Schedule G (Form 1120) (Rev. 12-2013)

Danka Michaels001393

AA03174

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2013Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BLUE POINT DEVELOPMENT INC

FORM 1120

26-3541207

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	229,723
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Statement #50		229,723	229,723
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	229,723
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	229,723
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	6,062
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	245,779
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	235,785
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	235,785
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

EEA

Danka Michaels001394

AA03175

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

File a separate application for each return.

Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Print or Type

Name	Identifying number
BLUE POINT DEVELOPMENT INC	26-3541207
Number, street, and room or suite no. (If P.O. box, see instructions.) STE 208	
3320 N BUFFALO DR	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
LAS VEGAS	NV 89129

Note. File request for extension by the due date of the return for which the ext. is granted. See inst. before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)			
Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)			
Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
- If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here <input type="checkbox"/>	
5a The application is for calendar year 20 13 , or tax year beginning _____, 20 _____, and ending _____, 20 _____	
b Short tax year. If this tax year is less than 12 months, check the reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period <input type="checkbox"/> Consolidated return to be filed <input type="checkbox"/> Other (see instructions-attach explanation)	
6 Tentative total tax	832
7 Total payments and credits (see instructions)	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	832

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form 7004 (Rev. 12-2012)

Form 8879-C	IRS e-file Signature Authorization for Form 1120	OMB No. 1545-1864
Department of the Treasury Internal Revenue Service	For calendar year 2013, or tax year beginning _____, 2013, ending _____ ▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-C and its instructions is at www.irs.gov/form8879c .	2013

Name of corporation BLUE POINT DEVELOPMENT INC	Employer identification number 26-3541207
--	---

Part I Tax Return Information (Whole dollars only)		
1 Total income (Form 1120, line 11)	1	655,681
2 Taxable income (Form 1120, line 30)	2	5,545
3 Total tax (Form 1120, line 31)	3	832
4 Amount owed (Form 1120, line 34)	4	832
5 Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2013 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2013 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 04-03-2014 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

Form 1120, Schedule L, Line 18

Statement #11

Description

Beg Of Year End Of Year

INCOME TAXES PAYABLE

832

Total

832

FORM 1120 PAGE 1

PG 1
Statement #5

DESCRIPTION

AMOUNT

BANK CHARGES

680

LIABILITY INSURANCE

7,285

JANITORIAL

203

LEGAL AND PROFESSIONAL

1,800

MEALS AND ENTERTAINMENT 50% LIMIT

3,609

OFFICE EXPENSE

13,299

OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS

9,211

PAYROLL PROCESSING EXPENSES

1,166

TRAVEL

12,281

UTILITIES

2,208

WASTE REMOVAL

310

TRUCK AND AUTO

8,551

TOTAL

60,603

1125-A Line 5

PG01
Statement #7

DESCRIPTION

AMOUNT

SUB CONTRACTOR FEES

14,461

TENANT REPAIRS

5,498

OTHER CONSTRUCTION COSTS

3,160

PERMITS AND TAXES

25,275

TOTAL:

48,394

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 4562 - LINE 6

Statement #50

DESCRIPTION OF PROPERTY

COST

ELECTED COST

FURN

7,633

7,633

FIXTURES

134,878

134,878

EQUIPMENT

68,222

68,222

OFFICE EQUIPMENT

18,990

18,990

TOTAL

229,723

229,723

Depreciation Detail Listing

FORM 1120

For your records only

Social security number/EIN

[illegible]

1120EF	EF Transmission Status (Keep for your records)	2014																																																																																																																														
Name(s) as shown on return BLUE POINT DEVELOPMENT INC		Your social security number 26-3541207																																																																																																																														
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1120 <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <p>Fed return has MESSAGE PAGE.</p>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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U.S. Corporation Income Tax Return
For calendar year 2014 or tax year beginning _____, 2014, ending _____, 20____
▶ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2014

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name BLUE POINT DEVELOPMENT INC	B Employer identification number 26-3541207
		Number, street, and room or suite no. If a P.O. box, see instructions. STE 208	C Date incorporated 09-23-2008
		3320 N BUFFALO DR	D Total assets (see instructions)
		City or town, state, or province, country and ZIP or foreign postal code LAS VEGAS NV 89129	S 144,183
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a Gross receipts or sales	1a 2,726,284	1c 2,726,284
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		
	2 Cost of goods sold (attach Form 1125-A)		2 1,441,843
	3 Gross profit. Subtract line 2 from line 1c		3 1,284,441
	4 Dividends (Schedule C, line 19)		4
	5 Interest		5
	6 Gross rents		6
	7 Gross royalties		7
	8 Capital gain net income (attach Schedule D (Form 1120))		8
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9
10 Other income (see instructions - attach statement)		10	
11 Total income. Add lines 3 through 10		11 1,284,441	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)		12 473,077
	13 Salaries and wages (less employment credits)		13 444,770
	14 Repairs and maintenance		14 7,434
	15 Bad debts		15
	16 Rents		16 77,454
	17 Taxes and licenses	ATT-CTL	17 52,790
	18 Interest		18
	19 Charitable contributions		19
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 56,121
	21 Depletion		21
	22 Advertising		22
	23 Pension, profit-sharing, etc., plans		23
	24 Employee benefit programs		24 40,362
	25 Domestic production activities deduction (attach Form 8903)		25
	26 Other deductions (attach statement)	Statement #5	26 83,031
	27 Total deductions. Add lines 12 through 26		27 1,235,039
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 49,402
29a Net operating loss deduction (see instructions)	29a		
b Special deductions (Schedule C, line 20)	29b		
c Add lines 29a and 29b		29c	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)		30 49,402
	31 Total tax (Schedule J, Part I, line 11)		31 7,410
	32 Total payments and refundable credits (Schedule J, Part II, line 21)		32
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		33
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34 7,410
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35
	36 Enter amount from line 35 you want: Credited to 2015 estimated tax ▶ Refunded ▶		36

Sign Here

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

THOMAS PICKENS

PRESIDENT

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed ☐ PTIN

ROBERT S SEMONIAN CP

09-16-2018

P00391972

Firm's name ▶ ROBERT S SEMONIAN CPA

Firm's EIN ▶ 95-4514704

Firm's address ▶ PO BOX 5605

Phone no. (805) 659-5344

Ventura CA 93005

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2014)

EEA

Danka Michaels001401

AA03182

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2 7,410
3	Alternative minimum tax (attach Form 4626)		3 0
4	Add lines 2 and 3		4 7,410
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	7,410
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	7,410

Part II - Payments and Refundable Credits

12	2013 overpayment credited to 2014	12	
13	2014 estimated tax payments	13	
14	2014 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 236200		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT AND CONSTRUCTION		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

Yes No

5 At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions.If this is a consolidated return, answer here for the parent corporation and on **Form 851** for each subsidiary.

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned ▶ and (ii) Owner's country ▶

(c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐

If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$

- 13** Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$

- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

If "Yes," complete and attach Schedule UTP.

- 15a** Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?

- b** If "Yes," did or will the corporation file required Forms 1099?

- 16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

- 17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

- 18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Form 4626

Alternative Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2014

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	49,402
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	49,402
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	49,402
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	0
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	49,402
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	49,402
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	9,402
10	Multiply line 9 by 20% (.20)	10	1,880
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	1,880
13	Regular tax liability before applying all credits except the foreign tax credit	13	7,410
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

For Paperwork Reduction Act Notice, see separate instructions.
EEA

Form 4626 (2014)

Danka Michaels001405

AA03186

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BLUE POINT DEVELOPMENT INC

FORM 1120

26-3541207

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	89,565
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	COMPUTER EQUIP	10,361	10,361
	CONSTRUCTION VEHICLE	44,000	44,000
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	54,361
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	54,361
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	103,763
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	54,361
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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		35,204	10	HY	SL	1,760
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	56,121
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

EEA

Danka Michaels001406

AA03187

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.
EEA

Schedule G (Form 1120) (Rev. 12-2014)

Danka Michaels001407

AA03188

Form 8879-C	IRS e-file Signature Authorization for Form 1120	OMB No. 1545-0123
Department of the Treasury Internal Revenue Service	For calendar year 2014, or tax year beginning _____, 2014, ending _____ Do not send to the IRS. Keep for your records. Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.	2014

Name of corporation BLUE POINT DEVELOPMENT INC	Employer identification number 26-3541207
--	---

Part I Tax Return Information (Whole dollars only)	
1 Total income (Form 1120, line 11)	1 1,284,441
2 Taxable income (Form 1120, line 30)	2 49,402
3 Total tax (Form 1120, line 31)	3 7,410
4 Amount owed (Form 1120, line 34)	4 7,410
5 Overpayment (Form 1120, line 35)	5

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2014 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2014 electronically filed income tax return.

Officer's signature _____ Date 05-21-2015 Title PRESIDENT

Part III Certification and Authentication
--

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-C (2014)

EEA

Danka Michaels001408

AA03189

Federal Supporting Statements

2014 PG 1

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 1120 PAGE 1

Statement #5

DESCRIPTION

AMOUNT

BANK CHARGES	6,173
COMPUTER	848
LIABILITY INSURANCE	7,174
JANITORIAL	1,520
LEGAL AND PROFESSIONAL	30,409
MEALS AND ENTERTAINMENT 50% LIMIT	5,742
OFFICE EXPENSE	2,156
OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS	9,190
PAYROLL PROCESSING EXPENSES	777
SECURITY	391
TRAVEL	1,888
UTILITIES	4,639
TRUCK AND AUTO	11,874
STORAGE	250
TOTAL	83,031

Form 1120, Schedule L, Line 18

PG01
Statement #11

Description

Beg Of Year End Of Year

INCOME TAXES PAYABLE	832	7,410
Total	832	7,410

1125-A Line 5

PG01
Statement #7

DESCRIPTION

AMOUNT

SUB CONTRACTOR FEES	493,841
WORKERS COMP INSURANCE	2,797
OTHER CONSTRUCTION COSTS	750,247
PERMITS AND TAXES	5,949
BLUE PRINTS	2,000
CONSTRUCTION MATERIALS	187,009
TOTAL:	1,441,843

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		50,019		110,739
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	301,084		390,649	
b	Less accumulated depreciation	(301,084)		(357,205)	33,444
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		50,019		144,183
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		3,019		33,055
18	Other current liabilities (attach statement)		832		7,410
19	Loans from shareholders		18,840		40,140
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		25,000		25,000
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		1,328		37,578
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		50,019		144,183

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	36,250	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	7,410		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation	\$	a	Depreciation	\$
b	Charitable contributions	\$	b	Charitable contributions	\$
c	Travel and entertainment	\$ 5,742			
		5,742	9	Add lines 7 and 8	
6	Add lines 1 through 5	49,402	10	Income (page 1, line 28)-line 6 less line 9	49,402

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	1,328	5	Distributions: a Cash	
2	Net income (loss) per books	36,250		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	37,578	8	Balance at end of year (line 4 less line 7)	37,578

Form **1125-A**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	1,441,843
6	Total. Add lines 1 through 5	6	1,441,843
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	1,441,843

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶b Check if there was a writedown of subnormal goods ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

AA03193

Depreciation Detail Listing
FORM 1120

* Item was disposed
of during current year.

