## IN THE SUPREME COURT OF THE STATE OF NEVADA

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

Appellant,

Electronically Filed Feb 23 2022 11:06 a.m. Elizabeth A. Brown Clerk of Supreme Court

vs.

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

Respondent;

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

## APPENDIX

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## **ATTORNEYS FOR APPELLANT**

ATTORNEYS FOR RESPONDENT

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and

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<b>Plaintiff's Trial Exhibit 99 -</b> American Express Statements #63006 titled in the name of Thomas Pickens 12/08/12 through 12/08/13	02/14/2020	XXX/AA07237- 07239
Receipt of Check	06/03/2019	III/AA00544
Receipt of Copy	02/11/2020	V/AA00963
Receipt of Copy	11/10/2021	XIV/AA03055- 03069
Receipt of Copy	11/10/2021	XXXVII/AA 08939
Reply in Support of Defendant's Motion to Compel Discovery Responses	05/15/2019	III/AA00517- 00522
Reply to Defendant's Counterclaim	05/30/2018	I/AA00212-00219

ALPHABETICAL INDEX OF APPEI	LLANT'S APPEN	DIX
<b>VOLUME XIV OF XX</b>	XVII	
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Reply to Defendant's Counterclaim	12/12/2018	II/AA00337- 00344
Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to 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)	09/06/2019	V/AA00862- 00879
Reply to Opposition to Defendant's Motion to Dismiss and Opposition to Countermotion for Attorney's Fees and Costs	01/09/2018	I/AA00125-00141
Request for Issuance of Joint Preliminary Injunction	10/25/2017	I/AA00016
Satisfaction and Release of Lien	07/31/2019	III/AA00565- 00566
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	10/15/2018	II/AA00288- 00305
Second Amended Notice of Taking Videotaped Deposition	03/05/2019	II/AA00379- 00381

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX					
VOLUME XIV OF XX	XXVII				
DESCRIPTION	DATE FILED	VOL./PAGE NO.			
Stipulation and Order Granting Leave to File Second Amended Complaint, and Vacating Motion Hearing	10/08/2018	II/AA00279- 00281			
Stipulation and Order RE: Motion to Compel	05/28/2019	III/AA00528- 00534			
Stipulation and Order to Continue	06/13/2019	III/AA00552- 00556			
Stipulation and Order to Continue Day Three of Trial	06/24/2020	IX/AA01799- 01800			
Stipulation and Order to Continue Hearing	12/28/2017	I/AA00114- 000115			
Stipulation and Order to Extend Briefing Deadline	04/22/2021	XI/AA02352- 02369			
Stipulation and Order to Extend Briefing Deadlines	04/14/2021	XI/AA02321- 02329			
Stipulation and Order to Extend Deadline for Plaintiff to File His Rebuttal Brief	06/14/2021	XI/AA02468- 02488			
Stipulation and Order to Extend Filing of Pre- Trial Memorandum and Trail Exhibits	02/06/2020	V/AA00912- 00913			
Stipulation and Order to Vacate Discovery Hearing	06/18/2019	III/AA00557- 00559			
Stipulation to Extend Discovery Deadlines and Continue Trail (First Request) and Order Continuing Trial	08/05/2019	IV/AA00741- 00745			
Supplemental Exhibit in Support of Notice of Non-Opposition to Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/13/2020	VII/AA01255- VIII/AA01727			
Transcript RE: Non-Jury Trial	09/01/2020	X/AA02055- 02070			
Transcript RE: Non-Jury Trial Day 2	09/01/2020	X/AA02071- 02086			

Alphabetical Index of Appellant's Appendix Volume XIV of XXXVII					
DESCRIPTION	DATE FILED	VOL./PAGE NO.			
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			

Inform

### IRS e-file Signature Authorization

OMB No. 1545-0074

Don't send to the IRS. This isn't a tax return.	
Keep this form for your records.	
nation about Form 8879 and its instructions is at www.irs.gov/form88	79

2016

Submission Identification Numbe	er (SIC	))
ousining of the state of the st		· / -

Form

Department of the Treasury

Internal Revenue Service

Taxpayer's name	Social security number
DANKA MICHAELS	
Spouse's name	Spouse's social security number
Part I Tax Return Information - Tax Year Ending December 31, 2016 (Who	le dollars only)

rait	Tax Return information - Tax real Ending December 31, 2010 (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 revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent ta **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	

X	l authorize	ROBERT	S	SEMONIAN	CPA	to en
				EBO firm name		

as my signature on my tax year 2016 electronically filed income tax return.

nter or generate my PIN <u>17101</u> Enter five digits, but don't enter all zeros

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		
l authorize	to enter or generate	e my PIN
ERO firm name		Enter five digits, but
as my signature on my tax year 2016 electronically filed in	come tax return.	don't enter all zeros
I will enter my PIN as my signature on my tax year 2016 e	electronically filed income tax	return. Check this box only if you are
entering your own PIN and your return is filed using the F	Practitioner PIN method. The f	ERO must complete Part III below.
Spouse's signature 🕨		Date ►
Practitioner PIN Method	I Returns Only - contir	nue below
Part III Certification and Authentication - Pra	ctitioner PIN Method (	Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-c	digit self-selected PIN.	950884-98765
	-	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signate	ure for the tax year 2016 election	ronically filed income tax return for
the taxpayer(s) indicated above. I confirm that I am submitting this	return in accordance with the r	requirements of the Practitioner PIN
method and Pub.1345, Handbook for Authorized IRS e-file Provid	ders 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)

Form 8879-S	IRS e-file Signature	Authorization for For	m 1120S		OMB No. 1545-0123
Form 00/9-3	-	the IRS. Keep for your records.			
	Information about Form 8879-	S and its instructions is at www.i	rs.gov/form8879	9s.	2016
Department of the Treasury Internal Revenue Service	For calendar year 2016, or tax year beginning	, 2016, and ending	, 20		
Name of corporation	For earched year 2010, or tax year beginning	, 2010, and ending	Employer identific	ation nun	nber
DANKA K MICHAELS	MD PROF CORP		56-237165		
	urn Information (Whole dollars only)		1 30 237103		
	sales less returns and allowances (Form 112	0S, line 1c)		1	1,540,822
	1120S, line 3)			2	1,180,951
	income (loss) (Form 1120S, line 21)			3	(46,917)
	te income (loss) (Form 1120S, Schedule K, I			4	(10) ) 17
	nciliation (Form 1120S, Schedule K, line 18)			5	(46,913)
Part II Declara	tion and Signature Authorization	of Officer (Be sure to get	a copy of the		oration's return)
institution account indicate the financial institution to 1-888-353-4537 no later in the processing of the e issues related to the payr income tax return and, if a Officer's PIN: check one I authorize RC on the corporat	designated Financial Agent to initiate an ele ad in the tax preparation software for paymer debit the entry to this account. To revoke a p than 2 business days prior to the payment ( lectronic payment of taxes to receive confide ment. I have selected a personal identification applicable, the corporation's consent to elect box only <u>BERT S SEMONIAN CPA</u> ERO firm name tion's 2016 electronically filed income tax retuint the corporation, I will enter my PIN as my s	nt of the corporation's federal taxes of ayment, I must contact the U.S. Trea (settlement) date. I also authorize the ential information necessary to answ in number (PIN) as my signature for the ronic funds withdrawal.	owed on this return sury Financial Age financial institu er inquiries and ru he corporation's 5a t enter all zeros	m, and gent at itions in esolve electror as my si	nic gnature
retum. Officer's signature ►		Date ► <u>06-05-2017</u>	Title ▶ ₽	RESID	ET
Part III Certific	ation and Authentication				
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digi	t self-selected PIN.	950884	98765 don't en	ter all zeros
corporation indicated abo	meric entry is my PIN, which is my signature we. I confirm that I a <b>m</b> submitting this return tion, and <b>Pub. 4163,</b> Modernized e-File (Me	n in accordance with the requirement	ts of Pub. 3112,	IRS e-I	
ERO's signature 🕨			Date ▶ <u>09-11-</u>	-2017	
		This Form - See Instructior o the IRS Unless Requeste			
For Paperwork Reduction	on Act Notice, see instructions.		***********		Form 8879-S (2016)

 $( \cdot )$ 

Danka Michaels002287

AA03002

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PERSONAL PROP.	PERSONAL PROPERTY DECLARATION & ASSET LISTING	SSET LISTING		Fiscal Year 2015 - 2016	
Assessor ID# Business Name	137725 Group: MICHAELS DANKA K MD PROF CORF	Group: PROF CORP	0	Legal/Corporation Name DANKA S MICHALES MD PROF CORP	Michele W. Shafe, Clark County Assessor
Mailing Address	3320 N BUFFALO DR #106 LAS VEGAS, NV 891297410	06 110			300 S. Grand Central Pkwy PO Box 551425 ?/03) 455-4937
Location Address	3320 N BUFFALO DR 106, LAS VEGAS	, LAS VEGAS		Physicians Offices (except Mental Health Specialists) 11102	is) niip://www.clarkcountyny.dov/assessor
Phone Number [7] Website Address [7]	(702) 869-6190 NS:				
15 (M MM	5.1.8.1.8.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0	abova correct? (1) le existing informat l be identical to the rou received in the	<b>VANO YES OF</b> 100) mark	NO)	
2 What is I	2 What is the NAICS of type of business?	5557	_	111129	
3. Check and ca of the followi	a Check and complete any of the following that apply.		Elfective	Нем выне, емих от оконе	
Business reord Business reord	Hew pusitures Business reorganized Business sold				
Out of business	siness				
4. Which in You pr (cheo	4. Wusch information and you providing? (check gree)	×	Complete Irst Additions & D	*137725*	* 5

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## FILING INSTRUCTIONS - DECLARATION TEMPLATE

Click on worksheet tab "Business Personal Property Declaration & Asset Listing". Click on worksheet tab "Department Codes - Expanded List" and print a copy. Print this instruction sheet for reference before you begin the process. 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 impert of key in your asset listing. You may resize cohemis to suit data requirements, but please do not delete or after the sequence of any of the columns

### Complete list:

List all personal property owned, reared, iteased, or controlled, as of July 1 of Fiscal Year reporting. DO NOT INCLUDE THIR FOLLOWING: Any ussets 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 construct in natural day-to-day operations having a useful life of less than one year

### Additions & deletions unly:

- Additions to be listed should unclude all taxable personal property added ance last year's "complete list" filing Deletions may be noted in a separate section at the bottom of the form. Each deleted item should reference.
  - An identifiable description and/or asset ID number as used in provious year filing.
- The original acquisition date and cost
- · Reason for deletion (sold, transferred, suapped, or other)

## 3. Please follow the Assessor's prescribed format:

### COMPLETED EXAMPLE:

(The sample data entered below is factions and does not pertain to your business)

Openet         Col         Col         Openet         Opene         Opene         Opene	tan Yeat Acquation Acquared Cost 2005 1,500 8 2005 3,000	Acquisition Cost 1.500 3.000		⊖ Sept Ce	5 5 5	(C)	(l) Lessor or Losses Name	() () () () () () () () () () () () () (	() Lassor of Lesses Shreet Direction (N.S. E. W)	(I) (Lesson or Lesson or L	() Lesser of Lesser Street Type (St. Dr. Lo)	(m) Loseool of Lasteen Súde Number	(n) (n) Lessorioi Lessorioi Coxy Zp	(v) Letaser or Letases Lease Zip	(y) Leased Customent	(q) (c)	(c) Terms	(s) Monthly Monthly Dayment	(†) Type
CEREMONANCE         CFTOCE         TUENTURE         2000         T2_200         T6         T6           BEXEMPRISON         COMPUTER         2000         5,000         20         20         5,000         5,000         4,000         5,000         5,000         20 </td <td>RE 2006 12,500 2009 5,000 2006 4,500</td> <td>12.500 5,000 4,500</td> <td></td> <td></td> <td>Ω</td> <td></td> <td></td> <td>3</td> <td></td> <td>Valey Vaw</td> <td>PMB</td> <td></td> <td>Las Vegas</td> <td>89107-4372</td> <td>12540</td> <td>06/2009 8 уля</td> <td>l G yrs</td> <td></td> <td>75</td>	RE 2006 12,500 2009 5,000 2006 4,500	12.500 5,000 4,500			Ω			3		Valey Vaw	PMB		Las Vegas	89107-4372	12540	06/2009 8 уля	l G yrs		75
Ener ADD for any section to the prior freed year reporting and onley DELETE or X for any term that was on the prior focal year's assot heiring but is not there for the current freed year	ing term that is an addition to the prior factal year reporting and enter DELETE or X' for an	the prior faceal year reporting and enler DELETE or 'X' for an	l year reporting and enler DELETE of X' for an	and erier DELETE or X' for an	LETE of X' for an	1 5	em that was on the prior fi	iscal year's asset	listing but is not there it	for the current fiscal	year.								
Asset ID # or serial # or the property, if applicable (may be left blank). Description of the preperty	serial # of the property, if applicable (may be left blank). 5 the property	pplicable (may be left blank).	ay be left blank).	k)			-												
Year acquired, or calondar year the property was parchased or placed in arryize (year must be unique - do not combine years). Aromission real or events Post inclutions metablishes for successful inclusions. BO NOT EXCLUDE 5.1 FO 5.4 FO	, or calendar year the property was purchased or placed in service (year must be unique to the neutral root including metallition transcortision, and action doctores. <b>DO NOT</b>	arty was purchased or placed in arryice (year must be unique	hased or placed in service (year must be unique transcortation and estan character DO NOT	d in survice (year must be unique	(year must be unique	1 81 6	- do not combine year	(s)											
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13 # Fumitum, Irada Fixkurat, General Equipment, Signa 10 ¤ Daycata, Playground, Performing Arta & Spectator Sports Equipment	oris Eq	oris Eq	oris Eq	iquipment					TFIX = Leasohok/Tenant improvements 20 = Salos & Security Vaults	art improvements Vaults									
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Name of the company or individual the property is leased or rented FROM, or leased or rented '10.	ompany at individual the property is leased or rented FROM, or feased or reated TO.	roperty is leased or rented FROM, or leased or rented TO.	sed or rented FROM, or leaved or rented TO.	ROM, or leaved or reated TO.	used or rented TO.														
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cease or customer account # assigned by the leasing company, if applicable.	tuce account # assigned by the leasing company, if applicable.	the leasing contrarry, if applicable.	vnipury, if applicable.	slicable.															
Date (month and year) the lease contract began.	nd year) the lease contract began	began																	
firster the term of the lease, i.e. 6 years or 72 months, etc.	of the lease, i.e. 6 years or 72 months, etc.	72 months, etc.	ste.																Γ
Monthly lease payment for the terms stated in columns (k) and (l)	payment for the terms stated in columns (k) and (l)	ed in columns (k) and (l)	s (k) and (l)																Γ
Lasse type: O = Operating Lasse C = Capital Lasse P = Pirebase Option Lasse S = Conditional Soles I = In-house Lasse X = Other	0 = Operating Lease C ≈ Capital Lease P ≈ Purchase Option Lease S ∞ Conditional Soles T = In-	pital Lease P = Purchase Option Lease S = Conditional Sales I = In-	<sup>2</sup> = Purchase Option Lease S = Conditional Sales I = In-	ption Lease S = Conditional Sales I = In-	S = Conditional Sales I = In-	ales I = In-	house Lease	• X = Other											Π

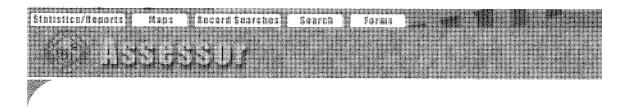
### COMMON DEPARTMENT CODES - EXPANDED LIST

ourses: Machinery & Equipment xcept golf carts and mowing equipment) Motel Furnishings ichines ry Equipment ies - Law, Medical, & other Professions nery acturing Equipment, used in most industries equipment except listed in codes 10 & 20) inical Equipment al, Dental & Lab Equipment types, except electronic or diagnostic liso Medical Equipment in codes 07 & 05) PS Surveying Equipment Arts & Spectator Sports Equipment acturing Equipment used in: lio & Video Products, Furniture & Related Products vave Systems, except Towers ound Equipment fies Care Equipment g Machines, Postage Meters, & Scales ame Computers al, Dental, & Lab Equipment ctronic only, including: esia Monitors EKG Machines	Office Furniture & Fixtures Photography & Photo Finishing Equipment Professional Services Equipment & Fixtures Refrigeration Equipment Repair & Maintenance Equipment Restaurant & Bar Equipment Restaurant & Bar Equipment Retail Store Fixtures, Displays, Cases & Racks Service Station & Carwash Equipment Signs (except electronic) Tools (except small hand tools) Vending Machines Wholesale & Distribution E&F Satellite Equipment Waste Management: Garbage Dumpsters. Portable Toilets Musical Instrument Rentals Patio Furniture Point-of-Sale Computer Systems Printing Equipment (digital or non-impact) Radio & Television Broadcasting E&F
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al, Dental, & Lab Equipment ctronic only, including: esia Monitors EKG Machines	Printing Equipment (digital or non-impact) Radio & Television Broadcasting E&F
ctronic only, including: esia Monitors EKG Machines	Radio & Television Broadcasting E&F
esia Monitors EKG Machines	-
	(overal towers & analog brandensting)
Monitors Heart Rate Devices	(except towers & analog broadcasting) Rent-to-Own Merchandise
Pressure Monitors Medical Lasers	
ators Neurological Monitors	Signs, Electronic Slot Machines
Analyzers Oxygen Analyzers	Small Hand Tools
	Sound and Stereo Equipment, CD Players
	Video Players, VCR and DVD
ι··	
	Telecommunication Equipment, Including:
	Answering Machines
	Pagers
	Telephone Systems
ers: CAT (Comp Tomography), Cardiac	2-way Radios
sonic, MRI (Magnetic). OB/GYN Ultrasonic.	Telecommunications: Switching Equipment
(Positron)	Televisions
	Restaurant & Bar: Kitchen Utensils, Glassware,
	Small Wares, Pots, Pans, Linens, Silverware
	Video Tapes, DVD's, Game Tapes, CD's
able Software	
Examples: Interior build-outs, built-in fixtures, cabinets	s, shelving, partitions, etc.
	Safes & Security Vaults
	Water Treatment & Sewage Plants
	trater froutment a bewager land
	er Patient Monitors (all kinds) fachines  chines, TV's al & Dental Equipment agnostic only, including: ostic Ultrasounds as: Nuclear Medicine & Intra Oral ers: CAT (Comp Tomography), Cardiac usonic, MRI (Magnetic), OB/GYN Ultrasonic. (Positron)  chen Utensils, Video Tapes me Rental I Wear g: Tokens, Chips, Dice, & Playing Cards is & Uniforms able Software  S Examples: Interior build-outs, built-in fixtures, cabinet ts nufacturing Equipment (excluding ice machines) mith Equipment acturing Equipment used in: ient, Concrete, Lime, Gypsum, and isive Products rs