For your records only

BLUE POINT DEVELOPMENT INC															Social security number/EIN 26-3541207										
No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current										
1	TRUCK	05012011	16,000		100.00			0 5	SL	HY	20	16,000		PY 16,000											
2	OFFICE EQUIPMENT	04012011	9,361		100.00			0 5	SL	HY	20	9,361		PY 9,361											
3	CONSTRUCTION VEHICLE	12202012	46,000		100.00	46,000		0 5	SL	HY	20	46,000	46,000												
4	FURN	09012013	7,633		100.00	7,633		0 7	200 DB	HY	24.49	7,633	7,633												
5	FIXTURES	07012013	134,878		100.00	134,878		0 7	200 DB	HY	24.49	134,878	134,878												
6	EQUIPMENT	07012013	68,222		100.00	68,222		0 7	200 DB	HY	24.49	68,222	68,222												
7	OFFICE EQUIPMENT	07012013	18,990		100.00	18,990		0 7	200 DB	HY	24.49	18,990	18,990												
8	COMPUTER EQUIP	07012014	10,361		100.00	10,361		0 5	SL	HY	0	10,361	10,361		10,361										
9	CONSTRUCTION VEHICLE	07012014	44,000		100.00	44,000		0 7	SL	HY	0	44,000	44,000		44,000										
10	TENANT IMP	07012014	35,204		100.00		35,204	10	SL	HY	5	1,760	1,760		1,760										
Totals																390,649	330,084	35,204			56,121	357,205	275,723		56,121
Land Amount															ST ADJ:										56,121
Net Depreciable Cost																									(5,072)

Danka Michaels001413

Federal Filing Instructions**2014**

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Your Social Security Number

26-3541207

Date to file by: 03-16-2015

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Payment: \$7,410

Transaction Method: Use the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits. Do not send payments directly to an IRS office.

Bonus Depreciation Statement**2014** PG01

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Employer Identification Number

26-3541207

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO
BONUS DEPRECIATION FOR THE 2014 TAX YEAR.

I ELECT OUT OF ALL BONUS DEPRECIATION FOR ALL CLASSES OF PROPERTY.

Federal Filing Instructions**2015**

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Your Social Security Number

26-3541207

Date to file by: 03-15-2016

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Refund: Neither a refund nor a balance due

U.S. Corporation Income Tax Return

OMB No. 1545-0123

For calendar year 2015 or tax year beginning _____, 2015, ending _____, 20 _____

2015

► Information about Form 1120 and its separate instructions is at www.irs.gov/form1120

A Check if:		Name		B Employer identification number	
1a Consolidated return (attach Form 951) <input type="checkbox"/>		BLUE POINT DEVELOPMENT INC		26-3541207	
b Life/nonlife consolidated return <input type="checkbox"/>		STE 208		C Date incorporated	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		3320 N BUFFALO DR		09-23-2008	
3 Personal service corp. (see instructions) <input type="checkbox"/>		CITY OR TOWN, STATE, OR PROVINCE, COUNTRY AND ZIP OR FOREIGN POSTAL CODE		D Total assets (see instructions)	
4 Schedule M-3 attached <input type="checkbox"/>		LAS VEGAS NV 89129		\$ 76,502	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change					

Income	1a Gross receipts or sales	1a	1,682,322	1c	1,682,322
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			2	455,998
	2 Cost of goods sold (attach Form 1125-A)			3	1,226,324
	3 Gross profit. Subtract line 2 from line 1c			4	
	4 Dividends (Schedule C, line 19)			5	
	5 Interest			6	
	6 Gross rents			7	
	7 Gross royalties			8	
	8 Capital gain net income (attach Schedule D (Form 1120))			9	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			10	
10 Other income (see instructions - attach statement)			11	1,226,324	
11 Total income. Add lines 3 through 10					
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12	173,077		
	13 Salaries and wages (less employment credits)	13	693,019		
	14 Repairs and maintenance	14	90		
	15 Bad debts	15			
	16 Rents	16	33,301		
	17 Taxes and licenses	17	84,798		
	18 Interest	18	4,910		
	19 Charitable contributions	19			
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	39,300		
	21 Depletion	21			
	22 Advertising	22			
	23 Pension, profit-sharing, etc., plans	23			
	24 Employee benefit programs	24	58,128		
	25 Domestic production activities deduction (attach Form 8903)	25			
	26 Other deductions (attach statement)	26	150,773		
	27 Total deductions. Add lines 12 through 26	27	1,237,396		
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	(11,072)		
29a Net operating loss deduction (see instructions)	29a				
b Special deductions (Schedule C, line 20)	29b				
c Add lines 29a and 29b	29c				
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	(11,072)		
	31 Total tax (Schedule J, Part I, line 11)	31	0		
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32			
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33			
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34			
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35			
	36 Enter amount from line 35 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36			

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

THOMAS PICKENS

PRESIDENT

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if

PTIN

ROBERT S SEMONIAN CPA

09-16-2018

self-employed

P00391972

Firm's name ► ROBERT S SEMONIAN CPA

Firm's EIN ► 95-4514704

Firm's address ► PO BOX 5605

Phone no.

Ventura CA 93005

(805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2015)

Schedule C**Dividends and Special Deductions** (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	0
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Other (see instructions - attach statement)	9f		
10	Total. Add lines 9a through 9f		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II - Payments and Refundable Credits

12	2014 overpayment credited to 2015		12	
13	2015 estimated tax payments		13	
14	2015 refund applied for on Form 4466		14	()
15	Combine lines 12, 13, and 14		15	
16	Tax deposited with Form 7004		16	
17	Withholding (see instructions)		17	
18	Total payments. Add lines 15, 16, and 17		18	
19	Refundable credits from:			
a	Form 2439	19a		
b	Form 4136	19b		
c	Form 8827, line 8c	19c		
d	Other (attach statement - see instructions)	19d		
20	Total credits. Add lines 19a through 19d		20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 236200		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT AND CONSTRUCTION		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

	Yes	No
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions		X
If "Yes," complete (i) through (iv) below.		

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

	Yes	No
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions		X
If "Yes," complete (i) through (iv) below.		

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)	X
If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions.	
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.	
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?	X
For rules of attribution, see section 318. If "Yes," enter:	
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____	
(c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0	
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>	
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____	
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1	
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>	
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.	
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____	
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____	
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?	X
If "Yes," complete and attach Schedule UTP.	
15a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?	X
b If "Yes," did or will the corporation file required Forms 1099?	X
16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?	X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?	X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?	X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		110,739		11,283
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				3,891
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	390,649		457,833	
b	Less accumulated depreciation	(357,205)	33,444	(396,505)	61,328
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach statement)				
15	Total assets		144,183		76,502
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		33,055		25,452
18	Other current liabilities (attach statement)		7,410		
19	Loans from shareholders		40,140		
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
b	Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		25,000		25,000
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		37,578		25,050
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		144,183		76,502

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	(12,528)	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$	
2	Federal income tax per books		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ b Charitable contributions \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):		9	Add lines 7 and 8	
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ b Charitable contributions \$ c Travel and entertainment \$ 1,243		10	Income (page 1, line 28)-line 6 less line 9	(11,072)
Statement #16	213	1,456			
6	Add lines 1 through 5	(11,072)			

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	37,578	5	Distributions: a Cash	
2	Net income (loss) per books	(12,528)	b	Stock	
3	Other increases (itemize):		c	Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	25,050	8	Balance at end of year (line 4 less line 7)	25,050

AA03203

Form **1125-A**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	455,998
6	Total. Add lines 1 through 5	6	455,998
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	455,998

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.

▶ See instructions.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BLUE POINT DEVELOPMENT INC

26-3541207



Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock



Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS		US	100

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

EEA

Danka Michaels001424

AA03205

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BLUE POINT DEVELOPMENT INC

FORM 1120

26-3541207

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	33,593
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,520

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		13,316	3	MO	SL	1,665
b 5-year property						
c 7-year property Statement #69						522
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	39,300
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

EEA

Danka Michaels001425

AA03206

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

For calendar year 2015, or tax year beginning _____, 2015, ending _____

2015Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.

Name of corporation

BLUE POINT DEVELOPMENT INC

Employer identification number

26-3541207

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,226,324
2	Taxable income (Form 1120, line 30)	2	(11,072)
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2015 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 07-08-2016 Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2015)

EEA

Danka Michaels001426

AA03207

Federal Supporting Statements

2015 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 1120 - LINE 26 - OTHER DEDUCTIONS

Statement #5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSES	16,801
BANK CHARGES	443
LIABILITY INSURANCE	25,637
WORKERS COMP INSURANCE	6,159
JANITORIAL	677
LEGAL AND PROFESSIONAL	21,299
MEALS AND ENTERTAINMENT 50% LIMIT	1,243
OFFICE EXPENSE	20,522
OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS	24,423
PAYROLL PROCESSING EXPENSES	1,948
SECURITY	390
TRAVEL	27,142
UTILITIES	1,339
STORAGE	<u>2,750</u>
TOTAL	<u><u>150,773</u></u>

SCHEDULE L - LINE 18

PG01

Statement #11

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
INCOME TAXES PAYABLE	<u>7,410</u>	
TOTAL	<u><u>7,410</u></u>	

SCHEDULE M-1 LINE 5C
EXPENSES RECORDED ON BOOKS

PG01

Statement #16

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PENALTIES	<u>213</u>
TOTAL	<u><u>213</u></u>

Federal Supporting Statements

2015 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 1125A - LINE 5 - OTHER COST

Statement #7

DESCRIPTION

AMOUNT

SUB CONTRACTOR FEES

113,039

CONSTRUCTION MATERIALS

21,051

PROJECT MANAGEMENT CCOSTS

321,908

TOTAL

455,998

FORM 4562 - LINE 19C

PG01

Statement #68

BASIS

RP

CV

METHOD

DEDUCTION

4,484

7

MQ

SL

240

15,791

7

MQ

SL

282

TOTAL

522

FORM 1120, LINE 29a, NOL DEDUCTION
FORM 1120-C, SCH G, LINE 9a, COL (a), PATRONAGE NOL DEDUCTION

2015

ATT_NOL

Name BLUE POINT DEVELOPMENT INC

EIN 26-3541207

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction	Loss Applied to 2015	Unused Loss	Unused Sec 170(d)(2)(B)
				Expiring this year	Expiring this year
1995					
1996					
1997					
1998					
1999					
2000					
2001					
2002					
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
	Current year NOL		Applied to Prior Years	Remaining 2015 NOL carryover	
2015	11,072			11,072	
	Future years NOL		Applied to 2015		
Future Years					
TOTALS	11,072		0	11,072	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

ATT_NOL.LD

Danka Michaels001429

AA03210

Federal Filing Instructions**2016**

Name(s) as shown on return

BLUE POINT DEVELOPMENT INC

Your Social Security Number

26-3541207

Date to file by: 04-18-2017

Form to be filed: Form 1120 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120 on page 1.