### Nevada Department of Taxation

### Nevada Commerce Tax Return

Busin	ess Entit	ty NAICS code cat	tegory	62 - hea	ith care and so	cial assistanc	e 0 6	2	Тах	ID No	1	0	0	2	1 0	5	7	9 0
	e taxab		07/01					]	th	rough	06/3	0/201	16					
Busin	ess Entit	y legal name				MD PROF	CORP DBA				_							
		y address					AS, NV 891											
		that the Gross Re	<b></b>						he eb		inacc	Entite				ć 4 00		
		e taxable year.	evenue	nom	engaging	in busine	SS III NEVac		ne abo	ove bus	mess	enuty	/ ala	not	exceea	\$4,00	0,000	
		IF THE BOX AB		สาว		DIINES		11-1-										
	inal retu		JEAN-AE										1					
			<u> </u>		mended		L		ernat	ve situs	ing m	etnoc	]		ES ES	timate	es useo	ı 
		Revenue from e		ןמ חו פ	Isiness in	Nevada								r				
<u>r0</u>	1	Sale of invento Service perform											1					
vad	3	Rents, royalties		2505									2					
Sitused to Nevada	4	Interest income			sales and	loans							3 4					
8	5	Damages receiv					siness inco	mo					4 5	<u> </u>				
sed	6	Insurance proc		-				me					6					
ite	7	Forgiven debt	ccus io	1 (033	or busine.	income	•						7					
S	8	Other revenue							*****				8					
	9	Total Gross Rev		L Line 1	through I	ine 8)						]	9					
	10	Less \$4,000,000			tin ought t								10			(4	.000.0	00.00)
	11	Adjusted Gross			ne 9 less L	ine 10)							11			······	,,.	
		IF LINE 11 IS ZE	and the second	10000000000000000000000000000000000000	Concerning and an experimental second second	in the second	D INPUT ZE	RO										
	Gener	al Business Dedu						an an taona an taona Taona an taona an taon										
	12	Returns and ret	funds to	o cust	omers								12	Γ				
	13	Bad debt											13					
ne	14	Distributions re	equired	by fid	luciary du	ty or law							14					
/en	15	Distributions u	nder ce	rtain v	written co	ntracts							15					
Ē	16	Reimbursemen	it of cer	tain e	xpenses a	nd advan	ices from cl	lients					16					
in H	17	Taxes collected	l from 3	<sup>rd</sup> par	ty and ren	nitted to	taxing auth	ority					17					
dei	18	Other deductio	ons										18					
To the extent included in revenue	Indust	ry Specific Dedu	ctions										d	L				
lt i	19	Employee leasi	ng dedu	uction									19					
ter	20	Gaming deduct	tion										20					
6	21	Health care pro	ovider d	leduct	ion								21					
Ē	22	Insurance dedu	iction										22					
₽	23	Liquor tax dedu	uction										23					
	24	Mining deducti											24					
	25	US Armed Force		-									25					
ļ	26	Total Deduction											26	-				
	27	Nevada Taxable		the second s		Line 26,	but not less	s than	\$0)				27	นแรกระดาววิ		****		noondecontenting
	28	Tax rate per NA	*****	le cat	egory								28	0	. [ 0	0	1 9	
	29	Commerce Tax	due										29					
liit	30 21	Plus penalty Plus interest											30					
liab	31		tablicha	d hu r	Jonartma	-+							31					
Tax liability	32 33	Plus liability est Less credit(s) a		•									32 33					
	34	Total amount d					line 22)						ł					
	35	Amount remitte		****		5 through	i Line 33)						34 35					
									., ,									
	nder pe nd comp	nalty of perjury, plete.	i certify	/ that	i have exa	mined th	us return ar	nd to t	the be	st of my	/ knov	viedg	e an	d bel	iet it is	true, i	orrect	
Busir	ness Enti	ity authorized rep	present	ative'	s signatur	e:					Phor	пе пи	mbe	r:				
Nam	e and tit	ile:					D MICHAEI	LS, PRI	ESIDE	лт	Date	:						
For Dep	partment	use only				nn yn y fanalolog o gyfarfyd yn y yrfernig												



### 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.



Government Center, 500 South Grand Central Parkway, Las Vegas, Nevada 89155-1401 (702) 455-4997 (APPRAISAL DIVISION)





1120SEF		EF Transmission Status		2017
		(Keep for your records)		
ame(s) as shown on return )ANKA K MICHAE	LS MD PROF COF	(P		EIN number 56-2371654
				******
he following will be transm	nitted to the IRS.	🔀 1120S 🗌 7004 🗌 A	Amended 🗌 Reserved	
he following state returns	will be transmitted:		******	****
			*****	
			entre and testants	vali kirini kiri a kara antara kara kara kara kara kara kara kara
				······
he following returns have	been suppressed or are no	t eligible and will NOT be transmitted	<b>I</b> .	
F Notes				

1120SEF.LD

C

()

	Entities That File Returns Electronically	2017
Name(s) as shown on return	CHAELS MD PROF CORP	Employer Identification Number
Entity address		
<u>3320 n buf</u>	FALO DR	
LAS VEGAS, Thank you for pa	NV 89129 Inticipating in IRS e-file.	
1. X 2017 <u>1</u> 1 The electronic fi	20S income tax return for <u>Federal</u> was filed ling services were provided by <u>ROBERT S SEMONIAN CPA</u>	electronically.
an electronic sig	income tax return was accepted onusing a Personusing a Person _	
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RE	

Form 1	120	s		U.S. Income Tax Return for an S Corporatio Do not file this form unless the corporation has filed or is	n		OMB No. 1545-0123
Departmer	u of the T	reasury		attaching Form 2553 to elect to be an S corporation.			2017
Internal Re			1	Go to www.irs.gov/Form 1120S for instructions and the latest inform	ation.		<u> </u>
		ar 2017 or tax	year begir		-		20
A S elect	tion effect	ive date		Name		D Employer	identification number
0.0	0 F	000		DANKA K MICHAELS MD PROF CORP			
B Busine	25-2		TYPE	Number, street, and room or suite no. If a P.O. box, see instructions			71654
	rss activit) r (see ins		OR		1	E Date incor	
621	1 1 1		PRINT	3320 N BUFFALO DR City or town, state or province, country, and ZIP or foreign postal code			- 2 0 0 3 s (see instructions)
	if Sch. M			,		i iolai assei	s (see instructions)
attache		) D		LAS VEGAS NV 89129		s	445,603
				corporation beginning with this tax year? 🚺 Yes 🔣 No If "Ye	es." attach	Form 255	3 if not already filed
					) 🗌 S eler	ction termi	nation or revocation
I Enter	the nu	mber of share	holders wh	were shareholders during any part of the tax year		Þ	1
Caution	: Inclu	de only trade	or busines	s income and expenses on lines 1a through 21. See the instructions for mo	re informa	tion.	
		Gross receip			7,903		
		Returns and			2,192		
e	c			b from line 1a • • • • • • • • • • • • • • • • • •		1c	2,005,711
Income	2	-		ch Form 1125-A)		2	412,722
lnc	3			e 2 from line 1c		3	1,592,989
	4 5			m 4797, line 17 (attach Form 4797)		4	
	6			dd lines 3 through 5		6	1,592,989
	7			s (see instructions - attach Form 1125-E)		7	195,000
	8			s employment credits)		8	625,499
suo	9		Ŷ,	20 · · · · · · · · · · · · · · · · · · ·		9	46,188
litati	10	Bad debts				10	
-lim	11					11	103,200
Deductions (see instructions for limitations)	12	Taxes and lic	enses	· · · · · · · · · · · · · · · · · · ·	Lic ·	12	104,079
	13	Interest				13	4,836
	14	Depreciation	not claime	d on Form 1125-A or elsewhere on return (attach Form 4562)		14	42,537
sui	15	Depletion (D	o not dedi	ict oil and gas depletion.) • • • • • • • • • • • • • • • • • • •		15	
see	16	Advertising		•••••••••••••••••••••••••••••••••••••••		16	85,418
) su	17	Pension, pro	fit-sharing,			17	
tio	18	Employee be				18	8,973
quo	19			n statement) · · · · · · · · · · · · · · · · · · ·		19	242,404
De	20			lines 7 through 19		20	1,458,134
	21			ome (loss). Subtract line 20 from line 6	• • • •	21	134,855
	22 a			me or LIFO recapture tax (see instructions) · · · 22a		_	
		Tax from Sch					
Tax and Payments	с 23 а			see instructions for additional taxes)		22c	
	zja b	Tax deposite		nents and 2016 overpayment credited to 2017 · 23a 7004 · · · · · · · · · · · · · · · · · ·		-	
ayn	c	•		d on fuels (attach Form 4136)		-	
d p	d	Add lines 23a				23d	
an	24		Ų	ee instructions). Check if Form 2220 is attached		24	
Tax	25			3d is smaller than the total of lines 22c and 24, enter amount owed		25	
	26	Overpaymer	nt. If line 23	d is larger than the total of lines 22c and 24, enter amount overpaid		26	
	27	Enter amoun	t from line	26 Credited to 2018 estimated tax  Refun	ded 🕨	27	
	Und	er penalties of per	jury, I declare	hat I have examined this return, including accompanying schedules and statements, and to	ſ	May the IRS	discuss this return
		est of my knowled formation of which		it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on any knowledge.	1		arer shown below
<u>.</u>					l	(see instructi	ons)? Yes 🗙 No
Sign		ANKA M	I CHAE		ESIDET		
Here	_ <u></u>	ignature of officer		Date Title			
Paid		Print/Type prepare		Preparer's signature Date	Chec		PTIN
Paid Prepai	F	OBERT S		NIAN CPA 06-28-20			P00391972
Use Of	L .		NOBE		Firm's EIN	▶ <u>95</u> .	-4514704
036 0	···y	Firm's address	▶PO BO Venti		Phone no.	101	151650 5014
For Pass		Reduction A		see separate instructions.		(0)	<u>)5)659-5344</u>
ισιταρι	CINUIK	Acquetion A	schouce,	ee separate filst detions.			Form <b>1120S</b> (2017)

For Paperwork Reduction Act Notice, see separate instructions. EEA

	1120S (2017) DANKA	A K MICHAELS MD	PROF CORP		56-2371654	1	<sup>5</sup> age 2
Sc	hedule B Other In	formation (see instruction	ons)			<b>.</b>	
1	Check accounting method:	a 🛛 Cash 🛛 b 🗌 Ad	corual			Yes	No
		c 🚺 Other (specify) 🕨 _		*****			
2	See the instructions and enter	er the:				[	
	a Business activity	HYSICIAN	b Product or se	ervice <u>MEDICAL</u>	CARE		
3	At any time during the tax ye	ar, was any shareholder of the c	orporation a disregarded	d entity, a trust, an estate, or	а		
	nominee or similar person? I	f "Yes," attach Schedule B-1, Inf	ormation on Certain Sha	areholders of an S Corporati	on •••••••		X
4	At the end of the tax year, did	d the corporation:				·	
а	Own directly 20% or more, o	r own, directly or indirectly, 50%	or more of the total stoc	k issued and outstanding of	any		
	foreign or domestic corporati	ion? For rules of constructive ow	mership, see instruction	s. If "Yes," complete (i) throu	gh (v)		
	below · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * *			X
	(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of	(iv) Percentage of Stock	(v) If Percentage in (iv) is 10 Pote (if applied Qualified Suit		
	(i) Name of Outporation	(if any)	Incorporation	Owned	Date (if any) a Qualified Sub Subsidiary Election Was		5
					obbaidiary clection was	maue	
b	Own directly an interest of 20	0% or more, or own, directly or ir	directly, an interest of 50	0% or more in the profit, loss	s, or		Τ
	capital in any foreign or dome	estic partnership (including an ei	ntity treated as a partner	ship) or in the beneficial inte	rest of a		
	trust? For rules of constructiv	ve ownership, see instructions. I	"Yes," complete (i) thro	ugh (v) below · · ·			X
						4	
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity	(iv) Country of	<ul> <li>(v) Maximum Percentage Ow</li> </ul>	med in F	Profit.
		(if any)		Organization	Loss, or Capital		
	***************************************						
5 a	At the end of the tax year, did	the corporation have any outsta	anding shares of restricte	ed stock?		1	X
	If "Yes," complete lines (i) an						
	(i) Total shares of restricte	• *					
	(ii) Total shares of non-rest						
b		the corporation have any outsta			\$7		X
	If "Yes," complete lines (i) an		inding atoon options, no	and its, or similar instantent	5	11/14	
		itstanding at the end of the tax y	ear • • • • • • • • •				
		itstanding if all instruments were		. >			
6		is it required to file. Form 8918					
•	information on any reportable	•		Sure Statement, to provide			v
7	, ,	tion issued publicly offered debt	instruments with original		 ⊾П		X
'		· ·	0		· · · · · · · · P [_]		
	Instruments.	nay have to file Form 8281, Info	mation Return for Publ	iciy Ollered Original Issue L	iscount		
8		C corporation before it alected t	a ha an C annovation a	, the companying and in the	_		
0		C corporation before it elected to			n		
		d by reference to the basis of the	,	, , , ,,			
		and (b) has net unrealized buil	-	* *			
		t unrealized built-in gain reduced		-in gain from prior years (see	9		
	,						
9		ngs and profits of the corporation	,	ar.	\$		
0	, ,	both of the following conditions					
		ots (see instructions) for the tax y			• • • • • • • • • • • • •	사람형	<u>1997)</u>
b		s at the end of the tax year were		• • • • • • • • • • •		L	X
		t required to complete Schedule					
1		orporation have any non-shareh		•			
	terms modified so as to reduc	ce the principal amount of the de	bt? • • • • • • •	• • • • • • • • • • • • • •	• • • • • • • • • • • • •		X
	If "Yes," enter the amount of	principal reduction \$			· · · · · · · · · · · · · · · · · · ·		
12	During the tax year, was a qu	alified subchapter S subsidiary e	election terminated or re-	voked? If "Yes," see instruct	ons		Х
13 a	Did the corporation make any	y payments in 2017 that would re	equire it to file Form(s) 1	099?	· · · · · · · · · · · · · · ·	Х	
b	If "Yes," did the corporation fi	le or will it file required Forms 10	99?			Х	
							2017)

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Form 1120S (2017)

-		S(2017) DANKA K MICHAELS MD PROF CORP	56-2	2371654 Page 3
Scl	nedu	Ie K Shareholders' Pro Rata Share Items		Total amount
	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)		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		
	4	Interest income	4	
(s	5	Dividends: a Ordinary dividends	5a	
Income (Loss)		b Qualified dividends		
e (I	6	Royalties	6	
шo	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	1
Inc	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)		
	с	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	
	11	Section 179 deduction (attach Form 4562)	11	
ŝuo	12a	Charitable contributions	12a	***
Deductions	b	Investment interest expense	12b	
edt	c	Section 59(e)(2) expenditures (1) Type (2) Amount (2) Amount (2)	12c(2)	······································
Δ	d	Other deductions (see instructions)	12d	
******	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	с	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
lits	d	Other rental real estate credits (see instructions)	13d	
Credits	е	Other rental credits (see instructions) Type	13e	
C	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions)	13g	
	14a	Name of country or U.S. possession	1.12	
	Ь	Gross income from all sources	14b	
	с	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level	a ag Ar	-
	d	Passive category	14d	
	e	General category	14e	
gn Transactions	f	Other (attach statement)	14f	
ctic		Deductions allocated and apportioned at shareholder level		[
Isa	g	Interest expense	14g	
Irai	h	Other • • • • • • • • • • • • • • • • • • •	14h	
Ë		Deductions allocated and apportioned at corporate level to foreign source income	2.55	
6	i	Passive category	14i	
For	j	General category	14j	
	ĸ	Other (attach statement)         · · · · · · · · · · · · · · · · · · ·	14k	
		Other information	- Augus	
	I	Total foreign taxes (check one):	141	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	(38)
ax ax	b	Adjusted gain or loss	15b	
tten T Itten	c	Depletion (other than oil and gas)	15c	
Alternative linimum Tax (AMT) Items	d	Oil, gas, and geothermal properties - gross income	15d	
Ania (Alia	е	Oil, gas, and geothermal properties - deductions	15e	L
	f	Other AMT items (attach statement)	15f	
ing ler	16a	Tax-exempt interest income	16a	
fect Told	Ь	Other tax-exempt income	16b	
s Af aret 3asi	c	Nondeductible expenses	16c	
Items Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d	225,912
=	e	Repayment of loans from shareholders	16e	
EEA				Form 1120S (2017)

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Form 1120S (2017)

Form	11208 (2017) DANKA K MICHAEI	S MD PROF C	ORP		56-2	371654 Page 4
Sc	hedule K Shareholders' Pro Rata Sh				T	Total amount
-	17 a Investment income			• • • • • • • • •	17a	
Other Information	b investment expenses				17b	
de la com	c Dividend distributions paid from accume	ulated earnings and prof	fits • • • • • • •		17c	
lu ju	d Other items and amounts (attach stater	nent)				
				******		
Recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far righ	nt		
Re	column. From the result, subtract the su	um of the amounts on lin	ies 11 through 12d and 14	41	18	134,855
Sc	hedule L   Balance Sheets per Books	Beginning	) of tax year	1	End of ta	
	Assets	(a)	(b)	(c)		(d)
1	Cash • • • • • • • • • • • • • • • • • • •		83,841			41,418
2a	Trade notes and accounts receivable			1		
b	Less allowance for bad debts	( )	1	(	)	
3	Inventories					***************************************
4	U.S. government obligations			1		
5	Tax-exempt securities (see instructions)					
6	Other current assets (attach statement)	Statement #19	81,514	- Statement #1	9	60,309
7	Loans to shareholders					
8	Mortgage and real estate loans				F	*****
9	Other investments (attach statement)	이 사람은 것이 같다.			-	
10 a	Buildings and other depreciable assets	955,274		955,2	74	
b	Less accumulated depreciation	(568, 861)	386,413	( 611, 3		343,876
11 a	Depletable assets			1		
b	Less accumulated depletion	( )	1	(	)	
12	Land (net of any amortization)	211년 21일 11년 21년		and the second re-	2000	
13a	Intangible assets (amortizable only)			1	-	a sestere a prise a com
b	Less accumulated amortization	( )	]	(	)	
14	Other assets (attach statement)					
15	Total assets		551,768		F	445,603
	Liabilities and Shareholders' Equity		n da du novembro de la 2000. Altra			
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 #2	2	962
19	Loans from shareholders				Γ	
20	Mortgages, notes, bonds payable in 1 year or more		110,928			71,366
21	Other liabilities (attach statement)				Γ	
22	Capital stock		17,000		Γ	17,000
23	Additional paid-in capital		200,000		Γ	200,000
24	Retained earnings		187,179		Ē	96,122
25	Adjustments to shareholders' equity (attach statement)					
26	Less cost of treasury stock •••••••		()		[	)
27	Total liabilities and shareholders' equity		551,768			445,603

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Form 1120S (2017)

-	m 11208 (2017) DANKA K MICHAEL					2371654	Page 5
S	chedule M-1 Reconciliation of Incor			. ,.	eturn		
	Note: The corporation may be r						
1	Net income (loss) per books	134,855	7	ecorded on books this year not incl	1		
2	Income included on Schedule K, lines 1, 2, 3c, 4,			lule K. lines 1 through 10 (itemize):			
	5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exe	mpt interest \$			
3	Expenses recorded on books this year not				P		
5	included on Schedule K, lines 1 through 12 and			ons included on Schedule K,			
	14I (itemize):		1	nrough 12 and 14I, not charged	1		
а	Depreciation \$		a Deprecia	book income this year (itemize)	:		
h	Travel and entertainment S		a Depieck	1001 5			
~							
	······		7 Add line	s 5 and 6 • • • • • • • • •	-		
4	Add lines 1 through 3 · · · · · · · · · · ·	134.855		oss) (Schedule K, line 18). Line 4 li	L	134	,855
S	chedule M-2 Analysis of Accumulated	Adjustments Acc	ount, Othe	er Adjustments Account,	and Shar		<u> </u>
	Undistributed Taxable Inc						
		(a) Accumula adjustments ad		(b) Other adjustments account		reholders' undis income previous	
1	Balance at beginning of tax year	18	7,179		1		
2	Ordinary income from page 1, line 21		4,855				
3	Other additions						
4	Loss from page 1, line 21	(	)		1		
5	Other reductions	(	)	(			
6	Combine lines 1 through 5	32	2,034		]		
7	Distributions other than dividend distributions	22	5,912				
8	Balance at end of tax year. Subtract line 7 from line 6	9	6,122				

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Form 1120S (2017)

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Depart	October 2016) Iment of the Treasury	Cost of Goods Sold Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.		OMB No. 1545-0123
Interna Name	al Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form	n1125a	a. Employer identification number
	ІКА К МІСНАЕ	LS MD PROF CORP		56-2371654
1	Inventory at beginning of			00 2071004
2	Purchases	· · · · · · · · · · · · · · · · · · ·	2	300,351
3	Cost of labor		3	0007001
4	Additional section 263A	costs (attach schedule)	4	[
5	Other costs (attach sch	edule)Statement.#5.	5	112,371
6	Total. Add lines 1 thro	ugh 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	(i) 🔀 Cost (ii) 🔲 Lower of cost or	f for valuing closing inventory: market nethod used and attach explanation.)		
b	Check if there was a wr	itedown of subnormal goods		
с	Check if the LIFO inven	tory method was adopted this tax year for any goods (if checked, attach Form 970)	• • •	
d		ethod was used for this tax year, enter amount of closing inventory computed	9d	Le 11.
е	If property is produced	or acquired for resale, do the rules of section 263A apply to the entity? See instructions	•	••••• 🗌 Yes 🛛 N
f		n determining quantities, cost, or valuations between opening and closing inventory? If "Y		Yes 🕅 N

C

Schedule K-1		Final K-1	Π	Amended K-1	ե711 ОМВ №. 1545-
Form 1120S) 2017	Pa	rt III			Current Year Income,
epartment of the Treasury For calendar year 2017, or tax year	1	Ordinary t	Deductions, pusiness income (los		d Other Items
ternal Revenue Service			134,85		0.000
beginning 2017 ending	2	Net rental	real estate income i		
Shareholder's Share of Income, Deductions, Credits, etc.	L				
	3	Other net	rental income (loss)		
Part I Information About the Corporation	4	Interest in	come		
A Corporation's employer identification number	1				
56-2371654	5a	Ordinary d	livídends		
B Corporation's name, address, city, state, and ZIP code DANKA K MICHAELS MD PROF CORP		Qualified o	lividends	14	Foreign transactions
Sinder R Highniggs HD FROM CONF					, a agricial addition.
3320 N BUFFALO DR	6	Royalties			
3320 N BUFFALO DR	7	Net short-l	lerm capital gain (lo:	55)	
LAS VEGAS NV 89129					
C IRS Center where corporation filed return	8a	Net long-te	erm capital gain (los	s)	
Part II Information About the Shareholder	86	Collectible	s (28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecaptu	red section 1250 ga	in	
E Shareholder's name, address, city, state, and ZIP code DANKA MICHAELS MD	9	Net section	n 1231 gain (loss)		
DANKA MICHABES MD	10	Other inco	me (loss)	15	Alternative minimum tax (AMT) ite
3320 N BUFFALO DR LAS VEGAS NV 89129				A	(38
F Shareholder's percentage of stock ownership for tax year					
	11	Section 17	9 deduction	16	Items affecting shareholder basis
				D	225,912
	12	Other dedu	uctions		-,
~					
Or IKS Use Only					
				17	Other information
				17	Oner mormation
U saann ar ar far karar ar ar an ar					
		* 500	attached states	nent for addi	tional information.
	L				asharmannadon.

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Form <b>1125-</b>	E	Compensation of Officers		
(Rev. October 2016) Department of the Treas Internal Revenue Servic		<ul> <li>Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.</li> <li>Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e</li> </ul>	<u>).</u>	OMB No. 1545-0123
Name			Emplo	over identification number
DANKA K	MI	CHAELS MD PROF CORP	56	-2371654

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to	Percent of s	tock owned	(f) Amount of
(a) Name or oncer	(see instructions)	business	(d) Common	(e) Preferred	compensation
4					
1 DANKA MICHAELS MD		80 %	100 %	0 %	195,000
		%	%	%	
		· · · ·			·····
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		///	70	78	
		%	%	%	
		%	%	%	
		%	%	%	
		[			
		%	%	%	
		0(	0/	04	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		24			
		%	%	%	
		%	%	%	
				%	*****
		%	%		
		%	%	%	
		/0	70	70	
2 Total compensation of officers		<i></i>		2	195,000
3 Compensation of officers claimed on Form 1125-A or	elsewhere on return	• • • • • • •		3	
4 Subtract line 3 from line 2. Enter the result here and o	n Form 1120, page 1. line	e 12 or the			
	••••••			4	195,000
For Paperwork Reduction Act Notice, see separate instruc	ctions.			Form 11:	25-E (Rev. 10-2016)

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Form	4562			eciation a	on on	Listed Pr				OMB No. 1545-0172
÷ .	iment of the Treasury al Revenue Service (99)	► Go to	www.irs.ar	Attach to ov/Form4562 for	•		e latest inform	nation		Attachment Sequence No. 179
	s) shown on return						this form relates			Identifying number
DAI	IKA K MICHA					M 1120	S			56-2371654
Pa		To Expense Ce								
		ou have any listed		***************************************					T	1
1 2	Maximum amount (s								1	
2	Total cost of section Threshold cost of se							• • •	2	
4	Reduction in limitation					· ·				
5	Dollar limitation for ta								<u> </u>	
•	separately, see instru	-					5		5	
6		a) Description of property				usiness use on		cted cost		
					<u> </u>					
					*****					
7	Listed property. Ente	r the amount from lin	ie 29 🛛 🗸	· · · · · · · · ·		7	,			
8	Total elected cost of	section 179 property	. Add amour	nts in column (c).	lines 6 a	ind 7 ••		• • •	8	
9	Tentative deduction.	Enter the smaller o	f line 5 or lir	ne8 • • • • •					9	
10	Carryover of disallov								10	
11	Business income lim	itation. Enter the small	aller of busir	ness income (not	less that	n zero) or lin	e 5 (see instruc	tions)	11	
12	Section 179 expense					· · · · · ·	<u> </u>	• • •	12	
13	Carryover of disallow					▶ 1	3			
	: Don't use Part II or <b>t II   Special I</b>					intion (5		l'a la l		y.) (See instructions.)
14				Constant and the second se				listed p	ropent	y.) (See instructions.)
14	Special depreciation during the tax year (s			(other than listed						
15	Property subject to s	,							14 15	
16	Other depreciation (i								16	42,162
·····		Depreciation								42,102
L			·		ction A					
17	MACRS deductions	for assets placed in s	ervice in ta:	x years beginning	a before 2	2017 ••			17	375
18	If you are electing to	group any assets pla	ced in servi	ice during the tax	year into	one or mor	e general			
	asset accounts, cheo			• <i>•</i> • • • • • • •						
	Section	B - Assets Place	d in Servi	ce During 20	17 Tax `	lear Using	g the Genera	l Depre	ciatio	on System
	(a) Classification of pro		onth and year blaced in service	(c) Basis for depr (business/investm only-see instruc	ent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property									
b	5-year property						ļ			
	7-year property									
d	10-year property									
e	15-year property									
fg	20-year property 25-year property					25		S/		
	Residential rental	·····				25 yrs. 27.5 yrs.	MM	S/		
	property					27.5 yrs. 27.5 yrs.	MM	3/ S/		
i	Nonresidential real					39 yrs.	MM	S/		
	property						MM	S/		
		- Assets Placed i	n Service	During 2017	Tax Yea	r Using th	1			on System
20a	Class life						T	S/		
b	12-year	영향				12 yrs.		S/		
c	40-year					40 yrs.	MM	S/	L	
Pai	t IV Summa	ry (See instructio	ns.)							
21	Listed property. Ente	er amount from line 2	8 • • •		• • • •				21	
22	Total. Add amounts		•							
	here and on the appr			-			ructions ·		22	42,537
23	For assets shown ab		-	-						
	portion of the basis a					••• 2	3		Listori	
For P	aperwork Reduction	Act Notice, see se	parate instr	uctions.						Form <b>4562</b> (2017)

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	Return completed Form 8879-S to ERO. (Don't send to IRS.)		0.04
	▶ Go to www.irs.gov/Form8879S for the latest information.		201
Department of the Treasury Internal Revenue Service	For calendar year 2017, or tax year beginning . 2017, and ending . 20		
Name of corporation	Employer identit	ication nu	mber
DANKA K MICHAELS		54	
han a second sec	turn Information (Whole dollars only)		
	sales less returns and allowances (Form 1120S, line 1c)	1	2,005,
	1120S, line 3) • • • • • • • • • • • • • • • • • •	2	1,592,
-	s income (loss) (Form 1120S, line 21)	3	134,
	ate income (loss) (Form 1120S, Schedule K, line 2)	4	101
	onciliation (Form 1120S, Schedule K, line 18) ation and Signature Authorization of Officer (Be sure to get a copy of th	5	134,
		r	
	ment. I have selected a personal identification number (PIN) as my signature for the corporation's e applicable, the corporation's consent to electronic funds withdrawal.	electronic	2
on the corpor	Image: Note of the second state of	-	ignature
<ul> <li>☑ I authorize on the corpora</li> <li>☑ As an officer of return.</li> </ul>	to enter my PIN <u>12345</u> ERO firm name Don't enter all zeros ation's 2017 electronically filed income tax return. of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i	ncome ta	ах
<ul> <li>☑ I authorize on the corpora</li> <li>☑ As an officer of return.</li> </ul>	Image: Note of the second state of	ncome ta	ах
<ul> <li>☑ I authorize on the corpore</li> <li>☑ As an officer of return.</li> <li>Officer's signature ►</li> </ul>	to enter my PIN <u>12345</u> ERO firm name Don't enter all zeros ation's 2017 electronically filed income tax return. of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i	ncome ta	ах
☑       I authorize       I authorize         On the corpor         ☐       As an officer of return.         Officer's signature       ►         Part III       Certifi	to enter my PIN <u>12345</u> ERO firm name Don't enter all zeros ation's 2017 electronically filed income tax return. of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i Date ► <u>02-25-2018</u> Title ► Cation and Authentication	ncome ta	ах
☑       I authorize       I authorize         On the corpor         ☐       As an officer of return.         Officer's signature       ►         Part III       Certifi	to enter my PIN <u>12345</u> ERO firm name Don't enter all zeros ation's 2017 electronically filed income tax return. of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i Date ► <u>02-25-2018</u> Title ►	PRESIT	ах DE T5
☑ I authorize       I authorize         ○ on the corporation         △ As an officer of return.         Officer's signature         ○         Part III       Certifi         ERO's EFIN/PIN. Enter         I certify that the above me corporation indicated ab	ne box only       to enter my PIN 12345         ERO firm name       Don't enter all zeros         ation's 2017 electronically filed income tax return.       Don't enter all zeros         of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i	PRESIT 9876: Don't en RS e-file	ax DE T 5 nter all zeros
☑       I authorize       E         on the corporation       As an officer of return.         Officer's signature       ► <b>Part III Certifi</b> ERO's EFIN/PIN. Enter         I certify that the above metorporation indicated ab         Application and Participation	to enter my PIN <u>12345</u> ERO firm name Don't enter all zeros ation's 2017 electronically filed income tax return. of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed i Date ► <u>02-25-2018</u> Title ► Cation and Authentication your six-digit EFIN followed by your five-digit self-selected PIN. <u>950834</u> umeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for t ove. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, I	PRESIT 98765 Don't en he RS <i>e-file</i> Business	ax DET 5 nter all zeros

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Danka Michaels002305

AA03020

Federal Supporting Statements	2017	PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN	56-237165
DANKA K MICHAEBS MD EKOF COKF	I	30-231103
FORM 1120S - LINE 19 - OTHER DEDUCTI	IONS s	tatement #2
DESCRIPTION		AMOUN
AUTOMOBILE AND TRUCK EXPENSE		8,72
COMPUTER		5,03
EQUIPMENT RENTAL/LEASE LIABILITY INSURANCE		47,70 43,70
JANITORIAL		5,15
LEGAL AND PROFESSIONAL		1,32
OFFICE EXPENSE		34,02
OUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE		20,80 3,80
POSTAGE/SHIPPING		2,47
SECURITY		36
UTILITIES		10,38
BILLING SERVICES COMMUNICATIONS		12,22 23,96
CREDIT AND MERCHANT FEES		23,98
	NORTH MARKET MARKET AND	Commercial controls, restance, and an instance statistic structure of the instance of the structure of th
TOTAL	Antonia Menter Manager Social	242,40
SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS	<u> </u>	PG01 tatement #19
	-	tatement #19
	-	tatement #19
	-	tatement #19
DESCRIPTION BEC ADVANCES SPA SUPPLIES	<b>G OF YEAR</b> 4,627 76,887	END OF Y
DESCRIPTION BEC ADVANCES SPA SUPPLIES	-	tatement #19
DESCRIPTION BEC ADVANCES SPA SUPPLIES	<b>G OF YEAR</b> 4,627 76,887	END OF Y
DESCRIPTION ADVANCES SPA SUPPLIES	<b>G OF YEAR</b> 4,627 76,887	END OF Y
DESCRIPTION BEC ADVANCES SPA SUPPLIES	<b>G OF YEAR</b> 4,627 76,887	END OF Y
DESCRIPTION ADVANCES SPA SUPPLIES	<b>G OF YEAR</b> 4,627 76,887	END OF Y
DESCRIPTION BEC ADVANCES SPA SUPPLIES TOTAL	<b>G OF YEAR</b> 4,627 76,887 <b>81,514</b>	END OF Y
DESCRIPTION ADVANCES SPA SUPPLIES	G OF YEAR 4,627 76,887 81,514	tatement #19 <u>END OF Y</u> 3, 56, 60,
DESCRIPTION BEC ADVANCES SPA SUPPLIES TOTAL SCHEDULE L - LINE 18 - OTHER CURRENT LIABILI DESCRIPTION BEC	G OF YEAR 4,627 76,887 81,514	END OF Y: 3, 56, 60, PG01
DESCRIPTION ADVANCES SPA SUPPLIES TOTAL SCHEDULE L - LINE 18 - OTHER CURRENT LIABILI DESCRIPTION PAYROLL TAXES PAY	<u>G OF YEAR</u> 4,627 76,887 81,514 81,514 STIES s <u>G OF YEAR</u> 549	END OF Y: 3, 56, 60, PG01 tatement #22
DESCRIPTION BEC ADVANCES SPA SUPPLIES TOTAL SCHEDULE L - LINE 18 - OTHER CURRENT LIABILI DESCRIPTION BEC PAYROLL TAXES PAY	<u>G OF YEAR</u> 4,627 76,887 81,514 81,514 S OF YEAR	END OF Y: 3, 56, 60, PG01 tatement #22 END OF Y:
DESCRIPTION BEC ADVANCES SPA SUPPLIES TOTAL SCHEDULE L - LINE 18 - OTHER CURRENT LIABILI	<u>G OF YEAR</u> 4,627 76,887 81,514 81,514 STIES s <u>G OF YEAR</u> 549	END OF Y: 3, 56, 60, PG01 tatement #22 END OF Y:

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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
DESCRIPTION LAB FEES	AMOUN:
MEDICAL SUPPLIES NERVE CONDUCTION COSTS	48,464
ULTRA SOUND SERVICES	53,358
TOTAL	112,371

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## Nevada Department of Taxation Nevada Commerce Tax Return

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Form TXR-030.01
Revised 08/09/2016

	Г		7	<u> </u>			
Tax ID	No		Or NVBID	Ν	V		
Busine	ss Entity	NAICS code category Choose:	062		For the taxable	e vear 07/01/	2017 through 06/30/2018
Busine	ss Entity	legal name DANKA K MICHAELS MI	D PROF CORP				
Busine	ss Entity	address 3320 N BUFFALO DR I	LAS VEGAS N	V 89	129		
	toclara t	hat the Croce Revenue from expression in husiness	is Nousda of th		- Duniana Estitu		4 000 000
		hat the Gross Revenue from engaging in business taxable year.	in Nevada of m	e abov	e Business Entity	did not exceed \$4	4,000,000
	und me	IF THE BOX ABOVE IS CHECKED, SKIP LINE		25		iya a	
L				<u> </u>			
	Final retu	Irn Amended return		$\Box$	Alternative situsi	ng method	Estimates used
	Gross	s Revenue from engaging in business in Nevad	ia				
	1	Sale of inventory				1	T
Sitused to Nevada	2	Service performance				2	
eva	3	Rents, royalties and leases				3	
	4	Interest income from credit sales and loans				4	
ų t	5	Damages received from litigation for loss of bus	iness income			5	
lse	6	Insurance proceeds for loss of business income				6	
Sit	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 ZE	RO			
	Gene	ral Business Deductions					
	12	Returns and refunds to customers				12	
	13	Bad debt				13	
e ع	14	Distributions required by fiduciary duty or law				14	
nua	15	Distributions under certain written contracts				15	
eve	16	Reimbursement of certain expenses and advan	ces from clients			16	
Ē	17	Taxes collected from 3rd party and remitted to ta				10	
ed	18	Other deductions	axing additionty			17	
To the extent included in revenue							
ing		try Specific Deductions					· · · · · · · · · · · · · · · · · · ·
ent	19	Employee leasing deduction				19	
ext	20	Gaming deduction				20	
he	21	Health care provider deduction				21	
ot	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 that	n \$0)		27	
,	28	Tax rate per NAICS code category				28	0.00190
	29	Commerce Tax due				29	
lity	30	Plus penalty				30	
Tax liability	31	Plus interest				31	
×	32	Plus liability established by Department				32	
Ta	33	Less credit(s) approved by Department				33	
	34	Total amount due and payable (Line 29 through	Line 33)			34	
L	35	Amount remitted with the return	-			35	
<u> </u>	Inder pe	nalty of perjury, I certify that I have examined this r	eturn and to the	hest of	my knowledge a	nd belief it is true	correct
	ind comp		eturn and to the	Jest U	my knowledge a	nu bellet it is true,	conect
[						Τ	
Busin	iess Enti	ty authorized representative's signature:				Phone number	r:
Name	e and titl	e danka michaels	PRESIDI	11		Date:	02/25/2018
For De	partment	use only					]
L					C		J Danka Michaele000000
							Danka Michaels002308

<u> </u>	Nevada Filing Instructions	2017
Name(s) as shown on return DANKA K MICHAELS I	MD PROF CORP	SSN of 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:		

	Notes about the return	<b>2017</b> PAGE 1
Name(s) DANKA K MICHA	AELS MD PROF CORP	Your social security number 56-2371654
during th businesse taxable y return, n Taxable y The taxah business input the "For the be checke When to f The Comme 15, 2017.	ble year is July 1, 2016 through June 30, 2 entity ceases to exist before the end of t a date the entity ceased to exist in the se taxable year through". The box "Final ret ed. file erce Tax return can be filed between July 1	osed on 000,000 in the Commerce Tax 017. If the he taxable year, cond box of line arn" should also
Where to Return ca	an be filed electronically or on a hard cop	7.
To file e	electronically, go to: https://www.nevadata	.nv.gov/
FAQ Page:	: https://tax.nv.gov/Commerce/ComTaxFAQs/	
	<pre>cax.nv.gov/uploadedFiles/taxnvgov/Content</pre>	ommerce/Commerce

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed n Including with a paper filed return is optional.	returns. 2017
S CORPORATION NAME		EIN
DANKA K MICHAELS	MD PROF CORP	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 6,7
<ul><li>6 Intangible property taxes</li><li>7 Payroll taxes</li></ul>		6
<ul><li>7 Payroll taxes</li><li>8 Less: credit from Form 88</li></ul>	16	7 89,5
9 Foreign taxes paid	+0	8
10 Occupancy taxes		10
11 Other miscellaneous taxes		11 7,7
12 Built in gains tax allocated		12
13 Licenses	······	13
14 Total to Form 1120S, Page	e 1, Line 12	14 104,0

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arre(s) as shown on return	(Keep for your records)	2017 Tax ID Number
	LS MD PROF CORP	56-2371654
	Analysis of Current-Year Retained Earnings	
	mings per balance sheet (Schedule L, column b, lines 24 and 25)	
	chedule M-1, line 1, or Schedule M-3, page 1, line 11)	
	es 1 through 3)	
	ngs per balance sheet (Schedule L, column d, lines 24 and 25)	5 <u>96,122</u>
6 Difference (line 4 mir	nus line 5) (should be zero)	6
Current	Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
	ngs (Schedule L, column d, line 24)	
	Inge (line 1 minus line 2)	***************************************
5 Retained earnings tha		3 (91,057
	•••••••••••••••••••••••••••••••••••••••	
	ΑΑ	
6 Difference (line 4 minu	is line 5) • • • • • • • • • • • • • • • • • •	6 (91,057
Current-Year Timing	Adjustments per Schedule M-1	
	income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)	
	d on books not included on Schedule K	
	dule K not included on books	
<ol> <li>9 Other Schedule K item</li> <li>10 Total subtractions (line</li> </ol>	ns not included on books	
	e per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)	
	chedule K not recorded on books	
	not included on Schedule K	
	not included on Schedule K	
	nents not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	15
5,		
-	Adjustments Per Schedule M-3	
	ry book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear	
	as opposite of the actual entries. For example, an entry of -100 would appear as 100.	
	· · · · · · · · · · · · · · · · · · ·	
		-
18 Timing adjustments no	t 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
	d earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	
	timing adjustments (add lines 6, 15, 19, and 20)	
22 M-2 amount after M-3	timing adjustments (add lines 6, 18, 19, and 20)	22

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	Listing of Shareholder Distribution	s 2017
Name(s) as shown on return		Employer Identification Number
DANKA K MICHAELS	MD PROF CORP	56-2371654
Date		Amour
12-31-2017		225,91
TOTAL		225,91

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	Summary of Sto	ock Ow	nership		2017	,
ORPORATION NAME	CORP		99-44-00		EIN 56-23716	55 <i>Л</i>
Shareholder Information	00112		Share	s	[	iership
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
PANKA MICHAELS MD			1,000	1,000	100.00000	100.0000
FOTAL			1,000	1,000		
			THE THE BOOK STOLE IS A REAL STOLE	takin filinin kanali dariya dayan ayan garan.		

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Form 1'	1205		arison Worksheet		2017
00000	RATION NAME	(Keep fo	or your records)		
		MD DDOF CODD			EIN
	Description	5 MD PROF CORP	Schedule K	K-1 Totals	56-2371654 Difference
	Description			K-1 Iotais	Difference
1	Ordinary business	income (loss)	134,855	134,8	855
		ciation adjustment	(38)		(38)
		zions	225,912	225,9	
				And the same same same same same same same sam	

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International (1)         Constrained (1)         Constrai	Is the fraction fracting fracting fraction fraction fracting fracting fracting fracting f	of during current year.					Deprec	Depreciation Detail Listing FORM 11205 For vour records only	ul Listing <sup>nlv</sup>					2017 PAGE 1	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \  \  \  \  \  \  \  \  \  \  \  \  \ $		ROF CORP									Social sec 56	surity number/EIN		
Different mentiones         05:3001         9.18         100.00         1.300         9.18         9.130 </th <th>MULTUL MUNICUR     (6,2300)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (6,2300)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (6,2300)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (702,100)     (1,0)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (702,100)     (1,2)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)       MULTUR     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)       MULUUR     (712,100)     (712,100)</th> <th></th> <th>Date</th> <th></th> <th>Basis Adiustment</th> <th>Business percentage</th> <th>Section 179</th> <th>Bonus depreciation</th> <th> </th> <th> </th> <th>Rate</th> <th>Prior</th> <th>Current Decreciation</th> <th>Accumulated</th> <th>AMT</th>	MULTUL MUNICUR     (6,2300)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (6,2300)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (6,2300)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (702,100)     (1,0)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUL MULTUR     (702,100)     (1,2)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)       MULTUR     (712,100)     (1,2)     (1,0)     (1,1)     (1,0)     (1,1)     (1,0)     (1,1)     (1,1)       MULTUR     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)     (712,100)       MULUUR     (712,100)     (712,100)		Date		Basis Adiustment	Business percentage	Section 179	Bonus depreciation			Rate	Prior	Current Decreciation	Accumulated	AMT
Constraint         Constraint <thconstraint< th="">         Constraint         Constrai</thconstraint<>	Concision         1,304         100         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,304         1,306         <	Т	06252003		visuando los s	100.00	2	neprentint	151		0	9,151	ahteorgan	9,151	Cureis
Control         17.756         100.00         17.756         100.00         17.756         100.06         104.065         104.055         104.	DE CULT         (702.00)         (1.5.04)         (100.01)         (1.5.04)         (1.6.05)		06252003	1,304		100.00				_ <del>,</del>	0	1,304		1,304	
Restort         070.2006         154.054         100.00         140.054         140.054         140.054         140.054         140.054         140.054         140.054         140.054         150.056         5.906	BED (217)         CO12,006         154, 054         100.00         144, 104         144, 64         146, 654         166, 654         166, 654         166, 654         166, 654         166, 654         166, 654         166, 654         166, 654         166, 654         166, 654         155, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         156, 550         <		07012005	17,576		100.00 PY	17,576			<del></del>	0	17,576		17,576	
RED         COLONO         DOINT         DOINT <thd< td=""><td>EXERCISE       0703.2001       5,0.061       100.000       11       5,0.061</td><td></td><td>07012006</td><td>164,054</td><td></td><td>100.00 PY</td><td></td><td></td><td></td><td></td><td>0</td><td>164,054</td><td></td><td>164,054</td><td></td></thd<>	EXERCISE       0703.2001       5,0.061       100.000       11       5,0.061		07012006	164,054		100.00 PY					0	164,054		164,054	
RED         DOLT         DOT2000         15 590         100.00         Pr         2, 990         5, 990         5, 990         5, 990         5, 990         5, 990         5, 990         5, 990         5, 990         5, 990         5, 590         564         500         564         500         564         566         564         566         564         566	RED         CO172008         15.590         100.00         Pr         7.795         5.590         5.900 <th< td=""><td></td><td>07012007</td><td>59,066</td><td></td><td>100.00</td><td></td><td></td><td></td><td></td><td>0</td><td>59,066</td><td></td><td>59,066</td><td></td></th<>		07012007	59,066		100.00					0	59,066		59,066	
RK BULTY BULTY BULTY BULTY BULTY SUFFAME         1001008 (13,200 (13,13)         12,550 (10,00) (14,13)         10,550 (14,13) (14,13)         15,550 (14,13) (14,13)         15,550 (14,13)         15,550 (15,13)         15,550 (15,1	Res         Discription         Bit         7,775         15,500         Cold         15,500	~	07012008	5,990		100.00			5,990 7		0	5,990		5,990	
Res Nourre       0732009       1.57       100.00       V       4.770       0       1.68       3.70       1.68       3.1	Res Routure Sorressing     7703.000     1.66     100.00     46.770     100.00     46.770     100.00     10.60       Sorressing     1.66     1.000     1.67     1.000.00     1.67     1.600     1.67     1.600       Sorressing     1.66     1.000.00     1.67     1.000.00     1.47     0     5.66     1.66       Sorressing     2.1437     1000.00     1.47     1.47     0     5.46     100.00       RUL     2017012     2.58     1000.00     1.437     1.437     1.69     3.160       RUL     7012013     1.437     1000.00     1.437     1.437     1.437     1.437       RUL     7012013     2.4.671     100.00     1.437     2.208     2.00.00     9.311     1.147       RUL     7012013     2.4.671     100.00     1.436     9.23     1.147     1.147       RUL     7012013     2.4.671     100.000     1.437     2.208     7.006     9.311     1.16.70       RUL     7012013     2.4.671     100.00     1.431     100.00     1.431     100.00     1.431       RUL     7012013     2.4.671     100.00     1.431     100.00     1.431     10.000     1.431     10.010 <td></td> <td>08012008</td> <td>15,550</td> <td></td> <td>100.00</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>15,550</td> <td></td> <td>15,550</td> <td></td>		08012008	15,550		100.00					0	15,550		15,550	
Procreations         100:00         1,066         1,066         1,166         1,166         1,166         1,166         1,166         1,166         1,166         1,166         1,166         1,166         1,137           Constructs         2012.010         5,64         100:00         PY         5,460         0         5,460         5,534         5,460         5,534         5,460         5,534         5,460         5,534         5,460         5,534         5,546         5,534         5,546         5,534         5,546	Contracts         100000         100000		07012009	48,720							0	48,720		48,720	
Meanchi, BOUTP         12282010         54,660         100,00         F54,660         0         5,666         54,660         54,660         55,851         100,00         FY         1,437         200 750         53,932         20,311         116,792         39,933         39,750         39,933         39,750         39,933         39,750         56,671         116,793         39,750         39,750         50,7	Constructs         12/23/10         54,660         100.00         FY         54,660         55,545         55,54	<u></u>	07012009	1,868							0	1,868		1,868	
COMBATE RDUTP CONTEXT RDUTP (COLT         COMPATE RDUTP (COLT         COUT         COUT         COUT         COUT         COUT         COUT         COUT         COUT         COUT <t< td=""><td>Concreates EQUITS         02172010         5,543         100.00         Y         1,437         5,564</td><td></td><td>12282010</td><td>54,660</td><td></td><td></td><td>54,660</td><td></td><td></td><td></td><td>0</td><td>54,660</td><td></td><td>54,660</td><td></td></t<>	Concreates EQUITS         02172010         5,543         100.00         Y         1,437         5,564		12282010	54,660			54,660				0	54,660		54,660	
DEGUE         07120122         1.437         100.00         Y.417         10.37         10.37         1.437	EQUIT         Total         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,437         100,00         1,417         100,00         1,437         100,00         1,417         100,00         1,417         100,00		02172010	5,854		100.00I	5,854				0	5,854		5,854	
Contruct Burnharr         01010131         100.00         N         2.06         N0         9.3         136         13         131           EXECLE BULTHARRY         0713013         4.17         100.00         NY         2.206         NO         9.3         3.693         263         3.904           EXERSENT         1001013         4.17         100.00         NY         2.206         10.01         23.4511         31.         3.90         266         73.90         3.90	Exercise Duringener         07101013         5.05         100.00         N         2.00         NO         5.303         3.033         3.0		07012012	1,437			1,437					1,437		1,437	
EXERCICL INTERNET       07012013       4,417       100.00       PY       2,208       7       20.0       9.3       3,699       205       3,001         EXERCICL INTERNET       10012013       4,417       100<00	Memotorus         100:00         FV         2.208         7.208         7.208         7.208         7.00         205         3.000           Sam Equinamerr         100:1001         1.467         100:00         1.407         20:50         3.001         205         3.001           Sam Equinamerr         100:1001         1.400         100:00         FV         49.125         7         20         30.130         31.11         116.703           Sam Equinamerr         100:1013         1.400         100:00         FV         49.126         7         20.503         31.9         1.107           Sam Equinamerr         1012:013         11.000         FV         49.126         7         20.503         7         1.018         6.671           Sam Equinamerr         1012:013         1100:00         FV         49.126         5         5.663         7         0.183         37.563           Sam Equinamerr         1012:013         1100:00         FV         49.126         5         5         5         5         5         5         37.583         37.583         37.583         37.583         37.583         37.583         37.593         37.593         37.593         37.594         7	~~~~	07012013	205		100.001				DB		138	19	157	25
Exacencial Intercontensiviological 41,671     100.00     100.00     24,671     100.00     101.00     101.00       ENABLIALINETR     100.001     PY     49,126     1.500     100.00     PY     49,126     1.607     20.500     101.00       ENTCALIASER     07012015     41,000     PY     49,126     1.500     20,500     20,500     20,500     20,500     5,631     1.000       ENTCALIASER     07012015     41,000     PY     49,126     1.51.61     56,033     37,506       ENTCALIASER     07012015     41,000     PY     20,500     20,500     20,500     30,750     6,633     37,508       ENTCALIASER     07012015     41,000     PY     20,500     20,500     20,500     30,750     6,633     37,508       ENTCALIASER     07012015     41,000     PY     20,500     20,500     20,500     37,508     6,633     37,508       ENTCALIASER     07010     PY     20,500     20,500     20,500     20,500     37,508     6,633     37,508       ENTCALIASER     0700     070,00     20,500     20,500     20,500     20,500     5,698     37,508     5,933     37,568       ENTCALIASER     055,274     055,378     055,	Exacencio:     100:00     100:00     100:00     100:00     100:01     100:00     110:00     110:00     110:00     110:00     110:00     111:0		07012013	4,417		100.00				DB		3, 699	205	3,904	205
Six EQUTEMENT         1,500         100.001         PY         1,500         100.001         PY         0,012615         11,004         9116         11,1         1,070           EFFICE EQUIT AND FURE 00702015         9,251         100.000         PY         20,500         3 L< HY	STAR EQUTEMENT     100.2013     1.500     100.00     PY     49.126     1.500     10.2013     99.231     100.01     PY     20.500     20.533     7.013     66.671       PETCER EQUTE MON TENN POT012015     99.231     100.00     PY     20.500     31     11     11.700     66.671       PETCL LAKER     07012015     99.231     100.00     PY     20.500     20.500     31.333     30.750     6.6131     37.563       PETCL LAKER     07012015     99.231     100.00     PY     20.500     20.500     30.750     6.6131     37.563       PETCL LAKER     07012015     99.23     100.00     PY     20.500     20.500     37.593     56.613     37.593       PETCL LAKER     07012015     99.25     100.00     PY     20.500     20.503     97.503     7.015       PETCL LAKER     07012015     91.79     100.19     91.37     37.593     61.136       PETCL     95.274     91.70     100.51.91     95.537     61.136     42.537	مملسكم	10012013	424,671		100.00				SL			28,311	116,783	28,311
OFFICE BOUT AND FUND/012015       96.251       100.00       PY       49.125 7       SL       RY       I4.266       59.633       7.018       66.671         MEDICALLINSER       07012015       41,000       100.00       PY       20,500       20,500       30,730       6,633       37,593         MEDICALLINSER       07012015       41,000       100.00       PY       20,500       20,500       30,730       6,633       37,593         MEDICALLINSER       07012015       41,000       100.00       20,500       20,500       30,730       6,633       37,593         MEDICALLINSER       07012015       41,000       100.00       20,500       20,500       20,500       20,700       6,633       37,593         MEDICALLINSER       055,274       055,274       055,274       105,193       42,539       42,539       42,539       61,433	OFFICE ROUT AND FUNND7012015         99.251         100.00         PY         49.126         7         SL         HY         14.286         59.553         70.08         6.631           RDDTCAL IASER         07012015         41.000         PY         20,500         20,500         32,503         30,790         6,633         37,533         37,533         37,733         37,534         27,534         37,534         27,534         56,661         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         42,537         61,1396         62,537         61,139,393		10012013	1,500		100.00				DB			151	1,070	183
MEDICAL LASER         07012015         41,000         100.00         PY         20,500         31,333         30,750         6,433         37,363           Rebical Laser         100.00         100.00         20,500         20,500         31,333         30,750         6,433         37,363           Rebical Laser         100.00         100.00         20,500         20,500         20,500         6,433         37,563         6,433         37,563         6,433         37,563         17,563         17,563         17,563         17,563         17,563         17,563         11,364         12,543         12,543         12,543         12,543         12,543         6,433         21,353         11,364         12,543         12,343         12,543         12,353         12,353         12,3	REDICALI LASER         07012015         41,000         100.00         PY         20,500         3         31.33         30.730         6,633         37.563           REDICALI LASER         07012015         41.000         100.00         PY         20,500         20,500         50,730         6,633         37,563           REDICALI LASER         07012015         41.000         PY         20,500         20,500         20,750         6,633         37,563           Reduct         95,274         95,274         718,247 PV         83,588         705,139         42,537         61,612         42,537         61,139         42,537         101,136         1<11,136		N07012015	98,251		100.001							7,018	66,671	7,018
955,274     1     705,193     61,1,306     61,323       PY     176,247     PY     136,538     CX     179,a01     256,661     61,323	955,274     PX     179,534     61,396     6       955,274     PX     179,534     62,661     42,537     61,396     6		07012015	41,000		100.00							6,833	37,583	6,833
955,274 PY 178,247 PY 83,538 CY 179 and CY Borus ST ADJ; [1]	955,274 PY 83,538 CY 179 and CY Bonus 955,274 PY 83,538 CY 179 and CY Bonus PY 178,247 PY 83,538 CY 179 and CY Bonus 179,199 A 2,537 611,398 179,101 A 2,537 517 51 51 179,101 A 2,537 517 51 51 179,101 A 2,537 51 170,101 A 2,537 51 170,1					*****						······································			
955,274         P         705,193         568,861         42,537         611,398           011,39         012,193         012,193         012,193         012,103         012,103	955, 274     PX     705, 193     705, 193     568, 861     42, 537     611, 398       955, 274     PY     178, 247 PY     83, 538     CY     179 and CY Bonus     42, 537     ST <adj: (1)<="" td=""></adj:>														
orr 21 PY 178,247 PY 83,538 CY 179 and CY Bonus ST ADJ: (1	955,274 PY 178,247 PY 83,538 CY 179 and CY Bonus 12,537 ST ADJ: (1 TOTAL CY Depr including 179/bonus 42,537 ST ADJ: (1	Totals		955,274					705,193			568,861	42,537	611,398	42.575
	TOTAL CY DEPr including 179/bonus 42,537	Land Amount				ΡΥ	178,247 E		CY J	179 and CY	Bonus			ST ADJ:	(14,058)