Address to file: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0012

Payment: \$6,110

Transaction Method: Use the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits. Do not send payments directly to an IRS office.

Form 1120

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2016 or tax year beginning 2016, ending 2016
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2016

A Check if: 1a Consolidated return (attach Form 551) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT Name BLUE POINT DEVELOPMENT INC Number, street, and room or suite no. If a P.O. box, see instructions. 4514 BLUE MESA WAY City or town, state, or province, country and ZIP or foreign postal code LAS VEGAS NV 89129	B Employer identification number 26-3541207
		C Date incorporated 09-23-2008
		D Total assets (see instructions) \$ 162,996
		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change

Income	1a Gross receipts or sales	1a 1,423,259	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c 1,423,259
	2 Cost of goods sold (attach Form 1125-A)		2 257,120
	3 Gross profit. Subtract line 2 from line 1c		3 1,166,139
	4 Dividends (Schedule C, line 19)		4
	5 Interest		5
	6 Gross rents		6
	7 Gross royalties		7
	8 Capital gain net income (attach Schedule D (Form 1120))		8
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9
10 Other income (see instructions - attach statement)		10	
11 Total income. Add lines 3 through 10		11 1,166,139	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)		12 190,000
	13 Salaries and wages (less employment credits)		13 539,197
	14 Repairs and maintenance		14 5,482
	15 Bad debts		15
	16 Rents		16 53,285
	17 Taxes and licenses	ATT CTL	17 56,267
	18 Interest		18
	19 Charitable contributions		19
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 77,469
	21 Depletion		21
	22 Advertising		22
	23 Pension, profit-sharing, etc., plans		23
	24 Employee benefit programs		24 64,810
	25 Domestic production activities deduction (attach Form 8903)		25
	26 Other deductions (attach statement)	Statement #5	26 127,821
	27 Total deductions. Add lines 12 through 26		27 1,114,331
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 51,808
29a Net operating loss deduction (see instructions)	29a 11,072		
b Special deductions (Schedule C, line 20)	29b		
c Add lines 29a and 29b		29c 11,072	
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28. See instructions		30 40,736
	31 Total tax (Schedule J, Part I, line 11)		31 6,110
	32 Total payments and refundable credits (Schedule J, Part II, line 21)		32
	33 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		33
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34 6,110
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35
	36 Enter amount from line 35 you want: Credited to 2017 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		36

Sign Here

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

THOMAS PICKENS

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name

ROBERT S SEMONIAN CPA

Preparer's signature

Date

09-16-2018

Check ☒ if PTIN

self-employed

P00391972

Firm's name

ROBERT S SEMONIAN CPA

Firm's EIN

95-4514704

Firm's address

PO BOX 5605

Phone no.

Ventura CA 93005

(805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2016)

EEA

Danka Michaels001431

AA03212

Schedule C		Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)				70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)				80	
3	Dividends on debt-financed stock of domestic and foreign corporations				see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities				42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities				48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs				70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs				80	
8	Dividends from wholly owned foreign subsidiaries				100	
9	Total. Add lines 1 through 8. See instructions for limitation					
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958				100	
11	Dividends from affiliated group members				100	
12	Dividends from certain FSCs				100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12					
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)					
15	Foreign dividend gross-up					
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3					
17	Other dividends					
18	Deduction for dividends paid on certain preferred stock of public utilities					
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶					
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶					

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation. See instructions	<input type="checkbox"/>	2 6,110
3	Alternative minimum tax (attach Form 4626)		3 0
4	Add lines 2 and 3		4 6,110
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 6,110
8	Personal holding company tax (attach Schedule PH (Form 1120))		8 0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 6,110

Part II - Payments and Refundable Credits

12	2015 overpayment credited to 2016	12	
13	2016 estimated tax payments	13	
14	2016 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 236200		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ DEVELOPMENT AND CONSTRUCTION		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information (continued from page 3)

				Yes	No
5 At the end of the tax year, did the corporation:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions					X
If "Yes," complete (i) through (iv) below.					
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions					X
If "Yes," complete (i) through (iv) below.					
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316					X
If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions.					
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.					
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?					X
For rules of attribution, see section 318. If "Yes," enter:					
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____					
(c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ <u>0</u>					
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount				<input type="checkbox"/>	
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.					
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____					
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>					
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here				<input type="checkbox"/>	
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election won't be valid.					
12 Enter the available NOL carryover from prior tax years (don't reduce it by any deduction on line 29a.) ▶ \$ <u>11,072</u>					
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?					X
If "Yes," the corporation isn't required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____					
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions					X
If "Yes," complete and attach Schedule UTP.					
15a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?					X
b If "Yes," did or will the corporation file required Forms 1099?					X
16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?					X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?					X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?					X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?					X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		11,283		52,164
2a	Trade notes and accounts receivable			58,469	
b	Less allowance for bad debts	()		()	58,469
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				1,891
7	Loans to shareholders		3,891		
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	457,833		524,446	
b	Less accumulated depreciation	(396,505)	61,328	(473,974)	50,472
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		76,502		162,996
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		25,452		25,452
18	Other current liabilities (attach statement)				6,110
19	Loans from shareholders				40,000
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
b	Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		25,000		25,000
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		25,050		65,434
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		76,502		162,996

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	40,384	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	6,110		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation	\$	a	Depreciation	\$
b	Charitable contributions	\$	b	Charitable contributions	\$
c	Travel and entertainment	\$ 5,314			
		5,314	9	Add lines 7 and 8	
6	Add lines 1 through 5	51,808	10	Income (page 1, line 28)-line 6 less line 9	51,808

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	25,050	5	Distributions: a Cash	
2	Net income (loss) per books	40,384		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	65,434	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	65,434

Form **4626**Department of the Treasury
Internal Revenue Service
Name**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

2016Name **BLUE POINT DEVELOPMENT INC** Employer identification number **26-3541207****Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	51,808
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	51,808
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	51,808
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	0
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	51,808
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	51,808
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	11,808
10	Multiply line 9 by 20% (0.20)	10	2,362
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	2,362
13	Regular tax liability before applying all credits except the foreign tax credit	13	6,110
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

For Paperwork Reduction Act Notice, see separate instructions.
EEAForm **4626** (2016)

Danka Michaels001436

AA03217

Form **1125-A****Cost of Goods Sold**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

OMB No. 1545-0123

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	257,120
6	Total. Add lines 1 through 5	6	257,120
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	257,120

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶b Check if there was a writedown of subnormal goods ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

- ▶ Attach to Form 1120.
- ▶ See instructions.

Name

Employer identification number (EIN)

26-3541207

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

FFA

Schedule G (Form 1120) (Rev. 12-2011)

Danka Michaels001438

AA03219

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name _____

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

EEA

Danka Michaels001439

AA03220

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment
Sequence No. 179
Department of the Treasury
Internal Revenue Service (991)

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

BLUE POINT DEVELOPMENT INC

FORM 1120

Identifying number

26-3541207

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	66,613
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Statement #568	66,613	66,613
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	66,613
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	66,613
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	118,421
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	66,613
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,856

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	77,469
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

EEA

Danka Michaels001440

AA03221

Form 8879-C

IRS e-file Signature Authorization for Form 1120

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax year beginning _____, 2016, ending _____

▶ Do not send to the IRS. Keep for your records.

2016

▶ Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.

Name of corporation

Employer identification number

BLUE POINT DEVELOPMENT INC

26-3541207

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,166,139
2	Taxable income (Form 1120, line 30)	2	40,736
3	Total tax (Form 1120, line 31)	3	6,110
4	Amount owed (Form 1120, line 34)	4	6,110
5	Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2016 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 05-01-2017 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09-16-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-C (2016)

EEA

Danka Michaels001441

AA03222

Federal Supporting Statements

2016 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 1120 - LINE 26 - OTHER DEDUCTIONS

Statement #5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK CHARGES	308
COMPUTER	11,844
LIABILITY INSURANCE	16,385
JANITORIAL	150
MEALS AND ENTERTAINMENT 50% LIMIT	5,315
OFFICE EXPENSE	20,196
PAYROLL PROCESSING EXPENSES	1,782
SECURITY	330
TRAVEL	557
UTILITIES	718
STORAGE	4,667
CONSTRUCTION TRUCKS AND OTHER VEHICLES	65,569
TOTAL	127,821

SCHEDULE L - LINE 6

PG01

Statement #8

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
ADVANCES		1,891
TOTAL		1,891

SCHEDULE L - LINE 18

PG01

Statement #11

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
INCOME TAXES PAYABLE		6,110
TOTAL		6,110

Federal Supporting Statements

2016 PG01

Name(s) as shown on return

FEIN

BLUE POINT DEVELOPMENT INC

26-3541207

FORM 1125A - LINE 5 - OTHER COST

Statement #7

DESCRIPTION

AMOUNT

JOB SITE EXPENSES AND TRAVEL

231,007

CONSTRUCTION MATERIALS

20,475

JOB PERMITS

4,206

EQUIPMENT RENTAL

1,432

TOTAL

257,120

FORM 4562 - LINE 6

PG01

Statement #568

DESCRIPTION OF PROPERTY

COST

ELECTED COST

COMPUTER EQUIP

26,642

26,642

CONSTRUCTION EQUIP

37,993

37,993

OFFICE FURNITURE

1,978

1,978

TOTAL

66,613

66,613

Business Checking

Account number: 8074759112 ■ May 29, 2014 - May 31, 2014 ■ Page 1 of 3



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR
LAS VEGAS NV 89129-7443

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)

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Portland, OR 97228-6995

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Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input type="checkbox"/>
Online Statements	<input type="checkbox"/>
Business Bill Pay	<input type="checkbox"/>
Business Spending Report	<input type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Activity summary

Beginning balance on 5/29	\$0.00
Deposits/Credits	14,000.00
Withdrawals/Debits	- 0.00
Ending balance on 5/31	\$14,000.00
 Average ledger balance this period	 \$9,333.33

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
5/30		Deposit Made In A Branch/Store	14,000.00		14,000.00
Ending balance on 5/31					14,000.00
Totals			\$14,000.00	\$0.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 05/29/2014 - 05/31/2014 Standard monthly service fee \$12.00 You paid \$0.00

The bank has waived the fee for this fee period. For the next fee period, you need to meet the requirement(s) to avoid the monthly service fee.