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Condition and a function of a funct							STATE FORM 1120S For your records only	120S C					PAGE I	
Remention         Law         Corr         Same         Denotion         Corr         Denotion         Corr         Denotion	ame(s) as shown on return DANKA K MICHAELS MD P	ROF CORP									Social seci	urity number/EIN 2371654		
Differe         Differe <thdiffere< th=""> <thdiffere< th=""> <thd< th=""><th></th><th>Date</th><th>Cast</th><th>Basis Adjustment</th><th>Business percentage</th><th>Section 179</th><th>Bonus depreciation</th><th></th><th> </th><th>Rate</th><th>Prior Depreciation</th><th>Current Depreciation</th><th>Accumulated Depreciation</th><th>AMT Current</th></thd<></thdiffere<></thdiffere<>		Date	Cast	Basis Adjustment	Business percentage	Section 179	Bonus depreciation			Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
Main Landon       17,304       100.00       17,304       17,304       100.00       17,304         Main Landon       17,304       100.00       14,045       100.00       17,304       100.00         Main Landon       15,306       100.00       100.00       114,064       114,064       114,064         Main Landon       15,306       100.00       100.00       114,064       114,064       114,064         Main Landon       15,306       100.00       100.00       114,074       0       114,064         Main Landon       15,306       100.00       114,074       114,074       114,074       114,074         Main Landon       0012006       15,306       100.00       114,074       114,074       114,074         Main Landon       0012001       1,060       114,074       114,074       114,074       114,074         Main Landon       0012011       1,010       114,074       114,074       114,074       114,074         Main Landon       0012012       1,030       114,074       114,074       114,074       114,074         Main Landon       0012012       1,030       110,000       114,074       114,074       114,074       114,074         Main La	1°'	06252003	9,151		100.00			151		0	9,151		9, 151	
Mathematical         Ortanolis         K, 1, 00         K, 1, 10         K, 11	5d	20022290	1,304 17 576		100.00					0 0	1,304		1,304	
RED EQUIT         701207         59.066         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         5.900         100.00         8.720         100.00         <	fit-	07012006	164,054		100.001					5 0	164.054		164.054	
mem Equity Sam Equity	fit	07012007	59,066		100.00			59,066 7		0	59,066		59,066	
REDUTE         0001200         15,550         100.00         15,550         15,550         15,550           SAR EQUTE         0001200         14,72         100.00         14,72         0         15,550           SORTMARE         0712003         14,82         100.00         14,854         0         1,556           SORTMARE         0712010         54,660         100.00         14,43         0         54,660           SORTMARE         0712011         54,660         100.00         14,43         0         54,660           SULT         0712011         54,60         100.00         14,43         0         54,660           SULT         0712011         54,60         0         54,60         14,43           SULT         0712011         4,47         100.00         1,43         14           SULT         0712011         4,47         100.00         1,43         14           SULT         0712011         42,47         100.00         1,43         14           SULT         0712011         42,47         100.00         14,07         14         14           SULT         0702011         42,47         100.00         100.00         14,43		07012008	5,990		100.00			5,990 7		0	5,990		5, 990	
SFA EQUIFY       0712030       45.720       100.00       PX       45.720       0       45.720         SENTCLL EQUITY       07012003       14.870       100.00       PY       45.470       100.00       PY       45.460       0       45.460         SENTCLL EQUITY       07170101       5.464       100.00       PY       1,437       0       0       54.660       1.437         SENTCLE EQUITY       07170101       5.464       100.00       PY       1,437       0       0       1,437       1.437         DeTCLE EQUITHERITY       07012013       1.437       100.00       PY       1,437       0       0       1,437       1.4417		08012008	15,550		100.00			15,550 7		0	15,550		15,550	
Dervaria         0710:00         1.666         100:00         F4.660         0         1.666         0         1.666         0         1.666         0         1.666         0         1.666         0         1.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.666         0         2.661         0         2.661         0         2.661         0         2.661         0         2.661         0         2.661         0         2.661         0         2.661         0         2.661         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0         2.610         0		07012009	48,720		100.00 P			0 5		0	48,720		48,720	
Constructure         Litzanta         State         Lotion (or         State         Lotion (or         State         Litzanta         State         Litzanta         Litzanta         State         Litzanta         Litzanta         State         Litzanta         State         Litzanta         State         Litzanta         State         Litzanta         State         Litzanta         State         Litzanta         Litzanta <thlitzanta< th=""></thlitzanta<>		07012009	1,868		100.00			1,868 3		0	1,868		1,868	
Contraction         0.01/2012         1.01         0.01/2012         1.01         0         0.01/2013         0.01/2013         0.01/2013         0.01         0         0.01         0         0.01         0         0.01         0         0.01         0         0.01         0         0.01         0         0.01         0         0         0.01         0         0         0.01         0         0.01         0 <th0< th="">         0         <th0< th=""> <t< td=""><td></td><td>01022270</td><td>24,660</td><td></td><td>100.00 P</td><td></td><td></td><td></td><td></td><td>0 (</td><td>54,660</td><td></td><td>54,660</td><td></td></t<></th0<></th0<>		01022270	24,660		100.00 P					0 (	54,660		54,660	
DFTCE EQUIPMENT         07012013         205         100.00         4417         200 Bb MQ         9.3         1341         13         14         13         13         13         14         13         13         14         13         13         14         13         13         14         13         13         16         14         10         10         10         10		07012012	1.437								PCB,C		, 804 1 421	
MEDICAL EQUIPMENT 07012013 4,417 100.000 4,417 7 200 DB M2 9.3 2,900 411 245 51 100.000 10.000 10.000 10.000 251 7 51 M2 65 7 86.47 26.311 100.000 10		07012013	205					0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				C F	1,45/	
LEASEHOLD THPROVERMENT 10012013 424,671 100.00 424,671 115 51 M20 6.667 89,702 29,311 55 E00 2012013 1,500 10.00 7 20,011 1,500 10.00 99,231 100.00 99,231 100.00 99,231 100.00 99,231 100.00 114,036 99,231 100.00 114,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 14,036 91,210 110.00 1 15,067 91,200 113,067 91,200 114,00		07012013	417		100.00			7 7 7 7	2 2 2 2 2 2		001 0	L L V		
SEN EQUERMENT     100.101     1.500     100.00     1.500     10.04     913     14.036       OFFICE EQUIP AND FUNADOTIOLS     94.521     100.00     94.521     14.036     14.036       OFFICE EQUIP AND FUNADOTIOLS     41.000     100.00     94.521     20.500     13.667       MEDICAL LASER     07012015     41.000     100.00     94.241     21.033     20.500     13.667		10012013	424,671		100.00			424,671 15	3		88.472	28.311	116.783	
OFFICE EQUIP AND FUNN 07012015         98,251 41,000         100.00 3         98,251 51         14.286 33.33         20.500 20,500         14,036 13,657           MEDICAL LASER         07012015         41,000         3         51         HY         33.333         20.500         13,667           MEDICAL LASER         07012015         41,000         3         51         HY         33.333         20.500         13,667           MEDICAL LASER         07012015         41,000         3         51         HY         33.333         20.500         13,667           MEDICAL LASER         07012015         91.000         100.00         3         51         HY         33.333         20.500         13,667		10012013	1,500		100.00			1,500 7	DB		919	151	1.070	
MEDICAL LASER         07012015         41,000         3         20,500         13,657           Image: Second state states		07012015	98,251		100.00			98,251 7			21,	14,036	.,	
	_	07012015	000 10		00 001			- 000 14						
	3		0 0 1 7									13,667	34,167	
955,274 717,027 519,293 56,595	Totals		955,274					777,027			519,293	56,595	575,888	

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ə(s) as ahown on retu NKA К МТ						) Number _ 2 2 7 1 6 5 л
		Date	Basis	Method		
	CHAELS MD PROF CORP Description OFFICE FURNITURE MEDICAL EQUIPMENT MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP EQUIP OFFICE EQUIPMENT MEDICAL EQUIPMENT SPA EQUIPMENT OFFICE EQUIP AND FURNITU MEDICAL LASER TOTAL	Date 06252003 06252003 07012005 07012007 07012008 08012008 07012009 07012009 12282010 02172010 07012013 10012013 10012013 10012013 07012015 07012015 07012015	1,304 114,054 59,066 5,990 15,550 1,868 205 2,209 424,671 1,500 49,125	Method SL SL SL SL SL SL SL SL SL SL SL SL SL	Life 7 7 7 7 7 7 5 3 5 3 5 7 7 5 3 5 7 7 5 3 5 7 7 5 3 5 7 7 7 7	-2371654 Deduction

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# **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	Invoice #:	
3320 N Buffalo Dr	Date:	June 28, 2018
Las Vegas, NV 89129	Phone:	
	E-mail:	

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

Description		Fe
Federal And Supplemental F		
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		1
NVTXR_30	Nevada Commerce Tax Return	
NVINST	NV Filing Instructions	
Total Forms	27 Forms Subtotal	0.0
	Total Balance Due	0.0

Payment due upon receipt. Thank you for your business!

1120S	Sub S Corporation Diagnostic Summary	2017
<sub>Name</sub> DANKA K MICHAEL	S MD PROF CORP	Employer Identification # 56-2371654

### **Demographics**

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

**Date:** 06-28-2018

#### Resident State: NV

### Diagnostics

Preparer: ROBERT S SEMONIAN Invoice:

#### Return Information

Item on Return	2017	2016 Federal
	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 Information

State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(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

ſ	2015	2016	2017	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2016 & 2017
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 • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			1
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
	15,569	7,684	4,836	(2,848)
Net depreciation	106,364	42,688	42,537	(151)
				······
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
Тах				a na sang barang baragan.
Total tax · · · · · · · · · · · · · · · · · · [				
Payments			gaalan ah in taaliya	
Estimated taxes paid				
Total payments line 23d · · · · · · ·				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

Income	and shake a start of the			and the second second second
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

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP Page 2

Identifying number 56-2371654

2015 2016 2017 DIFFERENCE FEDERAL FEDERAL FEDERAL Deductions BETWEEN 2016 & 2017 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 . . . . . . . . . . . . Deductions allocated / apportioned at corp. level to foreign source inc. Passive category . . . . . . . . . . General categories . . . . . . . . . Total foreign taxes paid or accrued . . . Reduction in taxes available for credit Alternative Minimum Tax (AMT) items 54 20 (38)(58)Post-1986 depreciation adjustment · · · Adjusted gain or loss ..... 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 474 Nondeductible expenses . . . . . . . . 8,240 225,912 217,672 Property distributions . . . . . . . Repayment of loans from shareholders . Other information Investment income · · · . . . . . 4 4) Investment expenses · · · · · · Dividend distributions paid from accum earnings and profits RESIDENT STATE ΝV NV Balance due . . . . . . . . . . . . . . 2015 2016 2017 DIFFERENCE