How to avoid the monthly service fee

Have any **ONE** of the following account requirements

- Minimum daily balance
- Average ledger balance
- Qualifying transaction from a linked Wells Fargo Business Payroll Services account

WBWB

Minimum required

This fee period

\$3,000.00

\$0.00 ☐

\$6,000.00

\$9,333.00 ☒

1

0 ☐

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	2	150	0	0.50	0.00
Total service charges					\$0.00

Did you know that you can review your safe deposit box information through Wells Fargo Business Online Banking? Sign on to business online banking at wellsfargo.com/biz and go to your account summary page to review details.

TP05429

AA03226



General statement policies for Wells Fargo Bank

■ **Notice:** Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

\$	_____
\$	_____
\$	_____
+	\$ _____
..... TOTAL \$ _____	

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register

\$ _____

[illegible]

Business Checking

Account number: 8074759112 ■ June 1, 2014 - June 30, 2014 ■ Page 1 of 4



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Wells Fargo Works for Small Business website

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Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking ☒
Online Statements ☒
Business Bill Pay ☒
Business Spending Report ☒
Overdraft Protection ☐

Activity summary

Beginning balance on 6/1	\$14,000.00
Deposits/Credits	30,000.00
Withdrawals/Debits	- 10,529.91
Ending balance on 6/30	\$33,470.09
 Average ledger balance this period	 \$7,533.37

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
6/9		Withdrawal Made In A Branch/Store		10,010.00	3,990.00
6/17		Harland Clarke Check/Acc. 061614 00725837575482 Blue Point Development		130.28	
6/17		Harland Clarke Check/Acc. 061614 00725837575482 Pay to The Order of		39.63	3,820.09
6/27		Bill Pay Cox Communicatio on-Line XXXXXXXXXXXX69402 on 06-27		350.00	3,470.09
6/30		Deposit Made In A Branch/Store	30,000.00		33,470.09
Ending balance on 6/30					33,470.09
Totals			\$30,000.00	\$10,529.91	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 06/01/2014 - 06/30/2014	Standard monthly service fee \$12.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$3,000.00	\$3,470.09 <input checked="" type="checkbox"/>
• Average ledger balance	\$6,000.00	\$7,533.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>

WBWB

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	2	150	0	0.50	0.00
Total service charges					\$0.00



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IMPORTANT ACCOUNT INFORMATION

TP05432

AA03229



Effective August 11, 2014, we are changing the way we process your check and automatic payments (preauthorized "ACH" transactions) to your account. We will no longer process these transactions in highest to lowest dollar amount. We will now process these transactions based on the date and time they are received by Wells Fargo for payment. If there are multiple transactions during the day, the transaction type (Check or ACH) will be sorted by time, and if the date and time is the same or unknown, then we process these transactions lowest to highest dollar amount.

Beginning September 17, 2014, we will include more transactions as "pending" withdrawals from your account during the day. A "pending" transaction is one you have completed and that Wells Fargo is aware of, but has not yet been fully processed for payment from your account. Checks and automatic payments were previously processed from your account only during our nightly processing. We will now display them as "pending" withdrawals and your available balance will be reduced when they are received by us. Your available balance is calculated based on transactions known to Wells Fargo. By including these pending withdrawals in your account's available balance during the day, we provide you with additional information about your available balance to help you avoid spending more than you have in your account. However, because the bank does not know of all outstanding transactions, you still need to keep independent track of your spending in order to avoid overdrafts or returned items.

For additional information, see your Account Agreement, talk with a local banker, or call the number on the top of your statement.

To view online, please visit wellsfargo.com/postingorder



General statement policies for Wells Fargo Bank

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You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

	\$	_____
	\$	_____
	\$	_____
	\$	_____
	+	\$ _____
.....	TOTAL \$	_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register

[illegible]

Business Checking

Account number: 8074759112 ■ July 1, 2014 - July 31, 2014 ■ Page 1 of 4



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

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Account options

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Business Online Banking ☒
Online Statements ☒
Business Bill Pay ☒
Business Spending Report ☒
Overdraft Protection ☐

Activity summary

Beginning balance on 7/1	\$33,470.09
Deposits/Credits	88,820.51
Withdrawals/Debits	- 86,084.17
Ending balance on 7/31	\$36,206.43
 Average ledger balance this period	 \$44,588.95

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
7/1		Harland Clarke Check/Acc. 063014 00725837575482 Blue Point Development		62.06	
7/1	1004	Check		2,300.00	31,108.03
7/2		Online Transfer to Pickens T Premier Checking xxxxxx3436 Ref #lbtckl7x on 07/01/14		10,000.00	21,108.03
7/3		Deposit	50,000.00		71,108.03
7/7	1001	Check		48.36	71,059.67
7/10		Bill Pay Allstate Insuran on-Line xxx34796 on 07-10		1,476.71	
7/10		Adp TX/Fincl Svc Adp - Tax 140710 477520304421Uhe Blue Point Development		16,670.70	
7/10		Adp TX/Fincl Svc Adp - Tax 140710 Rmuhe 071114A01 Blue Point Development		8,709.86	44,202.40
7/11	1002	Check		2,152.50	42,049.90
7/14	1005	Check		541.50	
7/14		Adp Payroll Fees Adp - Fees 140714 2Ruhe 5608986 Blue Point Development		63.30	41,445.10
7/16	1006	Check		1,000.00	40,445.10
7/18		Adp Payroll Fees Adp - Fees 140718 2Ruhe 6189573 Blue Point Development		63.30	40,381.80
7/23		WT Fed#00393 First American Tru /Org=First American Title Insurance CO - Srf# 20142040098900 Trn#140723039515 Rfb#	4,487.51		
7/23		Wire Trans Svc Charge - Sequence: 140723039515 Srf# 20142040098900 Trn#140723039515 Rfb#		15.00	
7/23	1007	Check		300.00	44,554.31
7/24		Adp TX/Fincl Svc Adp - Tax 140724 717051989931Uhe Blue Point Development		16,670.73	
7/24		Adp TX/Fincl Svc Adp - Tax 140724 Rmuhe 072515A01 Blue Point Development		8,709.83	
7/24		Adp TX/Fincl Svc Adp - Tax 140724 Rmuhe 1116863Vv Blue Point Development		717.30	18,456.45
7/25		Edeposit IN Branch/Store 07/25/14 04:17:29 Pm 8350 W Cheyenne Ave Las Vegas NV 9112	4,333.00		22,789.45
7/28		WT Fed#03032 First American Tru /Org=First American Title Insurance CO - Srf# 20142090989700 Trn#140728141609 Rfb#	30,000.00		
7/28		Wire Trans Svc Charge - Sequence: 140728141609 Srf# 20142090989700 Trn#140728141609 Rfb#		15.00	
7/28		Online Transfer to Patience One LLC Ref #lbe5K7Vk6W Business Checking Rent Suite 208		4,000.00	
7/28	1009	Check		2,540.00	46,234.45
7/30		Bill Pay American Express on-Line xxxxxxxxx72004 on 07-30		9,000.00	
7/30	1011	Check		900.00	36,334.45
7/31		Adp TX/Fincl Svc Adp - Tax 140731 Rmuhe 1226836Vv Blue Point Development		128.02	36,206.43
Ending balance on 7/31					36,206.43
Totals			\$88,820.51	\$86,084.17	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
1001	7/7	48.36	1005	7/14	541.50	1009 *	7/28	2,540.00
1002	7/11	2,152.50	1006	7/16	1,000.00	1011 *	7/30	900.00
1004 *	7/1	2,300.00	1007	7/23	300.00			

* Gap in check sequence.

TP05436

AA03233



Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 07/01/2014 - 07/31/2014	Standard monthly service fee \$12.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$3,000.00	\$18,456.45 <input checked="" type="checkbox"/>
• Average ledger balance	\$6,000.00	\$44,589.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>
WBWB		

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	20	150	0	0.50	0.00
Total service charges					\$0.00

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General statement policies for Wells Fargo Bank

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Account Balance Calculation Worksheet

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3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

	\$	_____
	\$	_____
	\$	_____
	\$	_____
	+	\$ _____
.....	TOTAL \$	_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in

your check register \$.

[illegible]

Business Checking

Account number: 8074759112 ■ August 1, 2014 - August 31, 2014 ■ Page 1 of 4



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

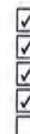
Wells Fargo Works for Small Business website

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Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking
Online Statements
Business Bill Pay
Business Spending Report
Overdraft Protection



IMPORTANT ACCOUNT INFORMATION

Enhancements coming to your transaction descriptions including cash back detail

Over the next few months, you will notice changes to the descriptions for debit, ATM or prepaid card transactions. These enhancements provide more detail about your transactions, and include new descriptions for purchases with cash back. For debit, ATM, or prepaid card merchant purchases with a request for cash back, the transaction description will include the words "cash" or "cash back," and may include the dollar amount of cash requested.

Activity summary

Beginning balance on 8/1	\$36,206.43
Deposits/Credits	254,313.56
Withdrawals/Debits	- 245,187.67
Ending balance on 8/31	\$45,332.32
Average ledger balance this period	\$50,190.19

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 321270742

For Wire Transfers use
Routing Number (RTN): 121000248

**Overdraft Protection**

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/1		Adp Payroll Fees Adp - Fees 140801 2Ruhe 6802704 Blue Point Development		63.30	36,143.13
8/4	1010	Check		456.00	35,687.13
8/7		Deposit	4.98		
8/7		Adp TX/Fincl Svc Adp - Tax 140807 751020878003Uhe Blue Point Development		16,670.70	
8/7		Adp TX/Fincl Svc Adp - Tax 140807 Rmuhe 080816A01 Blue Point Development		8,709.86	10,311.55
8/8	1012	Check		478.20	9,833.35
8/14		WT Fed#02944 Fifth Third Bank /Org=Guggenheim Prtnrs Inv. Mgmt Holding Srl# 2014081400008483 Trn#140814121365 Rfb# 2275491	175,655.38		
8/14		Wire Trans Svc Charge - Sequence: 140814121365 Srl# 2014081400008483 Trn#140814121365 Rfb# 2275491		15.00	185,473.73
8/15		Adp Payroll Fees Adp - Fees 140815 2Ruhe 7399895 Blue Point Development		63.30	185,410.43
8/18	1014	Check		9,446.91	
8/18	1013	Check		15,591.29	
8/18	1015	Check		150,617.18	9,755.05
8/19		WT Fed#03066 First American Tru /Org=First American Title Insurance CO - Srl# 20142310877700 Trn#140819124702 Rfb#	3,320.20		
8/19		Online Transfer From Patience One LLC Business Checking xxxxxx9104 Ref #Iben2Pbw8W on 08/19/14	21,000.00		
8/19		Wire Trans Svc Charge - Sequence: 140819124702 Srl# 20142310877700 Trn#140819124702 Rfb#		15.00	
8/19		Online Transfer to Patience One LLC Business Checking xxxxxx9104 Ref #Ibeqxqw6S9 on 08/19/14		7,000.00	27,060.25
8/21		Adp TX/Fincl Svc Adp - Tax 140821 Rmuhe 082217A01 Blue Point Development		8,623.99	
8/21		Adp TX/Fincl Svc Adp - Tax 140821 718052324338Uhe Blue Point Development		16,713.64	1,722.62
8/22		Deposit	50,000.00		51,722.62
8/25		Online Transfer to Patience One LLC Ref #Ibe2Nfcg8W Business Checking Rent Suite 208		8,000.00	
8/25	1016	Check		285.00	43,437.62
8/26		Bill Pay Cox Communicatio on-Line XXXXXXXXXXXX69402 on 08-26		375.00	43,062.62
8/29		Deposit	4,333.00		
8/29		Adp Payroll Fees Adp - Fees 140829 2Ruhe 7991740 Blue Point Development		63.30	
8/29	1019	Check		2,000.00	45,332.32
Ending balance on 8/31					45,332.32
Totals			\$254,313.56	\$245,187.67	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

TP05440

AA03237


Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
1010	8/4	456.00	1014	8/18	9,446.91	1016	8/25	285.00
1012 *	8/8	478.20	1015	8/18	150,617.18	1019 *	8/29	2,000.00
1013	8/18	15,591.29						

* Gap in check sequence.

Monthly service fee summary

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Fee period 08/01/2014 - 08/31/2014	Standard monthly service fee \$12.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$3,000.00	\$1,722.62 <input type="checkbox"/>
• Average ledger balance	\$6,000.00	\$50,190.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>

WBWB

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	20	150	0	0.50	0.00
Total service charges					\$0.00



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3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.	\$ _____
	\$ _____
	\$ _____
	+ \$ _____
..... TOTAL \$	_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same
as the current balance shown in
your check register \$.

[illegible]

Business Checking

Account number: 8074759112 ■ September 1, 2014 - September 30, 2014 ■ Page 1 of 5



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Wells Fargo Works for Small Business website

The Wells Fargo Works site offers free access to business information and advice through videos, articles, and other small business resources. This site offers objective information from industry experts, best practices from real business owners, as well as numerous Wells Fargo solutions that can help you run your business. Learn more about Wells Fargo Works at wellsfargoworks.com

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking ☒
Online Statements ☒
Business Bill Pay ☒
Business Spending Report ☒
Overdraft Protection ☐



IMPORTANT ACCOUNT INFORMATION

Enhancements coming to your transaction descriptions including cash back detail

Over the next few months, you will notice changes to the descriptions for debit, ATM or prepaid card transactions. These enhancements provide more detail about your transactions, and include new descriptions for purchases with cash back. For debit, ATM, or prepaid card merchant purchases with a request for cash back, the transaction description will include the words "cash" or "cash back," and may include the dollar amount of cash requested.

Activity summary

Beginning balance on 9/1	\$45,332.32
Deposits/Credits	93,321.26
Withdrawals/Debits	- 107,651.03
Ending balance on 9/30	\$31,002.55
 Average ledger balance this period	 \$18,657.50

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

**Overdraft Protection**

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
9/2		Online Transfer From Pickens T Premier Checking xxxxxx3436 Ref #Iben2Syy7B on 09/02/14	2,000.00		
9/2		Online Transfer From Patience One LLC Business Checking xxxxxx9104 Ref #Ibe5Kkl2Jy on 09/02/14	6,500.00		
9/2		Bill Pay American Express on-Line xxxxxxxxxx51001 on 09-02		26,000.00	27,832.32
9/4		Adp TX/Fincl Svc Adp - Tax 140904 Rmuhe 090518A01 Blue Point Development		7,851.38	
9/4		Adp TX/Fincl Svc Adp - Tax 140904 708055960237Uhe Blue Point Development		17,099.95	
9/4	1020	Check		640.00	2,240.99
9/8	1018	Check		118.22	2,122.77
9/12		Adp Payroll Fees Adp - Fees 140912 2Ruhe 8620794 Blue Point Development		63.30	
9/12	1017	Check		675.00	1,384.47
9/15		Cain Hoy Capital Supplier I 140915 105849 150002R\	17,641.53		19,026.00
9/17		Online Transfer From Patience One LLC Ref #Ibe5Kphkpl Business Checking Loan Via Mobile	2,000.00		
9/17		Online Transfer From Pickens T Ref #Ibek5Wgwy9 Premier Checking Loan Via Mobile	5,000.00		26,026.00
9/18		Cain Hoy Capital Supplier I 140918 105849 150002\	50,000.00		
9/18		Online Transfer to Pickens T Premier Checking xxxxxx3436 Ref #Ibexr4Pt88 on 09/18/14		10,000.00	
9/18		Online Transfer to Patience One LLC Business Checking xxxxxx9104 Ref #Ibexr4Ptd9 on 09/18/14		6,000.00	
9/18		Adp TX/Fincl Svc Adp - Tax 140918 Rmuhe 091919A01 Blue Point Development		7,135.90	
9/18		Adp TX/Fincl Svc Adp - Tax 140918 255034923048Uhe Blue Point Development		17,457.65	35,432.45
9/19		Online Transfer to Patience One LLC Ref #Ibetv3Kspr Business Checking Rent Suite 208		4,000.00	
9/19		Bill Pay Cox Communicatio on-Line xxxxxxxxxx69402 on 09-19		375.00	31,057.45
9/22		Bill Pay American Express on-Line xxxxxxxxxx63006 on 09-22		2,000.00	
9/22		Bill Pay American Express on-Line xxxxxxxxxx72004 on 09-22		8,000.00	21,057.45
9/23	1021	Check		156.33	20,901.12
9/24		WT Fed#02879 First American Tru /Org=First American Title Insurance CO - Srl# 20142670915300 Trn#140924138179 Rfb#	2,846.73		
9/24		Wire Trans Svc Charge - Sequence: 140924138179 Srl# 20142670915300 Trn#140924138179 Rfb#		15.00	23,732.85
9/26		Deposit	4,333.00		
9/26		Online Transfer From Pickens T Premier Checking xxxxxx3436 Ref #Ibeg8x8J7D on 09/26/14	3,000.00		
9/26		Adp Payroll Fees Adp - Fees 140926 2Ruhe 9450894 Blue Point Development		63.30	31,002.55
Ending balance on 9/30					31,002.55
Totals			\$93,321.26	\$107,651.03	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

TP05444

AA03241


Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
1017	9/12	675.00	1020 *	9/4	640.00	1021	9/23	156.33
1018	9/8	118.22						

* Gap in check sequence.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 09/01/2014 - 09/30/2014	Standard monthly service fee \$12.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$3,000.00	\$1,384.47 <input type="checkbox"/>
• Average ledger balance	\$6,000.00	\$18,658.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>

WBWB

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	14	150	0	0.50	0.00
Total service charges					\$0.00



IMPORTANT ACCOUNT INFORMATION

The following provisions are being added to the Business Account Agreement and the Selected Terms and Conditions for Wells Fargo Business Debit Cards, Business ATM Cards and Business Deposit Cards (each, an "Agreement") to clarify the use of a Business Debit Card through a mobile device.

Using your Business Debit Card through a Mobile Device

If you make Card transactions through a Mobile Device using a Business Debit Card, the terms of the Agreement apply with the same effect and coverage, including (i) any limitations the Bank places on the frequency or dollar amount of your Card transactions; and (ii) your rights and responsibilities for unauthorized transactions.

As used in this Agreement, "Mobile Device" means a smartphone, tablet, or any other hand held or wearable communication device that allows you to electronically store or electronically present your Card or Card number ("Electronic Card Information") and use that Electronic Card Information to make Card transactions.

If you use your Card through a Mobile Device, you should secure the Mobile Device the same as you would your cash, checks, credit cards, and other valuable information. The Bank encourages you to password protect or lock your Mobile Device to help prevent an unauthorized person from using it. Please notify the Bank promptly if your Mobile Device containing Electronic Card Information is lost



or stolen. You may contact the Bank's National Business Banking Center at the number listed on the statement for reporting a lost or stolen Card (1-800-225-5935). Please note that your mobile carrier may charge you message and data rates, or other fees, when you use your Card through a Mobile Device.

Card transactions made through a Mobile Device may involve the electronic transmission of your Card information across wireless and computer networks. Third parties, such as merchants, card association networks, mobile carriers, mobile wallet operators, mobile device manufacturers, and software application providers may use and receive Electronic Card Information in connection with your Card transaction. Third parties may also receive information about your Mobile Device when you use it to make a Card transaction. When you use your Card through a Mobile Device, information about your Mobile Device may be transmitted to the Bank.

The Bank may, at any time, partially or fully restrict your ability to make Card transactions through a Mobile Device. If you want to remove Electronic Card Information from your Mobile Device, please contact the Bank at 1-800-225-5935.

If you have enrolled in an overdraft protection plan, the terms of that plan will apply to Card transactions made through a Mobile Device. If there are insufficient available funds under the plan to cover the amount of the overdraft, or if you do not have an overdraft protection plan, a Card transaction made through a Mobile Device will be considered to be a one-time debit card transaction. Overdraft fees will apply as provided for in the Agreement and the Business Account Fee and Information Schedule.

We want to let you know that effective November 10, 2014, we are changing the time when we charge your account for Coin Orders and Currency Orders. The fees for Coin Orders and Currency Orders will not change. The period used to calculate and charge these fees will now match the fee period dates listed in the "Monthly service fee summary" section of your statement. As a result of this change, your account could be charged on November 10th for activity in October and again later in the month for activity in November.

As a reminder, there is no fee for the first 15 rolls of coin ordered per month, with a fee of \$0.15 for each additional roll. There is no fee for the first \$1,000 of currency ordered per month, with a fee of \$0.13 for each additional \$100 ordered.

Fee changes effective January 1, 2015:

- Deposit correction/adjustment - \$7.50 per correction
- Coin deposited per bag - \$4 per bag
- Infotax previous day monthly base - \$37 per account
- Foreign exchange online wire out - \$25 each

The following Treasury Management service fees will appear with updated descriptions on your account statement on or after February 1, 2015 if you use the service:

- Information reporting Infotax monthly base will change to Infotax previous day monthly base
- Wire notification Infotax and email will change to Infotax wire item

If you have any questions about these changes, please contact your local banker or call the phone number listed at the top of your statement.