COMPARES.LD2

## Nevada Department of Taxation Nevada Commerce Tax Return

IAC A		Joinmerce Tax Re	aum	1				
Tax ID	No	1002105790		Or NVBID	N V	V		
Rusine	ss Entity	NAICS code category	hoase:	062		For the taxable ye	oar 07/01/	2016 through 06/30/2013
			K MICHAELS MD		, <b></b>			2016 anough  087307201
			N BUFFALO DR LA			129		
							w	
X I	declare t	hat the Gross Revenue from	engaging in business in	n Nevada of th	e above	e Business Entity dic	I not exceed \$4	4,000,000
d	uring the	taxable year.						
		IF THE BOX ABOVE IS C	HECKED, SKIP LINES	1 THROUGH	35		-	
	Final retu	ırn 🗌	Amended return			Alternative situsing	method	Estimates used
		- D (			J			
		s Revenue from engaging i	n business in Nevada	· · · · · · · · · · · · · · · · · · ·				T
0		Sale of inventory					1	
Sitused to Nevada	2	Service performance					2	
Ř	3	Rents, royalties and lease					3	
9	4	Interest income from cred					4	
sed	5	Damages received from li	-	less income			5	
itu:	6	Insurance proceeds for lo	ss of business income				6	
S	7	Forgiven debt		······			7	
	8	Other revenue	- 4 than a b 1 i 0)			·····	8	
	10	Total Gross Revenue (Lin					9	(1 000 000 00)
	10	Less \$4,000,000 Thresho		····			10	(4,000,000.00)
	11 5 - 1 - 1 - 1	Adjusted Gross Revenue					<u>11</u>	<b>l</b>
~~~~~~~~~~	Gana	ral Business Deductions	E33, GO TO LINE 29 F		RU			
	12	Returns and refunds to cu	ictomore				12	T
	13	Bad debt	ISLUTTERS				13	
41	14	Distributions required by f	iducion, dub, or low				13	
nue	15	Distributions under certair						
eve	16	Reimbursement of certain		or from alignta			15 16	
2	17	Taxes collected from 3rd					10	
, pe	18	Other deductions	barty and remitted to tax	ang autionty		***	18	
pn							''	
To the extent included in revenue	Indus	try Specific Deductions						1
snt	19	Employee leasing deducti	on				19	
exte	20	Gaming deduction					20	
he	21	Health care provider dedu	iction				21	
o. ti	22	Insurance deduction					22	
-	23	Liquor tax deduction					23	
	24	Mining deduction					24	
	25	US Armed Forces housing	-				25	
	26	Total Deductions (Line 12			<b></b>		26	
	27	Nevada Taxable Revenue		out not less that	n \$0)		27	
	28	Tax rate per NAICS code	category			********	28	
>	29	Commerce Tax due					29	
Tax liability	30	Plus penalty					30	
liab	31	Plus interest	Department				31	
ax	32 33	Plus liability established b	-				32	
H	34	Less credit(s) approved by		ine 22)			33	
		Total amount due and pay		ine 55)			34	
	35	Amount remitted with the					35	1
	Under pe and com	nalty of perjury, I certify that plete.	I have examined this rel	turn and to the	best of	my knowledge and	belief it is true,	correct
Busi	ness Ent	ity authorized representative	s signature:				Phone number	r:
Nam	e and titl	e: DANKA MICHAELS		PRESID	ET		Date:	06/05/2017
For De	epartment	use only				*****		

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Form TXR-030.01 Revised 08/09/2016

Employee Re	ference Copy	<b>دی</b> This blue Earnings Sum		CANINING		nortions in more detail
W-2 Wage a Staten	and Tax <b>2017</b>	The revense side include	es general information	n that you may als	o find helpful.	
Copy C for employee's records. d Control number Dept 000005 R7/G4Q	Corp. Employer use only A 12		ttion reflects your final 195000.00 Social Se Tax With	сцrity 7886.4		mitted by your employer. Tex
c Employer's name, address, DANKA K MICH		Fed. Income	Box 4 of V 46990.32 Medicare	42	Local Income T Box 19 of W-2	ax
PROF CORP 3320 N BUFFAL LAS VEGAS, N	-O DR STE 106 IV 89129	Tax Withhold Box 2 of W-2	Withheld Bax 6 of V		SUI/5D1 Box 14 of W-2	
	Batch #97130	2. Your Gross Pay was a			ement.	
ell Employee's name, address, DANKA K MICHAELS	and ZIP code		Compensation N	Nages Wag		
3320 N BUFFALO D LAS VEGAS, NV 891	R #106 129	Gross Pay Less Wages Over Limit	195.000.00 N/A	67,800.00	95,000.00 N/A	
b Employer's FED iD number 56-2371654 1 Wages, tips, other comp.	a Employers 25A cumber	Reported W-2 Wages	195,000.00	127,200.00 1	95,000.00	
195000.00 3 Social security wages	46990.32 4 Social security tax withheld					
127200.00 5 Medicare wages and tips	7886.40 6 Medicare tax withheld					
195000.00 7 Social security tips	2827.50 & Allocated tips					
9 Verification Code	10 Dependent care benefits	3. Employee W-4 Profile.	To change your Empl	oyce W-4 Profile info	mation, file a new V	V-4 with your payroli dept.
11 Nonqualified plans	12a See instructions for box 12	DANKA K	MICHAELS		Social Security N	
14 Other	12c i 12d i 13 Statemp Ret. plan ard party sick pay	LAS VEGA	UFFALO DR AS, NV 89129	#106 9	Taxable Marital S Exemptions/Allowant	
15 State Employer's state ID no					FEDERAL: 0	
17 State income tax	16 Local wages, tips, stc.					
19 Local income tax	20 Locality name	© 2017 ADP. 410				
1 Wages, tips, other comp, 195000.00	2 Federal income tax withheld 46990.32	1 Wages, tips, other comp. 195000.00	2 Federal income tax w	thheld 1 Wages, 1 30.32	tips, other comp. 2 195000.00	Federal income tax withheld 46990.32
3 Social security wages 127200.00	4 Social security tax withheld 7886.40	3 Social security wages 127200.00	4 Social security tax wi		curity wages 4 127200.00	Social security tax withheld 7886.40
5 Medicare wages and tips 195000.00	6 Medicare tax withheld 2827.50	5 Medicare wages and tips 195000.00	6 Medicare tax withheld		wages and tips 6 195000.00	
d Control number Dept. 000005 R7/G4Q	Corp Employer use only A 12	d Control number Dept. 000005 R7/G4Q	Corp. Employer us A	t only d Control of 12 000005	number Dept. R7/G4Q	Corp Employer use anly A 12
c Employer's name, address, DANKA K MICH		c Employer's name, address, a DANKA K MICH		1 1	's name, address, and NKA K MICHAE	ZIP code
PROF CORP 3320 N BUFFAL		PROF CORP	O DR STE 106	PR	OF CORP	
LAS VEGAS, N		LAS VEGAS, N			S VEGAS, NV	
<sup>b</sup> Employer's FED ID number 56-2371654	a Employee's 55A number	b Employer's FED ID number 56-2371654	a Employee's_SSA_num	b Employed	's FED ID number a	Employee's SSA number
7 Social security tips 9 Verification Code	8 Allocated tips	7 Social security tips	E Allocated tips	7 Social se	curity tips 8	Allocated tips
9 Vernication Code 11 Nongualified plans	10 Dependent care benefits 12a See instructions for box 12	9 Verification Code 11 Nongualified plans	10 Dependent care benef			Dependent care benefits
14 Other	126	14 Other	125	11 Nonqualit	ied plans 12	
	12e		12c		12	
	12d 13 Stat emp Ret. plan 3rd party sick pay		12d 13 Stat emp[Ret. plan 3rd par	ty sick pay	12	d Stat emp Ret. plan 3rd party sick p
elf Employee's name, address a		ell Employee's name, address a	1 1		's name, address and	
DANKA K MICHAELS 3320 N BUFFALO D LAS VEGAS, NV 891		DANKA K MICHAELS 3320 N BUFFALO D LAS VEGAS, NV 891		3320 N	K MICHAELS BUFFALO DR GAS, NV 89129	#106
15 State Employer's state ID no	0. 16 State wages, tips, etc.	15 State Employer's state ID no	0, 16 State wages, tips, etc.	15 State En	nployer's state ID no. 16	State wages, tips, etc.
17 State income tax	16 Local wages, tips, etc.	17 State income tax	15 Local wages, tips, etc	17 State Inc.	ome tax 15	Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local inc	come tax 20	Locality name
Federal F Wage a Staten Copy B to be filed with employee's	and Tax 2017	State Ref Wage a Stateme Copy 2 to be filed with omployed's Stat	and Tax 201		ty or Local Ri Wage and Statemer	tax 2017

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2017 W-2 and EARNINGS SUMMARY

		epartment of Taxation ommerce Tax Return					Form TXR-030.0 Revised 08/09/2016
Tax ID	Г	002105790		N V			
	<b>h</b>	NAICS code category Choose	062		For the taxable year	7/61/21	017 through 06/30/201
		legal name DANKA K MICHAELS MD		P		770172	or/imough [00/30/2010
	ss Entity	×			29		
X b	, declare t	nat the Gross Revenue from engaging in business	******			voood ©4	000.000
		taxable year.	In Nevada of		Duariesa Entity dio not e	xueeu 94,	000,000
		IF THE BOX ABOVE IS CHECKED, SKIP LINES	6 1 THROUGH	35			
	Final retu	rn Amended return		A	Iternative situsing method	1	Estimates used
	Gross	Revenue from engaging in business in Nevad	а				
m	1	Sale of inventory				1	********
Sitused to Nevada	2	Service performance				2	*****
Ne	3	Rents, royalties and leases				3	****
5	4	Interest income from credit sales and loans				4	
sed	5	Damages received from litigation for loss of bus				5	
itu	7	Insurance proceeds for loss of business income Forgiven debt				6	
S S	8	Other revenue				8	
	9	Total Gross Revenue (Line 1 through Line 8)	****			° F	
<u> </u>	10	Less \$4,000,000 Threshold				10	(4,000,000.00)
	11	Adjusted Gross Revenue (Line 9 less Line 10)				11	(1,000,000,000)
		IF LINE 11 IS ZERO OR LESS, GO TO LINE 29	AND INPUT Z	ERO			
	Gene	al Business Deductions					
	12	Returns and refunds to customers				12	
	13	Bad debt				13	
Ine	14	Distributions required by fiduciary duty or law				14	
ver	15	Distributions under certain written contracts				15	·····
l re	16	Reimbursement of certain expenses and advan		S		16	
- E	17	Taxes collected from 3rd party and remitted to ta	axing authority			17	
nde	18	Other deductions				18	
the extent included in revenue	Indus	ry Specific Deductions	****			·····	
a t	19	Employee leasing deduction				19	
exte	20	Gaming deduction				20	
he	21	Health care provider deduction				21	······
101	22	Insurance deduction				22	
	23	Liquor tax deduction				23	
	24 25	Mining deduction				24	
	25	US Armed Forces housing deduction Total Deductions (Line 12 through Line 25)				25 26	
<u> </u>	20	Nevada Taxable Revenue (Line 11 less Line 26,	but not less th	an \$0)		20	
	28	Tax rate per NAICS code category	Sat noticaa ti			28	******
	29	Commerce Tax due				29	
ţ	30	Plus penalty				30	
Tax liability	31	Plus interest				31	
k lia	32	Plus liability established by Department				32	
Tay	33	Less credit(s) approved by Department				33	
L	34	Total amount due and payable (Line 29 through	Line 33)			34	
L	35	Amount remitted with the return				35	
	Jnder pe and comp	nalty of perjury, I certify that I have examined this r lete.	eturn and to th	e best of	my knowledge and belief	it is true, o	correct
		ty authorized representative's signature:			Phone	number:	
Nam	e and titl	BEDANKA MICHAELS	PRESID	ET	Date:		02/25/2018
For De	partment	use only	49999999999999999999999999999999999999				

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1065EF		EF Transmission Status	2012
lame(s) as shown on return	L	(Keep for your records)	
PATIENCE ONE L	LC		EIN number 45-5302432
	*******		
he following will be transn	nitted to the IRS.	1065 🗍 7004 🗍 Amended	
5			
he following state returns	will be transmitted:		
J A			
	······		
·····			
47110-010-01-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
he following returns have	heen sunnressed or are po	t eligible and will NOT be transmitted.	
ne fene innig fetalins nave	seen suppressed of are ne	and win NOT be transmitted.	
**************************************			
F Notes			

1065EF.LD



~	10	65	1	U.S. Return of Partnership Income		OMB No. 1545-0099
Form Depart	ment of the	e Treasury	I		, 20	2012
	l Revenue		Info	rmation about Form 1065 and its separate instructions is at www.irs.gov/f	orm1065.	
		ness activity		Name of partnership PATIENCE ONE LLC		D Employer identification number 45-5302432
		tuct or service ) PMENT	Print or	Number, street, and room or suite no. If a P.O. box, see the instructions. STE $3320$ N BUFFALO	208	E Date business started 05-09-2012
••••••	siness cod			F Total assets (see the instructions)		
_53	1120	)		LAS VEGAS, NV 89129		\$ 1,782,628
GC	heck ap			tial return (2) Final return (3) Name change (4)	Address cha	nge (5) 🗌 Amended return
				ash (2) 🗌 Accruaí (3) 🗍 Other (specif	y) 🔈	
				ach person who was a partner at any time during the tax year	► <u>2</u>	
JC	heck if S	Schedules C and M-3 a	are attache	d ••••••••••••••••••••••••••••••••••••	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · []
Cauti	on. Incl	ude only trade or busi	ness incor	ne and expenses on lines 1a through 22 below. See the instructions for	or more infor	mation.
	1	Gross receipts or sale		· · · · · · · · · · · · · · · · · · ·		
		Returns and allowance		· · · · · · · · · · · · · · · · · · ·		
				e 1a • • • • • • • • • • • • • • • • • •	1	1c
	1	о ,		1125-A) · · · · · · · · · · · · · · · · · · ·	Ļ	2
Income	1	Gross profit. Subtract			ŀ	3
CO				r partnerships, estates, and trusts (attach statement)	ļ	4
<u>_</u>		Net farm profit (loss) (a			1	5
		• • •		Part II, line 17 (attach Form 4797)	ļ.	6
	1	Other income (loss) (a			ŀ	7
				nes 3 through 7		8
		- ,		partners) (less employment credits)	ŀ	9
(s	1	Guaranteed payments	•		ļ	10
alion	1	Repairs and maintena		• • • • • • • • • • • • • • • • • • • •	Ļ	11
limit	1			•••••••••••••••••••••••••••••••••••••••	ĥ	12
5 for				•••••••••••••••••••••••••••••••••••••••		13
tions	1	Taxes and licenses		• • • • • • • • • • • • • • • • • • • •		14
struc	15	Interest · · · · ·			••••	15
ne in		Depreciation (if require		· · · · · · · · · · · · · · · · · · ·		~~~~~
49 41	b	Less depreciation repo	orted on Fo	rm 1125-A and elsewhere on return 16b		16c
)S	1			d gas depletion.)		17
ctions(see the instructions for limitations)		Retirement plans, etc.		•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	18
	[	Employee benefit prog		• • • • • • • • • • • • • • • • • • • •	••••	19
Dedu		Other deductions (atta		*	· · · · ·	20
<u> </u>				unts shown in the far right column for lines 9 through 20		21
	22			s). Subtract line 21 from line 8		22
Sig Her	n		true, correct,	I have examined this return, including accompanying schedules and statements, and to the and complete. Declaration of preparer (other than general partner or limited liability compar arer has any knowledge.	iy member mana Ma	ger) ay the IRS discuss this return with the eparer shown below (see
ner	C			ed liability company member manager		structions)?
					Π	
Paid		Print/Type preparer's name		Preparer's signature Date	Chec	
	barer		EMONIA			mployed P00391972
	Only			S SEMONIAN CPA	Firm's EIN	▶95-4514704
038	Uniy	Firm's address		5605		(00E) (E0 E0 # 4
Ec. P			ntura,		Phone no.	(805)659-5344
FULL	aperwo	rk Reduction Act Not	ice, see se	parate instructions.		Form 1065 (2012)

()



	1065(2012) PATIENCE ONE LLC			40-	5302432	[	Page
Sch	edule B Other Information						
1	What type of entity is filing this return? Check the applicable to	ox:				Yes	No
а	Domestic general partnership b	Domestic limited pa	rtnership				
с	Domestic limited liability company d	Domestic limited lial	oility partnership				
e	Foreign partnership f	Other 🕨					
2	At any time during the tax year, was any partner in the partner	rship a disregarded e	entity, a partnership	(including		1	
	an entity treated as a partnership), a trust, an S corporation, a	an estate (other than	an estate of a dece	eased partner),			
	or a nominee or similar person?				<i></i>		X
3	At the end of the tax year:						1
а	Did any foreign or domestic corporation, partnership (includin	g any entity treated a	is a partnership), tr	ust, or			
	tax-exempt organization, or any foreign government own, dire						
	profit, loss, or capital of the partnership? For rules of construct						
	Schedule B-1, Information on Partners Owning 50% or More						X
b	Did any individual or estate own, directly or indirectly, an intere-	,	the profit loss or	canital of			
	the partnership? For rules of constructive ownership, see inst						
							Х
4	At the end of the tax year, did the partnership:						
а	Own directly 20% or more, or own, directly or indirectly, 50% of	or more of the total y	oting power of all a	losses of			
u	stock entitled to vote of any foreign or domestic corporation?						
	A CONTRACT AND A						
	instructions. In Tes, complete (i) through (iv) below				· · · · · ·		<u>    X     </u>
	(I) Name of Corporation		er Identification per (if any)	(iii) Country of Incorporation	(iv) Perce Owned in Votil		b
				, , , , , , , , , , , , , , , , , , ,	Office at 15th		
		L	l				·····
b	Own directly an interest of 20% or more, or own, directly or inc	•		,			
	or capital in any foreign or domestic partnership (including an						
	interest of a trust? For rules of constructive ownership, see ins		omplete (i) through	(v) below	<u> </u>		X
	(i) Name of Entity	(ii) Employer Identification	(iii) Type of	(iv) Country of	(v) N Percentag	/laximun e Owne	
		Number (if any)	Entity	Organization	Profit, Loss,		
*****							
						Yes	No
5	Did the partnership file Form 8893, Election of Partnership Lev	vel Tax Treatment, or	r an election statem	nent under		Yes	No
5	Did the partnership file Form 8893, Election of Partnership Lever section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the					Yes	No
5	•	at is in effect for this	tax year? See Forn	n 8893 for		Yes	
5	section $6231(a)(1)(B)(ii)$ for partnership-level tax treatment, the	at is in effect for this	tax year? See Forn	n 8893 for	· · · · · ·	Yes	No X
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this	tax year? See Forn	n 8893 for		Yes	
6	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this ns? \$250,000.	tax year? See Forn	n 8893 for		Yes	
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details Does the partnership satisfy all four of the following condition The partnership's total receipts for the tax year were less than The partnership's total assets at the end of the tax year were l	at is in effect for this ns? \$250,000. ess than \$1 million.	tax year? See Form	n 8893 for		Yes	
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details Does the partnership satisfy <b>all four</b> of the following condition The partnership's total receipts for the tax year were less than	at is in effect for this ns? \$250,000. ess than \$1 million.	tax year? See Form	n 8893 for		Yes	
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this ns? \$250,000. ess than \$1 million. irtners on or before th	tax year? See Form	n 8893 for		Yes	X
6 a b c	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this ns? \$250,000. ess than \$1 million. intners on or before the M-3	tax year? See Form	n 8893 for		Yes	
6 a b c	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this ns? \$250,000. ess than \$1 million. intners on or before the M-3	tax year? See Form	n 8893 for		Yes	X
6 a b c d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this 	tax year? See Forn	n 8893 for		Yes	x
6 a b c d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this 	tax year? See Forn	n 8893 for 		Yes	X
6 a b c d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this s250,000. ess than \$1 million. Intrees on or before the e M-3	tax year? See Form he due date (includi m F on page 1 of F jiven, or had the ter	n 8893 for 	· · · · · · · · ·	Yes	x
6 a b c d 7 8	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this \$250,000. ess than \$1 million. Intres on or before the M-3 E. M-1, and M-2; Ite Section 469(k)(2)? s cancelled, was forg	tax year? See Forn ne due date (includ m F on page 1 of F	n 8893 for ing 	· · · · · · · · ·	Yes	x
6 a b c d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this s250,000. ess than \$1 million. Inthers on or before the M-3 L, M-1, and M-2; Ite scancelled, was forg Material Advisor Discl	tax year? See Form ne due date (includi m F on page 1 of F 	n 8893 for ing iorm 1065; 	· · · · · · · · · · · · · · · · · · ·	Yes	X X X X