The Wells Fargo Business Account Agreement will be updated effective October 29, 2014, and the Terms & Conditions for Wells Fargo Business Debit Cards will be updated effective November 15, 2014, to clarify that if you attempt to make a debit card purchase that causes you to exceed your daily purchase limit, we may, in certain circumstances, authorize that debit card transaction provided you have a sufficient balance to cover the purchase. Your daily limits are subject to periodic review and are subject to change based on account history, activity, and other factors. (Not available for certain accounts such as savings accounts.)

For more details, refer to the Business Account Agreement Addenda at wellsfargo.com/biz/products/accounts/fee_information or contact your local banker.



General statement policies for Wells Fargo Bank

■ **Notice:** Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

	\$	_____
	\$	_____
	\$	_____
	\$	_____
	+	\$ _____
.....	TOTAL \$	_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in

your check register \$.

[illegible]

Business Checking

Account number: 8074759112 ■ October 1, 2014 - October 31, 2014 ■ Page 1 of 10



BLUE POINT DEVELOPMENT

3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Wells Fargo Works for Small Business website

The Wells Fargo Works site offers free access to business information and advice through videos, articles, and other small business resources. This site offers objective information from industry experts, best practices from real business owners, as well as numerous Wells Fargo solutions that can help you run your business. Learn more about Wells Fargo Works at wellsfargoworks.com

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking ☒
Online Statements ☒
Business Bill Pay ☒
Business Spending Report ☒
Overdraft Protection ☐

Activity summary

Beginning balance on 10/1	\$31,002.55
Deposits/Credits	447,911.02
Withdrawals/Debits	- 467,167.46
Ending balance on 10/31	\$11,746.11
Average ledger balance this period	\$82,728.58

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/2		Adp TX/Fincl Svc Adp - Tax 141002 Rmuhe 100320A01 Blue Point Development		7,050.16	
10/2		Adp TX/Fincl Svc Adp - Tax 141002 596031497957Uhe Blue Point Development		17,500.55	6,451.84
10/3		WT Fed#02239 Filth Third Bank /Org=Guggenheim Prtnrs Inv. Mgmt Holding Srl# 2014100300006143 Trn#141003085018 Rfb# 2334324	385,445.84		
10/3		Wire Trans Svc Charge - Sequence: 141003085018 Srl# 2014100300006143 Trn#141003085018 Rfb# 2334324		15.00	
10/3	1025	Check		2,000.00	389,882.68
10/6		Cain Hoy Capital Supplier I 141006 105849 150003R*150003\	55,207.18		445,089.86
10/7		Bill Pay 16217312037 on-Line xxxxxx12037 on 10-07		621.25	
10/7		Bill Pay 16217312066 on-Line xxxxxx12066 on 10-07		626.37	
10/7		Bill Pay 16217312095 on-Line xxxxxx12095 on 10-07		631.52	
10/7		Bill Pay 16217312014 on-Line xxxxxx12014 on 10-07		645.70	
10/7		Bill Pay 16217312043 on-Line xxxxxx12043 on 10-07		659.72	
10/7		Bill Pay 16217312072 on-Line xxxxxx12072 on 10-07		664.84	
10/7		Bill Pay 16217312101 on-Line xxxxxx12101 on 10-07		669.97	
10/7		Bill Pay 16217312039 on-Line xxxxxx12039 on 10-07		716.04	
10/7		Bill Pay 16217312033 on-Line xxxxxx12033 on 10-07		718.80	
10/7		Bill Pay 16217312027 on-Line xxxxxx12027 on 10-07		718.80	
10/7		Bill Pay 16217312068 on-Line xxxxxx12068 on 10-07		721.18	
10/7		Bill Pay 16217312003 on-Line xxxxxx12003 on 10-07		721.25	
10/7		Bill Pay 16217312062 on-Line xxxxxx12062 on 10-07		723.93	
10/7		Bill Pay 16217312056 on-Line xxxxxx12056 on 10-07		723.93	
10/7		Bill Pay 16217312097 on-Line xxxxxx12097 on 10-07		726.31	
10/7		Bill Pay 16217312035 on-Line xxxxxx12035 on 10-07		727.04	
10/7		Bill Pay 16217312091 on-Line xxxxxx12091 on 10-07		729.05	
10/7		Bill Pay 16217312085 on-Line xxxxxx12085 on 10-07		729.05	
10/7		Bill Pay 16217312064 on-Line xxxxxx12064 on 10-07		732.17	
10/7		Bill Pay 16217312004 on-Line xxxxxx12004 on 10-07		735.01	
10/7		Bill Pay 16217312022 on-Line xxxxxx12022 on 10-07		736.64	
10/7		Bill Pay 16217312093 on-Line xxxxxx12093 on 10-07		737.29	
10/7		Bill Pay 16217312051 on-Line xxxxxx12051 on 10-07		741.79	
10/7		Bill Pay 16217312080 on-Line xxxxxx12080 on 10-07		746.91	
10/7		Bill Pay 16217312007 on-Line xxxxxx12007 on 10-07		748.72	
10/7		Bill Pay 16217312025 on-Line xxxxxx12025 on 10-07		750.40	
10/7		Bill Pay 16217312024 on-Line xxxxxx12024 on 10-07		750.40	
10/7		Bill Pay 16217312054 on-Line xxxxxx12054 on 10-07		755.53	
10/7		Bill Pay 16217312053 on-Line xxxxxx12053 on 10-07		755.53	
10/7		Bill Pay 16217312083 on-Line xxxxxx12083 on 10-07		760.67	
10/7		Bill Pay 16217312082 on-Line xxxxxx12082 on 10-07		760.67	
10/7		Bill Pay 16217312030 on-Line xxxxxx12030 on 10-07		764.11	
10/7		Bill Pay 16217312031 on-Line xxxxxx12031 on 10-07		766.87	
10/7		Bill Pay 16217312029 on-Line xxxxxx12029 on 10-07		766.87	
10/7		Bill Pay 16217312059 on-Line xxxxxx12059 on 10-07		769.24	
10/7		Bill Pay 16217312060 on-Line xxxxxx12060 on 10-07		772.01	
10/7		Bill Pay 16217312058 on-Line xxxxxx12058 on 10-07		772.01	
10/7		Bill Pay 16217312088 on-Line xxxxxx12088 on 10-07		774.38	
10/7		Bill Pay 16217312089 on-Line xxxxxx12089 on 10-07		777.14	
10/7		Bill Pay 16217312087 on-Line xxxxxx12087 on 10-07		777.14	
10/7		Bill Pay 16217312015 on-Line xxxxxx12015 on 10-07		778.96	
10/7		Bill Pay 16217312002 on-Line xxxxxx12002 on 10-07		778.96	
10/7		Bill Pay 16217312005 on-Line xxxxxx12005 on 10-07		785.84	
10/7		Bill Pay 16217312012 on-Line xxxxxx12012 on 10-07		788.57	
10/7		Bill Pay 16217312009 on-Line xxxxxx12009 on 10-07		788.57	
10/7		Bill Pay 16217312019 on-Line xxxxxx12019 on 10-07		788.87	
10/7		Bill Pay 16217312008 on-Line xxxxxx12008 on 10-07		791.32	
10/7		Bill Pay 16217312048 on-Line xxxxxx12048 on 10-07		794.00	
10/7		Bill Pay 16217312020 on-Line xxxxxx12020 on 10-07		794.35	



Transaction history (continued)

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/7		Bill Pay 16217312044 on-Line xxxxxx12044 on 10-07		794.35	
10/7		Bill Pay 16217312110 on-Line xxxxxx12110 on 10-07		796.01	
10/7		Bill Pay 16217312013 on-Line xxxxxx12013 on 10-07		796.84	
10/7		Bill Pay 16217312011 on-Line xxxxxx12011 on 10-07		796.84	
10/7		Bill Pay 16217312010 on-Line xxxxxx12010 on 10-07		796.84	
10/7		Bill Pay 16217312108 on-Line xxxxxx12108 on 10-07		797.40	
10/7		Bill Pay 16217312077 on-Line xxxxxx12077 on 10-07		799.12	
10/7		Bill Pay 16217312049 on-Line xxxxxx12049 on 10-07		799.49	
10/7		Bill Pay 16217312073 on-Line xxxxxx12073 on 10-07		799.49	
10/7		Bill Pay 16217312126 on-Line xxxxxx12126 on 10-07		801.14	
10/7		Bill Pay 16217312026 on-Line xxxxxx12026 on 10-07		801.24	
10/7		Bill Pay 16217312124 on-Line xxxxxx12124 on 10-07		802.54	
10/7		Bill Pay 16217312040 on-Line xxxxxx12040 on 10-07		803.97	
10/7		Bill Pay 16217312034 on-Line xxxxxx12034 on 10-07		803.97	
10/7		Bill Pay 16217312102 on-Line xxxxxx12102 on 10-07		804.62	
10/7		Bill Pay 16217312078 on-Line xxxxxx12078 on 10-07		804.62	
10/7		Bill Pay 16217312142 on-Line xxxxxx12142 on 10-07		806.28	
10/7		Bill Pay 16217312055 on-Line xxxxxx12055 on 10-07		806.36	
10/7		Bill Pay 16217312032 on-Line xxxxxx12032 on 10-07		806.71	
10/7		Bill Pay 16217312140 on-Line xxxxxx12140 on 10-07		807.67	
10/7		Bill Pay 16217312063 on-Line xxxxxx12063 on 10-07		809.11	
10/7		Bill Pay 16217312069 on-Line xxxxxx12069 on 10-07		809.11	
10/7		Bill Pay 16217312084 on-Line xxxxxx12084 on 10-07		811.50	
10/7		Bill Pay 16217312061 on-Line xxxxxx12061 on 10-07		811.86	
10/7		Bill Pay 16217312006 on-Line xxxxxx12006 on 10-07		811.92	
10/7		Bill Pay 16217312042 on-Line xxxxxx12042 on 10-07		812.23	
10/7		Bill Pay 16217312038 on-Line xxxxxx12038 on 10-07		812.23	
10/7		Bill Pay 16217312036 on-Line xxxxxx12036 on 10-07		812.23	
10/7		Bill Pay 16217312098 on-Line xxxxxx12098 on 10-07		814.24	
10/7		Bill Pay 16217312092 on-Line xxxxxx12092 on 10-07		814.24	
10/7		Bill Pay 16217312174 on-Line xxxxxx12174 on 10-07		815.17	
10/7		Bill Pay 16217312172 on-Line xxxxxx12172 on 10-07		816.53	
10/7		Bill Pay 16217312090 on-Line xxxxxx12090 on 10-07		816.98	
10/7		Bill Pay 16217312071 on-Line xxxxxx12071 on 10-07		817.36	
10/7		Bill Pay 16217312067 on-Line xxxxxx12067 on 10-07		817.36	
10/7		Bill Pay 16217312065 on-Line xxxxxx12065 on 10-07		817.36	
10/7		Bill Pay 16217312190 on-Line xxxxxx12190 on 10-07		821.68	
10/7		Bill Pay 16217312023 on-Line xxxxxx12023 on 10-07		821.85	
10/7		Bill Pay 16217312100 on-Line xxxxxx12100 on 10-07		822.50	
10/7		Bill Pay 16217312096 on-Line xxxxxx12096 on 10-07		822.50	
10/7		Bill Pay 16217312094 on-Line xxxxxx12094 on 10-07		822.50	
10/7		Bill Pay 16217312188 on-Line xxxxxx12188 on 10-07		823.06	
10/7		Bill Pay 16217312021 on-Line xxxxxx12021 on 10-07		823.20	
10/7		Bill Pay 16217312206 on-Line xxxxxx12206 on 10-07		826.80	
10/7		Bill Pay 16217312052 on-Line xxxxxx12052 on 10-07		826.98	
10/7		Bill Pay 16217312028 on-Line xxxxxx12028 on 10-07		827.32	
10/7		Bill Pay 16217312204 on-Line xxxxxx12204 on 10-07		828.19	
10/7		Bill Pay 16217312050 on-Line xxxxxx12050 on 10-07		828.32	
10/7		Bill Pay 16217312081 on-Line xxxxxx12081 on 10-07		832.12	
10/7		Bill Pay 16217312057 on-Line xxxxxx12057 on 10-07		832.46	
10/7		Bill Pay 16217312079 on-Line xxxxxx12079 on 10-07		833.47	
10/7		Bill Pay 16217312158 on-Line xxxxxx12158 on 10-07		834.76	
10/7		Bill Pay 16217312222 on-Line xxxxxx12222 on 10-07		837.07	
10/7		Bill Pay 16217312156 on-Line xxxxxx12156 on 10-07		837.52	
10/7		Bill Pay 16217312086 on-Line xxxxxx12086 on 10-07		837.59	
10/7		Bill Pay 16217312220 on-Line xxxxxx12220 on 10-07		838.46	
10/7		Bill Pay 16217312186 on-Line xxxxxx12186 on 10-07		906.85	
10/7		Bill Pay 16217312202 on-Line xxxxxx12202 on 10-07		911.99	
10/7		Bill Pay 16217312218 on-Line xxxxxx12218 on 10-07		922.24	
10/7		Bill Pay 16217312016 on-Line xxxxxx12016 on 10-07		972.66	
10/7		Bill Pay 16217312001 on-Line xxxxxx12001 on 10-07		972.66	
10/7		Bill Pay 16217312018 on-Line xxxxxx12018 on 10-07		988.06	