6 a b c d d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this \$250,000. ess than \$1 million. Intress on or before the e M-3	tax year? See Form he due date (includi m F on page 1 of F iven, or had the ter osure Statement, to	n 8893 for ing 	· · · · · · · · · · · · · · · · · · ·	Yes	x
6 a b c d 7 8	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this s250,000. ess than \$1 million. Intrers on or before the M-3 L, M-1, and M-2; Ite scancelled, was forg Material Advisor Discl ve an interest in or a	tax year? See Form he due date (includi m F on page 1 of F 	n 8893 for	· · · · · · · · · · · · · · · · · · ·	Yes	X X X X
6 a b c d d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this \$250,000. ess than \$1 million. Intress on or before the e M-3	tax year? See Form he due date (includi m F on page 1 of F iven, or had the ter osure Statement, to signature or other a t, or other financial	n 8893 for ing orm 1065; 	· · · · · · · · · · · · · · · · · · ·	Yes	X X X X
6 a b c d d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this \$250,000. ess than \$1 million. Intress on or before the e M-3	tax year? See Form he due date (includi m F on page 1 of F iven, or had the ter osure Statement, to signature or other a t, or other financial	n 8893 for ing orm 1065; 	· · · · · · · · · · · · · · · · · · ·	Yes	X X X X
6 a b c d d	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	at is in effect for this \$250,000. ess than \$1 million. Intress on or before the e M-3	tax year? See Form he due date (includi m F on page 1 of F iven, or had the ter osure Statement, to signature or other a t, or other financial	n 8893 for ing orm 1065; 	· · · · · · · · · · · · · · · · · · ·	Yes	x x x x

(

Form 1065 (2012)

Sch	Description         PATIENCE ONE LLC         45-5302432           edule B         Other Information (continued)         45-5302432		Page 3
		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?	1	X
	See instructions for details regarding a section 754 election.		
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
с	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		Х
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a	1	
	like-kind exchange or contributed such property to another entity (other than disregarded entities		
	wholly-owned by the partnership throughout the tax year)		
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		
6	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
7	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached		
	to this return. 🕨 🛛 ()		1
18a	Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		Х
b	If "Yes," did you or will you file all required Form(s) 1099?		1
9	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign		
	Corporations, attached to this return.		1
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 9517 QUEEN CHARLOTTE DR		
TMP / LAS VEGAS, NV 89145		Hardet
EEA	Form <b>1065</b> (201	2)



Form 106	5 (2012	) PATIENCE ONE LLC 4	5-53(	02432 Page 4
Sched	ule K			Total amount
	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)		()1/0/0/
	b	Expenses from other rental activities (attach statement) 3b	-	
	c	Other net rental income (loss). Subtract line 3b from line 3a		
~	4	Guaranteed payments	4	
SS	5		5	
Lo Lo	6	Dividends: a Ordinary dividends		
le (			6a	
Income (Loss)	7		-  _	
nc	8		7	
		Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	****
	b	Collectibles (28%) gain (loss)	4	
	c	Unrecaptured section 1250 gain (attach statement) · · · · · · · · · 9c	4	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type	11	
ns	12	Section 179 deduction (attach Form 4562)	12	
tio	13 a	Contributions	13a	
nc	b	Investment interest expense · · · · · · · · · · · · · · · · · · ·	13b	
Deductions	c	Section 59(e)(2) expenditures: (1) Type <b>b</b> (2) Amount <b>b</b>	13c(2)	
	d	Other deductions (see instructions) Type 🕨	13d	
Self- Employ- ment	14 a	Net earnings (loss) from self-employment	14a	
and 1-	b	Gross farming or fishing income	14b	
<u>апе</u>	C C	Gross nonfarm income	14c	
	15 a	Low-income housing credit (section 42(j)(5))	15a	
s	b	Low-income housing credit (other)	15b	
dit	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
Credits	d	Other rental real estate credits (see instructions) Type 🏲	15d	
Ŭ	e	Other rental credits (see instructions) Type 🏲	15e	
	f	Other credits (see instructions) Type ►	15f	
	16 a	Name of country or U.S. possession		
(D	b	Gross income from all sources	16b	
ů	c	Gross income sourced at partner level	16c	
cti		Foreign gross income sourced at partnership level		
eign Transactions	d	Passive category  General cate	16f	
an		Deductions allocated and apportioned at partner level		
Ē	g	Interest expense 🎽 h Other	16h	****
igr		Deductions allocated and apportioned at partnership level to foreign source income		
Fore	l i	Passive category  jGeneral category  k Other	16k	
ц		Total foreign taxes (check one): 🕨 Paid 🗌 🛛 Accrued 🔲 🗤 🗤 🗤	161	*******
	m	Reduction in taxes available for credit (attach statement)	16m	
•••••	n	Other foreign tax information (attach statement)		****
×.	17 a	Post-1986 depreciation adjustment	17a	
ve Ta	b	Adjusted gain or loss	17b	
um Ite	C C	Depletion (other than oil and gas)	17c	
ËĒE	d	Oil, gas, and geothermal properties-gross income	17d	
Alternative Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties-deductions	17e	
<u><u></u><u></u></u>	f	Other AMT items (attach statement)	17f	*****
ç	18 a	Tax-exempt interest income	18a	
itio	b	Other tax-exempt income	18b	
ша	c	Nondeductible expenses	18c	
for	19 a	Distributions of cash and marketable securities	19a	
<u>n</u>	b	Distributions of other property	19b	
Other Information	20 a	Investment income	20a	
Ott	b	Investment expenses	20b	
-	c	Other items and amounts (attach statement) · · · · · · · · · · · · · · · · · · ·	T T	

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Form 1065 (2012)

		ENCE ONE LI	JC				45-530	2432 Page 5
	Ilysis of Net Income (							****
1	Net income (loss). Combine		rough 11. Fro	m the resul	t, subtract the s	sum of		
	Schedule K, lines 12 throug	h 13d, and 16l					1	(91,670)
2	Analysis by	(i) Corporate	(ii) Individu	al (i	i) Individual	(iv) Partnersh	in (v) Exempt	(vi)
	partner type:	(i) corporate	(active)		(passive)	(IV) Faimeisn	organization	Nominee/Other
а	General partners • • •							
d	Limited partners		(91,6	70)				
Sc	hedule L Balance	e Sheets per Boo	oks	B	eginning of tax	vear	End o	f tax year
	Ass	ets		(a)		(b)	(c)	(d)
1	Cash		[	**************************************				5,389
2 a	Trade notes and accounts re	eceivable · · · ·				······	1	
b	Less allowance for bad debl							4
3	Inventories							
4	U.S. government obligations						-	
5		• • • • • • • • • • •				·········	-	
6	Other current assets (attach						-	
	Loans to partners (or persor						4	
b	Mortgage and real estate loa							
8	Other investments (attach si						-	
	Buildings and other deprecia		· · · · ·				1,406,437	
	Less accumulated deprecial						/4,008	1,331,879
	,							-
	Less accumulated depletion		· · · · ·					
11	Land (net of any amortizatio							427,541
12 a	Intangible assets (amortizab	* '	· · · · ·				11,900	-
ь	Less accumulated amortizat		· · · · ·				567	11,333
13	Other assets (attach statem						Statement #29	6,486
14		· · <i>·</i> · · · · · · · · · ·						1,782,628
	Liabilities a							
15	Accounts payable • • •							
16	Mortgages, notes, bonds pa	yable in less than 1 ye	ar ••					
17	Other current liabilities (attac	ch statement) · ·						
18			1					
19 a	Loans from partners (or pers	sons related to partner	s) •					
b	Mortgages, notes, bonds pa	yable in 1 year or mor	e					1,528,598
20	Other liabilities (attach state	ment) · · · · ·						
21	Partners' capital accounts							254,030
22								1,782,628
Sch	nedule M-1 Reco	nciliation of Inc	ome (Loss	) per Bo	oks With Ir	ncome (Loss	) per Return	
	Note.	Schedule M-3 may be	required inste	ad of Sche	dule M-1 (see i	nstructions).		
1	Net income (loss) per books		•• (91	.,670)	6 Income re	corded on books	this year not included	
2	Income included on Schedul	le K, lines 1, 2, 3c,			on Schedi	ule K, lines 1 throu	ugh 11 (itemize):	
	5, 6a, 7, 8, 9a, 10, and 11, n	ot recorded on			a Tax-exem	pt interest \$		
	books this year (itemize):							
3	Guaranteed payments (othe	r than			7 Deduction	s included on Sch	nedule K, lines	
	health insurance)				1 through	13d, and 16l, not	charged	
4	Expenses recorded on book	s this year			against bo	ook income this ye	ar (itemize):	
	not included on Schedule K,	lines 1						
	through 13d, and 16l (itemize	e):						
а	Depreciation S							
	Travel and entertainment \$	·······			8 Add lines	6 and 7 ••		-
		<u></u>			1	oss) (Analysis of N		
5	Add lines 1 through 4		(91	,670)		, ,	8 from line 5 · ·	(91,670)
Sch	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	sis of Partners'				,		
1	Balance at beginning of year				6 Distributio	ns: a Cash	· · · <i>· ·</i> · · · · · · ·	
2	Capital contributed: a Cas			5,700			γ	
		perty		,	7 Other dec		,	
3	Net income (loss) per books			,670)		seve (normeo).		-
4	Other increases (itemize):			, , , , , , ,				-
					8 Add lines	S and 7		
5	Add lines 1 through 4 ·		254	,030	-	· - ·	tract line 8 from line 5	254,030
EEA				,000	L- Salance a	. one or year. out	add and o none line o	Form 1065 (2012)
								1 0000 (2012)

Form 1065 (2012)

Rev. December 2010) epartment of the Treasury	Pa	artnership or a ► See instru		es of a	0	MB No. 1545-1186
ternal Revenue Service	► Attack	1 to Form 1065, Form	1065-B, or Form 1120S.			
PATIENCE ONE LLC			5 – 5 3 0 2	fication number		
Show the type and address of each property.	For each	rental real estate prope	erty listed, report the number			
rental value and days with personal use. See				,		
Physical address of each property - street, cit		**************************************	Type - Enter code 1-8	5:		
state, ZIP code			see page 2 for list	Fair F	Rental Days	Personal Use Day
3320 N BUFFALO			4		97	1
LAS VEGAS, NV 89129			COMMERCIAL			1
·						
)						
	L		Propert	ies		
Rental Real Estate Income		A	В	С		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 • • • • • • • • • • • • • • • • • • •		5,504		······		
B Legal and other professional fees	8					
9 Interest • • • • • • • • • • • • • • • • • • •	9	16,775				
0 Repairs • • • • • • • • • • • • • • • • • • •	10	2,623				
1 Taxes • • • • • • • • • • • • • • • • • • •	11	6,115				
2 Utilities • • • • • • • • • • • • • • • • • • •	12	3,075				
3 Wages and salaries	13					
Depreciation (see instructions)	14	74,558				
5 Other (list) Amortization	-   -	567				
Statement #8A	- 15 -	13,501				
	-   -					
	+					
5 Total expenses for each property.		104 000				
Add lines 3 through 15 · · · · · · · · · · · · · · · · · ·	16	124,003				
	17	(91,670)				
property. Subtract line 16 from line 2	L		L		18a	27 222
<ul> <li>b Total expenses. Add total expenses from line</li> </ul>		5	· · · · · · · · · · · · · · · · ·			<u>32,333</u> 124,003
<ul> <li>Net gain (loss) from Form 4797. Part II, line 1</li> </ul>		0			100 (	124,003
estate activities					19	
a Net income (loss) from rental real estate activ						
this partnership or S corporation is a partner of					20a	
b Identify below the partnerships, estates, or tru		• •				
Attach a schedule if more space is needed:						
(1) Name		(2) Emp	loyer identification number			
						·
Net rental estate income (loss). Combine line	s 18a thro	ugh 20a. Enter the res	ult here and on:		21	(91,670)
Form 1065 or 1120S: Schedule K, line 2,	Oľ					
Form 1065-B: Part I, line 4						
or Paperwork Reduction Act Notice, see instruc	tions.				Fr	orm 8825 (12-2010

Form 1065)       For calendar year 2012, or tax       Deductions, Credits, and Other Items         spartment of the Treasury       year beginning       2012       1       Ordinary business income (loss)       15       Credits         arther's Share of Income, Deductions, interesting and the partnership       A structure is a spart to the Treasury interest means       1       Ordinary business income (loss)       15       Credits         Partner's Share of Income, Deductions, interest means       See page 2 of form and separate instruction.       3       Clure net rontal income (loss)       16       Foreign transactions         Partner's dameship's amployer infinition About the Partnership       4       Guaranteed payments       16       Foreign transactions         4.5 - 53.02.4.3.2       5       Interest mecome       5       Interest mecome       6       Ordinary dividends         5       Interest mecome       5       Interest mecome       6       Ordinary dividends       6         6       Criteck if the is a publicly traded partnership field reture efficience       7       Royaltes       17       Atternative minemum tax (AMT) iter         6       Partner's name, sidentes, chy, state, and ZIP code       9b       Collecteles (23%) gain (loss)       17       Atternative minemum tax (AMT) iter         7       Partner's name, sidentes, chy, state, and ZIP c		2012	سببة سيساسين	Final K-1		Amended K		OMB No. 1545-0
construction         pert high result         200           construction         200           construction <t< th=""><th>Schedule K-1</th><th></th><th></th><th>art III</th><th></th><th></th><th></th><th></th></t<>	Schedule K-1			art III				
and Receil Server       and grant gran	F0111 1003)						1	
arther's Share of Income, Deductions, irredits, etc.       2       Net metaford retains mome lists. (4.5, 8.3.5)         Part I       Information About the Partnership       4       Carter is retained and retained (and the partnership)         A       A retained to anot separate instruction.       3       Cher is retained and retained (and the partnership)       4         A       A retained to another electron (and the partnership)       4       Carter is retained and retained (and the partnership)       16       Proceedy and the partnership         A       A retained to another electron (and the partnership)       4       Carter is retained (and the partnership)       17       A land the partnership         B       Proceedy and the partnership       4       Carter is another and the partnership       6       Carter is another and the partnership       6       Carter is another	epartment of the Treasury ternal Revenue Service		1	Ordinary bu	siness income (loss	;)	15	Credits
interactions, etc.       ▶ See page 2 of form and separate ensemptions, and the partnership       3 (000 mmm and separate ensemptions, and the partnership       3 (000 mmm and separate separate ensemptions, and the partnership         Image: Partnership and the partnership       3 (000 mmm and separate separate ensemptions, and the partnership       4 (245, 8335)         Preference ensemption ensemption ensemptions, and the partnership       4 (245, 8335)       10 (245, 8335)         Partnership and the partnership       4 (245, 8335)       10 (245, 8335)         Partnership and the partnership       5 (245, 8335)       10 (245, 8335)         Partnership and the partner       5 (245, 8335)       5 (245, 8335)         Partnership and the partner       5 (245, 8335)       10 (245, 8335)         Partnership and the partner       9 (245, 8335)       10 (245, 8335)         Partnership and the partner       9 (245, 8335)       11 (245, 8335)         Partnership and the partner       9 (245, 8335)       11 (245, 8335)         Partnership and the partner       9 (245, 8335)       11 (245, 8335)         Partnership and the partner set of the partner       9 (245, 8335)       11 (245, 8335)         Partnership and the partner set of the pa			<u> </u>	~~~			-	
		ome, Deductions,	2	Net rental re				
Particip analysis analysis of solutions review       4       Guardiner parameter         A Protocomps analysis analysis of solutions review       4       Guardiner parameter         B Particip analysis of solutions review       4       Guardiner parameter         B Particip analysis of solutions review       5       Interactions review         B Particip and solution review       5       Interactions review         C INS Conter where parameters during solution review       5       Interactions review         C INS Conter where parameters during solution review       7       Horizona and review         C INS Conter where parameters during solution review       7       Horizona and review         C INS Conter where parameters during solution review       7       Horizona and review         Particip Conter where parameters during solution review       7       Horizona and review         Particip Conter where parameters during solution review       9       Deletifier and review       17         Particip Conter Conter Life       9       Deletifier and review       18       Torreview review review         Solution review       10       Not solution review       10       Horizona and review review         Solution review       10       Deletifier review       10       Horizona and review         Solution review	freuns, etc.	See page 2 of form and separate instructions.	3	Other est es		,033)	16	Carolaa kanaaliana
A Protecting and point dividual number       4       Guarantiest projection individual number         A S - 5302432       5       Instantia degree         PATIENCE ONE LLC       3320 N BUPFALD STE 203       5       Instantia degree         S D One allow status and contract protocols (and any degree of the contract protocols (and any degree of the contract protocols (and any degree of the contract of	Part I Informatio	n About the Partnership	-  <sup>-</sup>	Oner nerre	marincome (iuss)			союди наизаснойз
45-5302432       5       ingends income         B Tymeshy monitor data and 2P code       5       ingends income         PATIENCE ONE LLC       3320 N BUFFALO STE 208       5         Ass VEGAS, NV 99129       5       ingends income         C 148 Cather water patiently filled out on the entry of the Partner       5       ingends income         Partill Information About the Partner       9       Austroperon capital gain (beg)       17         Partill Information About the Partner       9       Austroperon capital gain (beg)       17         Partill Information About the Partner       9       Austroperon capital gain (beg)       17         Partill Information About the Partner       9       Austroperon capital gain (beg)       17         F Independ name, advance, data, and 2P code       9       Consolids (20%) gain (bos)       18       Tax-every montenents (MAF) Acting the partner or other LC methods (20%) gain (bos)         Size Consolid station of the partner or other LC methods       Interest partner       10       Not section 1231 gain (bag)       18       Tax-every montenent gain (bag)         Size Consolid station of the partner or other LC methods       Interest partner       11       Differ capacities (20%) gain (bos)       18       Tax-every montenent gain (bag)         Size of control of the partner       10       Dinter capacities (			4	Guaranteed	payments		1	