Transaction history (continued)

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/7		Bill Pay 16217312017 on-Line xxxxxx12017 on 10-07		988.06	
10/7		Bill Pay 16217312045 on-Line xxxxxx12045 on 10-07		988.06	
10/7		Bill Pay 16217312041 on-Line xxxxxx12041 on 10-07		988.06	
10/7		Bill Pay 16217312047 on-Line xxxxxx12047 on 10-07		993.20	
10/7		Bill Pay 16217312046 on-Line xxxxxx12046 on 10-07		993.20	
10/7		Bill Pay 16217312074 on-Line xxxxxx12074 on 10-07		993.20	
10/7		Bill Pay 16217312070 on-Line xxxxxx12070 on 10-07		993.20	
10/7		Bill Pay 16217312103 on-Line xxxxxx12103 on 10-07		998.33	
10/7		Bill Pay 16217312099 on-Line xxxxxx12099 on 10-07		998.33	
10/7		Bill Pay 16217312076 on-Line xxxxxx12076 on 10-07		998.33	
10/7		Bill Pay 16217312075 on-Line xxxxxx12075 on 10-07		998.33	
10/7		Bill Pay 16217312112 on-Line xxxxxx12112 on 10-07		1,006.20	
10/7		Bill Pay 16217312128 on-Line xxxxxx12128 on 10-07		1,011.33	
10/7		Bill Pay 16217312144 on-Line xxxxxx12144 on 10-07		1,016.47	
10/7		Bill Pay 16217312160 on-Line xxxxxx12160 on 10-07		1,020.24	
10/7		Bill Pay 16217312176 on-Line xxxxxx12176 on 10-07		1,028.10	
10/7		Bill Pay 16217312192 on-Line xxxxxx12192 on 10-07		1,031.87	
10/7		Bill Pay 16217312208 on-Line xxxxxx12208 on 10-07		1,036.99	
10/7		Bill Pay 16217312114 on-Line xxxxxx12114 on 10-07		1,037.80	
10/7		Bill Pay 16217312162 on-Line xxxxxx12162 on 10-07		1,040.83	
10/7		Bill Pay 16217312130 on-Line xxxxxx12130 on 10-07		1,042.92	
10/7		Bill Pay 16217312178 on-Line xxxxxx12178 on 10-07		1,045.95	
10/7		Bill Pay 16217312224 on-Line xxxxxx12224 on 10-07		1,047.26	
10/7		Bill Pay 16217312146 on-Line xxxxxx12146 on 10-07		1,048.05	
10/7		Bill Pay 16217312106 on-Line xxxxxx12106 on 10-07		1,048.79	
10/7		Bill Pay 16217312122 on-Line xxxxxx12122 on 10-07		1,053.92	
10/7		Bill Pay 16217312138 on-Line xxxxxx12138 on 10-07		1,059.06	
10/7		Bill Pay 16217312154 on-Line xxxxxx12154 on 10-07		1,060.10	
10/7		Bill Pay 16217312194 on-Line xxxxxx12194 on 10-07		1,063.46	
10/7		Bill Pay 16217312210 on-Line xxxxxx12210 on 10-07		1,068.59	
10/7		Bill Pay 16217312170 on-Line xxxxxx12170 on 10-07		1,069.31	
10/7		Bill Pay 16217312226 on-Line xxxxxx12226 on 10-07		1,078.86	
10/7		Bill Pay 16217312111 on-Line xxxxxx12111 on 10-07		1,113.38	
10/7		Bill Pay 16217312127 on-Line xxxxxx12127 on 10-07		1,118.52	
10/7		Bill Pay 16217312143 on-Line xxxxxx12143 on 10-07		1,123.64	
10/7		Bill Pay 16217312159 on-Line xxxxxx12159 on 10-07		1,137.01	
10/7		Bill Pay 16217312191 on-Line xxxxxx12191 on 10-07		1,139.04	
10/7		Bill Pay 16217312113 on-Line xxxxxx12113 on 10-07		1,139.48	
10/7		Bill Pay 16217312175 on-Line xxxxxx12175 on 10-07		1,140.76	
10/7		Bill Pay 16217312115 on-Line xxxxxx12115 on 10-07		1,140.85	
10/7		Bill Pay 16217312207 on-Line xxxxxx12207 on 10-07		1,144.18	
10/7		Bill Pay 16217312129 on-Line xxxxxx12129 on 10-07		1,144.60	
10/7		Bill Pay 16217312131 on-Line xxxxxx12131 on 10-07		1,145.97	
10/7		Bill Pay 16217312145 on-Line xxxxxx12145 on 10-07		1,149.75	
10/7		Bill Pay 16217312147 on-Line xxxxxx12147 on 10-07		1,151.12	
10/7		Bill Pay 16217312223 on-Line xxxxxx12223 on 10-07		1,154.43	
10/7		Bill Pay 16217312161 on-Line xxxxxx12161 on 10-07		1,154.87	
10/7		Bill Pay 16217312163 on-Line xxxxxx12163 on 10-07		1,156.24	
10/7		Bill Pay 16217312177 on-Line xxxxxx12177 on 10-07		1,160.00	
10/7		Bill Pay 16217312179 on-Line xxxxxx12179 on 10-07		1,161.37	
10/7		Bill Pay 16217312193 on-Line xxxxxx12193 on 10-07		1,165.14	
10/7		Bill Pay 16217312195 on-Line xxxxxx12195 on 10-07		1,166.51	
10/7		Bill Pay 16217312209 on-Line xxxxxx12209 on 10-07		1,170.27	
10/7		Bill Pay 16217312211 on-Line xxxxxx12211 on 10-07		1,171.64	
10/7		Bill Pay 16217312225 on-Line xxxxxx12225 on 10-07		1,180.54	
10/7		Bill Pay 16217312227 on-Line xxxxxx12227 on 10-07		1,181.90	
10/7		Bill Pay 16217312116 on-Line xxxxxx12116 on 10-07		1,478.05	
10/7		Bill Pay 16217312132 on-Line xxxxxx12132 on 10-07		1,481.19	
10/7		Bill Pay 16217312148 on-Line xxxxxx12148 on 10-07		1,486.32	
10/7		Bill Pay 16217312164 on-Line xxxxxx12164 on 10-07		1,491.44	
10/7		Bill Pay 16217312180 on-Line xxxxxx12180 on 10-07		1,496.59	
10/7		Bill Pay 16217312196 on-Line xxxxxx12196 on 10-07		1,501.71	

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Transaction history (continued)

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/7		Bill Pay 16217312212 on-Line xxxxxx12212 on 10-07		1,506.84	
10/7		Bill Pay 16217312254 on-Line xxxxxx12254 on 10-07		1,513.29	
10/7		Bill Pay 16217312228 on-Line xxxxxx12228 on 10-07		1,517.11	
10/7		Bill Pay 16217312234 on-Line xxxxxx12234 on 10-07		1,519.51	
10/7		Bill Pay 16217312244 on-Line xxxxxx12244 on 10-07		1,524.65	
10/7		Bill Pay 16217312264 on-Line xxxxxx12264 on 10-07		1,533.52	
10/7		Bill Pay 16217312107 on-Line xxxxxx12107 on 10-07		1,535.13	
10/7		Bill Pay 16217312274 on-Line xxxxxx12274 on 10-07		1,540.05	
10/7		Bill Pay 16217312123 on-Line xxxxxx12123 on 10-07		1,540.26	
10/7		Bill Pay 16217312139 on-Line xxxxxx12139 on 10-07		1,545.40	
10/7		Bill Pay 16217312155 on-Line xxxxxx12155 on 10-07		1,550.53	
10/7		Bill Pay 16217312171 on-Line xxxxxx12171 on 10-07		1,555.67	
10/7		Bill Pay 16217312187 on-Line xxxxxx12187 on 10-07		1,560.80	
10/7		Bill Pay 16217312203 on-Line xxxxxx12203 on 10-07		1,565.92	
10/7		Bill Pay 16217312219 on-Line xxxxxx12219 on 10-07		1,576.19	
10/7		Bill Pay 16217312117 on-Line xxxxxx12117 on 10-07		1,605.20	
10/7		Bill Pay 16217312133 on-Line xxxxxx12133 on 10-07		1,610.33	
10/7		Bill Pay 16217312149 on-Line xxxxxx12149 on 10-07		1,615.47	
10/7		Bill Pay 16217312165 on-Line xxxxxx12165 on 10-07		1,620.60	
10/7		Bill Pay 16217312181 on-Line xxxxxx12181 on 10-07		1,625.74	
10/7		Bill Pay 16217312197 on-Line xxxxxx12197 on 10-07		1,630.87	
10/7		Bill Pay 16217312213 on-Line xxxxxx12213 on 10-07		1,635.99	
10/7		Bill Pay 16217312229 on-Line xxxxxx12229 on 10-07		1,646.26	
10/7		Bill Pay 16217312118 on-Line xxxxxx12118 on 10-07		1,728.84	
10/7		Bill Pay 16217312134 on-Line xxxxxx12134 on 10-07		1,733.98	
10/7		Bill Pay 16217312150 on-Line xxxxxx12150 on 10-07		1,739.11	
10/7		Bill Pay 16217312166 on-Line xxxxxx12166 on 10-07		1,744.23	
10/7		Bill Pay 16217312182 on-Line xxxxxx12182 on 10-07		1,749.38	
10/7		Bill Pay 16217312198 on-Line xxxxxx12198 on 10-07		1,754.50	
10/7		Bill Pay 16217312214 on-Line xxxxxx12214 on 10-07		1,759.63	
10/7		Bill Pay 16217312230 on-Line xxxxxx12230 on 10-07		1,769.90	
10/7		Bill Pay 16217312104 on-Line xxxxxx12104 on 10-07		1,793.42	
10/7		Bill Pay 16217312120 on-Line xxxxxx12120 on 10-07		1,798.55	
10/7		Bill Pay 16217312136 on-Line xxxxxx12136 on 10-07		1,803.67	
10/7		Bill Pay 16217312152 on-Line xxxxxx12152 on 10-07		1,808.82	
10/7		Bill Pay 16217312168 on-Line xxxxxx12168 on 10-07		1,813.94	
10/7		Bill Pay 16217312184 on-Line xxxxxx12184 on 10-07		1,819.07	
10/7		Bill Pay 16217312105 on-Line xxxxxx12105 on 10-07		1,820.87	
10/7		Bill Pay 16217312119 on-Line xxxxxx12119 on 10-07		1,820.87	
10/7		Bill Pay 16217312200 on-Line xxxxxx12200 on 10-07		1,824.21	
10/7		Bill Pay 16217312135 on-Line xxxxxx12135 on 10-07		1,826.02	
10/7		Bill Pay 16217312121 on-Line xxxxxx12121 on 10-07		1,826.02	
10/7		Bill Pay 16217312137 on-Line xxxxxx12137 on 10-07		1,831.14	
10/7		Bill Pay 16217312151 on-Line xxxxxx12151 on 10-07		1,831.14	
10/7		Bill Pay 16217312232 on-Line xxxxxx12232 on 10-07		1,832.74	
10/7		Bill Pay 16217312216 on-Line xxxxxx12216 on 10-07		1,834.48	
10/7		Bill Pay 16217312167 on-Line xxxxxx12167 on 10-07		1,836.27	
10/7		Bill Pay 16217312153 on-Line xxxxxx12153 on 10-07		1,836.27	
10/7		Bill Pay 16217312242 on-Line xxxxxx12242 on 10-07		1,837.88	
10/7		Bill Pay 16217312183 on-Line xxxxxx12183 on 10-07		1,841.41	
10/7		Bill Pay 16217312169 on-Line xxxxxx12169 on 10-07		1,841.41	
10/7		Bill Pay 16217312185 on-Line xxxxxx12185 on 10-07		1,846.54	
10/7		Bill Pay 16217312199 on-Line xxxxxx12199 on 10-07		1,846.54	
10/7		Bill Pay 16217312252 on-Line xxxxxx12252 on 10-07		1,849.87	
10/7		Bill Pay 16217312215 on-Line xxxxxx12215 on 10-07		1,851.68	
10/7		Bill Pay 16217312201 on-Line xxxxxx12201 on 10-07		1,851.68	
10/7		Bill Pay 16217312272 on-Line xxxxxx12272 on 10-07		1,853.28	
10/7		Bill Pay 16217312262 on-Line xxxxxx12262 on 10-07		1,855.00	
10/7		Bill Pay 16217312231 on-Line xxxxxx12231 on 10-07		1,861.93	
10/7		Bill Pay 16217312217 on-Line xxxxxx12217 on 10-07		1,861.93	
10/7		Bill Pay 16217312237 on-Line xxxxxx12237 on 10-07		1,905.55	
10/7		Bill Pay 16217312239 on-Line xxxxxx12239 on 10-07		1,906.92	



Transaction history (continued)

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/7		Bill Pay 16217312247 on-Line xxxxxx12247 on 10-07		1,910.68	
10/7		Bill Pay 16217312249 on-Line xxxxxx12249 on 10-07		1,912.05	
10/7		Bill Pay 16217312235 on-Line xxxxxx12235 on 10-07		1,912.42	
10/7		Bill Pay 16217312257 on-Line xxxxxx12257 on 10-07		1,915.80	
10/7		Bill Pay 16217312245 on-Line xxxxxx12245 on 10-07		1,917.56	
10/7		Bill Pay 16217312267 on-Line xxxxxx12267 on 10-07		1,920.95	
10/7		Bill Pay 16217312269 on-Line xxxxxx12269 on 10-07		1,922.32	
10/7		Bill Pay 16217312259 on-Line xxxxxx12259 on 10-07		1,922.69	
10/7		Bill Pay 16217312255 on-Line xxxxxx12255 on 10-07		1,924.04	
10/7		Bill Pay 16217312277 on-Line xxxxxx12277 on 10-07		1,926.07	
10/7		Bill Pay 16217312279 on-Line xxxxxx12279 on 10-07		1,927.44	
10/7		Bill Pay 16217312265 on-Line xxxxxx12265 on 10-07		1,929.16	
10/7		Bill Pay 16217312275 on-Line xxxxxx12275 on 10-07		1,932.96	
10/7		Bill Pay 16217312109 on-Line xxxxxx12109 on 10-07		1,952.77	
10/7		Bill Pay 16217312125 on-Line xxxxxx12125 on 10-07		1,957.92	
10/7		Bill Pay 16217312157 on-Line xxxxxx12157 on 10-07		1,959.94	
10/7		Bill Pay 16217312141 on-Line xxxxxx12141 on 10-07		1,963.04	
10/7		Bill Pay 16217312173 on-Line xxxxxx12173 on 10-07		1,965.07	
10/7		Bill Pay 16217312189 on-Line xxxxxx12189 on 10-07		1,978.44	
10/7		Bill Pay 16217312205 on-Line xxxxxx12205 on 10-07		1,983.58	
10/7		Bill Pay 16217312221 on-Line xxxxxx12221 on 10-07		1,993.83	
10/7		Bill Pay 16217312240 on-Line xxxxxx12240 on 10-07		2,210.54	
10/7		Bill Pay 16217312250 on-Line xxxxxx12250 on 10-07		2,215.67	
10/7		Bill Pay 16217312260 on-Line xxxxxx12260 on 10-07		2,220.79	
10/7		Bill Pay 16217312270 on-Line xxxxxx12270 on 10-07		2,225.94	
10/7		Bill Pay 16217312280 on-Line xxxxxx12280 on 10-07		2,231.06	
10/7		Bill Pay 16217312241 on-Line xxxxxx12241 on 10-07		2,331.43	
10/7		Bill Pay 16217312251 on-Line xxxxxx12251 on 10-07		2,336.56	
10/7		Bill Pay 16217312233 on-Line xxxxxx12233 on 10-07		2,339.67	
10/7		Bill Pay 16217312261 on-Line xxxxxx12261 on 10-07		2,341.68	
10/7		Bill Pay 16217312253 on-Line xxxxxx12253 on 10-07		2,343.09	
10/7		Bill Pay 16217312243 on-Line xxxxxx12243 on 10-07		2,344.81	
10/7		Bill Pay 16217312271 on-Line xxxxxx12271 on 10-07		2,346.83	
10/7		Bill Pay 16217312281 on-Line xxxxxx12281 on 10-07		2,351.95	
10/7		Bill Pay 16217312263 on-Line xxxxxx12263 on 10-07		2,353.70	
10/7		Bill Pay 16217312273 on-Line xxxxxx12273 on 10-07		2,360.21	
10/7		Bill Pay 16217312256 on-Line xxxxxx12256 on 10-07		2,689.28	
10/7		Bill Pay 16217312236 on-Line xxxxxx12236 on 10-07		2,691.37	
10/7		Bill Pay 16217312246 on-Line xxxxxx12246 on 10-07		2,696.52	
10/7		Bill Pay 16217312276 on-Line xxxxxx12276 on 10-07		2,711.91	
10/7		Bill Pay 16217312266 on-Line xxxxxx12266 on 10-07		2,728.77	
10/7		Bill Pay 16217312238 on-Line xxxxxx12238 on 10-07		3,416.75	
10/7		Bill Pay 16217312248 on-Line xxxxxx12248 on 10-07		3,421.88	
10/7		Bill Pay 16217312268 on-Line xxxxxx12268 on 10-07		3,429.41	
10/7		Bill Pay 16217312278 on-Line xxxxxx12278 on 10-07		3,437.29	
10/7		Bill Pay 16217312258 on-Line xxxxxx12258 on 10-07		3,447.64	
10/7		Bill Pay 16217311002 on-Line xxxxxx11002 on 10-07		15,564.00	59,644.02
10/10		Adp Payroll Fees Adp - Fees 141010 2RuHe 0072806 Blue Point Development		63.30	59,580.72
10/14		Deposit	2,000.00		
10/14		Online Transfer to Patience One LLC Ref #lbecd277C3 Business Checking 208 Rent		4,000.00	57,580.72
10/15		Bill Pay American Express on-Line xxxxxxxxx51001 on 10-15		4,000.00	
10/15	1022	Check		640.00	
10/15	1024	Check		2,500.00	50,440.72
10/16		Adp TX/Fincl Svc Adp - Tax 141016 RmuHe 101721A01 Blue Point Development		7,050.15	
10/16		Adp TX/Fincl Svc Adp - Tax 141016 741021736011Uhe Blue Point Development		17,500.56	25,890.01
10/20		Deposit	925.00		
10/20	1029	Check		1,500.00	25,315.01

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