PATIENCE ONE LLC 3320 N BUFFALO STE 208 LAS VEGAS, NV 89129  G (inS Celler where potentially field mixing of 11.2 C (inS Celler where potentially field mixing of 12.2 C (inS Celler where potentially field mixing of 12.2 C (inS Celler where potentially field mixing of 13.2 C (inS Celler where potentially field mixing of 14.2 C (inS Celler where potentially field mixing of 15.7 C (inS Celler where potentially field mixing of 14.2 C (inS Celler where potentially field mixing of 15.7 C (inS Celler where potentially field mixing) C (instances of whether field mixing) C (instances of wh								
33.320 N BUFFALO STE 208 LAS VEGAS, NV 89129     58 Orders where pathesize file file relian effile       C IFS Grow where pathesize file file relian effile     7 Reputes       D □ Orox / Bits is a publicly index pathesize file file relian effile     7 Reputes       Path II I Information About the Partner     9 Net dort form capts gain (best pathesis devidends are statement (best member-wave)     17 Alsenative munitum tax (AbiT) for for dort of a double of the set of the s	B Pannership's name, address, cit	y, state, and ZIP code	5	Interest inco	ome		1	
LAS VEGAS, NV 89129       6b Outride doublets         C INS Center where partnership filed rearen effile       7 Royalites         D _ Orice, if this is a subday funder partnership, IFPP       8 Net start-term capits gain (loss)         Partner       9 Net start-term capits gain (loss)         Partner       10 Net acctor (23) gain (loss)         9 Net start-term capits       10 Net acctor (23) gain (loss)         11 Other noone (loss)       11 Other noone (loss)         12 Social 179 doluctor       19 Databulars         13 Other deactorie       10 Other noone (loss)         14 Staff or partner       5 O 00000000 %         5 O 00000000 %       5 O 00000000 %         5 O 00000000 %       12 Socian 179 doluctor         12 Socian 179 doluctor       19 Databulars         20 Other startere done dol	PATIENCE ONE L	LC						
C     IB2 Contex where some somewhere the field return	3320 N BUFFALO	STE 208	6a	Ordinary div	ndends		1	
C       Information patheticity field eator         G = file       7         Part II       Information About the Partner         E       Pathetic admition of the sequency and patheticity (STP)         B       Not stord-semicapital gain (bes)         F       Pathetic admition of the sequency (State, and 2P pade)         DAMAM_MICHAELS MD       90         DS17       OLDEN CHARLOTTE DR         LAS VEGRS, NV 89145       10         M       Demonster pathetic atoms (March 123) gain (bes)         II       Demonster pathetic atoms (March 123) gain (bes)         II       Demonster pathetic atoms (March 123) gain (bes)         III       Demonster pathetic atoms (March 123) gain (bes)         IIII       Demonster pathetic atoms (March 123) gai	LAS VEGAS, NV	89129						
effile       7       Reyelloc         0			6b	Qualified div	ridends			
□       Duetout if this is a queblety traded partnerphy (PTP)       0       Net should have a queblety traded partnerphy (PTP)         E       Pathody standard partner of the Partner       9       Net should have a queblety traded partner (queblet)         F       Pathody standard queblety traded queblety and QP code       90       Collected from capital gain (bas)       17       Alternative mention of the (AIT) Apr         F       Pathody standard queblety traded queblety and QP code       90       Collected from capital gain (bas)       17       Alternative mention of the (AIT) Apr         F       Pathody standard queblety and QP code       90       Collected from capital gain (bas)       17       Alternative mention of the (AIT) Apr         Pathody standard queblety and the pathody of the CALC member of other LLC member of other LLC member of the LLC member of other LLC member of the LLC member of other LLC member of the full (FSSEP/Acquebec), Code have of prodicites (BSSEP/Acquebec), Social there is a featment than (RSSEP/Acquebec), Social there is	C IRS Center where partnership fil	led return						
Part II       Information About the Partner       8       Net stantation capital gain (bes)         Part II       Information About the Partner       9a       Nationstant capital gain (bes)         F       Partner's tames appress, one state, and 2P code       9b       Collectedes (28) gain (bes)         DANKA       NETCHARLS       MD         95.17       QUEEN       CHARPEL State, and 2P code         DANKA       NETCHARLS       MD         95.17       QUEEN       CHARPELOTTE         1AS       VEGAS, NV 89145       9c         G       Collectedes (28) gain (bes)       9c         9c       Linead partner or other LLC member and next an 128 gain (bes)       18         10       Net exctain 128 gain (bes)       18         11       Other excerve (bes)       11         12       Section 170 destactor       19         13       Other excerve (bes)       12         14       Section 170 destactor       19         14       Section 704(b) tool       10         14       Section 704(b) tool       10         14       Section 704(b) tool       10         15       Section 704(b) tool       10         16       Contenston regaind       10 </td <td>T</td> <td></td> <td>7</td> <td>Royalties</td> <td></td> <td></td> <td></td> <td></td>	T		7	Royalties				
Part II       Information About the Partner         E       Partner's stantifying nutter       94       Met long-term capital gen (toss)       17       Atternative memoramists (AMT) aler         F       Partner's stantifying nutter       94       Met long-term capital gen (toss)       17       Atternative memoramists (AMT) aler         F       Partner's number. IsoPless. cdb, table, and ZIP code       9b       Celectribide (28%) gain (toss)       18       Tax-exempt encome and monodes/cdb gen (toss)         G       S general partner or LLC       Immediate marker       10       Net section 1280 gain       18       Tax-exempt encome and monodes/cdb general endomes and monodes/cdb general endomes         G       M general partner or a reformer to plan (RS/SEPMeognetic). Check here (see naturations)       IDDITY DUDAL       11       Other deduction       19       Dastbulkens         If       What point or a reformer to plan (RS/SEPMeognetic). Check here (see naturations)       Eagining       Eagining       13       Other deductions       19       Dastbulkens         If       What section 179 doduction       19       Dastbulkens       20       Other information.         If       Section 179 doduction       19       Dastbulkens       14       Section 179 doduction       19       Dastbulkens         If       Maset cerrition wet or ad	D Check if this is a publicly tra	ded partnership (PTP)					_	
E       Partner's dentifying number       93. Net tong-term cigatal gen (toss)       17       Atternative minimum tax (AAT) iter         F       Partner's dentifying number       93. Net tong-term cigatal gen (toss)       17       Atternative minimum tax (AAT) iter         F       Partner's analysis (pan (toss)       96       Contenties (28%) gain (toss)       17       Atternative minimum tax (AAT) iter         G       Contenties a network of LCC member manager       Immeter monitor or other LLC member manager       10       Net section 1280 gain       18       Tax-exempt income and monitodeucable adjects a	Dart II Informatio	n About the Dertner	- 8	Net short-ter	rm capital gain (los	s)		
F       Partner's name, indexes, city, state, and ZP code         DANKA       MICHAELS MD         9517       QUEEN         QUEEN       CHARLOTTE DR         LAS       VEGAS, NV 89145         G       Genoral partner or LCD         momber-manager       United partner or other LLC         momber-manager       Process partner         H       Domestic partner or LCD         H       Domestic partner         H       Montestic partner         H       Domestic partner         H       Montestic partner         H       Domestic partner         H       Montestic partner         H       Montestic partner         H       Domestic partner         H       Montestic partner         H       Montestic partner         H       Domestic partner         H       Domestic partner         J       Partner's state of porti, toss, and capatel (see instauctions)         Beginning       Ending         Partner's state of ababities at year and         Net meet's state of ababities at year and         Net meet's state occurs       S         Qualified noncorecurse lineacount       S         Qualified noncor	1	n About the Partner	+					
DANKA MICHAELS MD         9517 QUEEN CHARLOTTE DR         LAS VEGAS, NV 89145         G M General partner rLC         member-manager         H Domestic partner         Partner's state of post-loss, and spetal (see instructions)         J Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         J Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         IN What type of entity as fits partner/ (see instructions)         IN What type of entity as fits partner/ (see instructions)         Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         Partner's state of post-loss, and spetal (see instructions)         I Solo 0000000       % 50.00000000 %         Capatial 50.00000000       % 50.00000000 %         Qualified momecurus financing	<ul> <li>Partner's identifying number</li> </ul>		9a	Net long-ten	m capital gain (loss	)	17	Alternative minimum tax (AMT) iten
DANKA MICHAELS MD         9517 QUEEN CHARLOTTE DR         LAS VEGAS, NV 89145         G M General partner rLC         member-manager         H Domestic partner         Partner's state of post-loss, and spetal (see instructions)         J Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         J Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         IN What type of entity as fits partner/ (see instructions)         IN What type of entity as fits partner/ (see instructions)         Partner's state of post-loss, and spetal (see instructions)         IN What type of entity as fits partner/ (see instructions)         Partner's state of post-loss, and spetal (see instructions)         I Solo 0000000       % 50.00000000 %         Capatial 50.00000000       % 50.00000000 %         Qualified momecurus financing	E Godovća u sekonik sekonik sekonik		- ab	0-11			{	
9517 QUEEN CHARLOTTE DR       96 Unreceptored section 1250 gain         IAS VEGAS, NV 89145       96 Unreceptored section 1250 gain         9 Curreceptored section 1250 gain       18 Tax-event income and nondeducible expenses         9 Minor of entry aship section?       Instact partner or other LLC another         11 What bype of entry aship section?       INDIVIDUAL interference (cass)         12 If this partner is a calarized partner?       INDIVIDUAL interference (cass)         13 Other income (cass)       19 Distributions         14 Section 179 deduction       19 Distributions         15 What yoo of entry aship section?       11 Other income (cass)         16 There income (cass)       19 Distributions         17 Other income (cass)       19 Distributions         18 Tax-event partner?       10 Other income (cass)         19 Distributions       10 Other income (cass)         10 Other income (cass)       12 Section 179 deduction         19 Distributions       13 Other deductions         10 Other information       14 Setf-employment carrings (tass)         10 Other incomes (decases)	,		90	Collectibles	(28%) gain (loss)			
LAS VEGAS, NV 89145       10 Net section 1231 gain (loss)       16 Tax-exempt income and nondeductible exempts and come of the LLC nomber         G ⊠ General partner or LLO member       10 Net section 1231 gain (loss)       16 Tax-exempt income and nondeductible exempts and nondeductible			90	Unronneturo	d costing 1360 agu	~~~~~	1	
G       ∑ General pather or LLC member       Lumiked pather or other LLC nember       10       Net section 1231 gain (loss)       18       Tax-exempt income and nondeducible expenses         H       ∑ Darvestic pather       Foreign pather       11       Other income (loss)       11       Other income (loss)         If this pather is a returnent plan (IRS/SEP/Recepted.), check here (see instructions)       Ending Profit       12       Section 179 deduction       19       Distributions         J       Pather's share of profit, loss, and capital (see instructions): Beginning Profit       Ending Profit       13       Other deductions       12       Section 179 deduction         K       Pather's share of highlites at year end: Nonrecourse       S       7.6.4, 2.9.9       14       Self-employment earnings (loss)         Under deductions       S       1.7.2, 8.5.0       1.4       Self-employment earnings (loss)       14         L       Pather's capital account       S       1.2.7, 0.1.5       S       1.2.7, 0.1.5       S         M       Did the pather controluce propety with a builting pain or loss?       Section 704(b) book       14       Self-employment earnings (loss)				onrecaptore	a sectori 1200 gali	1		
G       ∑ General partner or LLC member-manager       I Limited partner or other LLC member       Incodeductibile expenses         H       ∑ Demestic partner       Foreign partner       II       Other income (loss)         H       ∑ Demestic partner       INDIVIDUAL       II       Other income (loss)         If the partner is a determent plan (IRS/BEPARoghete.). teck here (see instructions)       III       Other income (loss)       III       Other income (loss)         J       Partner's share of profit, best, and captel (see instructions)       Ending       III       Other deduction       III       Destributions         Yead       50.0000000       %       50.0000000       %       20       Other information         Vertex       50.0000000       %       50.0000000       %       20       Other information         K       Partner's stare of habities at year and Notrecourse function       S       S       S       S         Qualified nonrecourse financing       S       172,850       S       S       S         Current year increase (documat information       S       S       S       S       S         Withdrawals & dostributed during the year       S       127,015       S       S       S         Endite partner controbuted property with a buil		0 <i>3 1</i> 1 0	10	Net sertion	1231 gain (loss)		18	Tax-exempt income and
Immember-manager       member         H       Damestic patter       Foreign patter         If       Uber income (loss)         If       Other income (loss)         If       Soff-employment carnings (loss)         If       Soff-employment carnings (loss)         If       Soff-employment carnings (loss)         If	G X General partner or LLC	Limited partner or other LLC	1		- <u>2</u> 30 (1000)			
11       What type of entity is this partner? (see inst.)       INDIVIDUAL         12       If this partner is a returnment plan (IRS/SEP/KeopHetz., check here (see instructions)       1         13       Datard's share of profit. (toss. and captal (see mstructions)):       1         14       Section 179 deduction       19         15       Section 179 deduction       19         16       Distributions       20         17       Captat       50.0000000         18       Other deductions       20         19       Distributions       20         11       Other deductions       20         12       Section 179 deduction       19         13       Other deductions       20         14       SetS-employment earnings (loss)       14         14       SetS-employment earnings (loss)       14         14       SetS-employment earnings (loss)       15         15       Differ deductions       16         16       SetSecont 100 additional information.       16         14       SetSecont 100 additional information.       16         15       Captat enclonation degraps       172, 850       127, 015         16       Dither (explan)       GAAP       Sec	member-manager		11	Other incom	e (loss)		1	
12       If this partner is a retirement plan (IRS/SEP/Keeghiete.), check here (see instructions)       12       Section 179 deduction         13       Data is a set instructions)       12       Section 179 deduction       19       Distributions         14       Set instructions       20       Other information         14       Set instructions       14       Set instructions       20       Other information         15       Dualified nonrecourse financing	H X Domestic partner	Foreign partner						
12       If this partner is a retirement plan (IRS/SEP/Keeghiete.), check here (see instructions)       12       Section 179 deduction         13       Data is a set instructions)       12       Section 179 deduction       19       Distributions         14       Set instructions       20       Other information         14       Set instructions       14       Set instructions       20       Other information         15       Dualified nonrecourse financing								
Isee instructions)       Image:	11 What type of entity is this partne	r? (see inst.) <u>INDIVIDUAL</u>						
J       Panner's share of profit, toss, and capital (see instructions).       12       Section 179 deduction       19       Distributions         Profit       50,000000       %       50,0000000       %       20       Other information         K       Panner's share of habilities at year end.       Nonrecourse financing       13       Other deductions       20       Other information         L       Panner's capital account analysis:       764,299       14       Self-employment earnings (loss)       14       Self-employment earnings (loss)         L       Panner's capital account analysis:       Secourse       *See attached statement for additional information.         Beginning capital account       Size (decease)       Size (decease)       Size (decease)       Yes         M       Did the pantner contribute property with a built-in gain or loss?       Section 704(b) book       Pantner's more size (decease)       Arried Size (decease)         M       Did the pantner contribute property with a built-in gain or loss?       No       No       No								
Beginning       Ending 50.0000000       Ending 50.0000000       Ending 50.0000000       Ending 50.0000000         K       Partner's share of habilities at year end. Nonrecourse       13 Other deductions       20 Other information         L       Partner's capital account analysis: Beginning capital account       14 Self-employment earnings (loss)       20 Other information         L       Partner's capital account analysis: Beginning capital account       *See attached statement for additional information.         Current year increase (decrease)       *S       127,015         M       Dither (explain)       GAAP       Section 704(b) book         M       Did the partner contribute property with a building gain or loss?       Yes								
Profit       50.0000000       %       50.0000000       %         Loss       50.0000000       %       50.0000000       %         Capital       50.0000000       %       50.0000000       %         K       Partner's share of leabilities at year end: Nonrecourse       13       Other deductions         Validide nonrecourse financing			12	Section 179	deduction		19	Distributions
Loss       50.000000       %       50.000000       %       50.000000       %         Capital       50.000000       %       50.0000000       %       50.0000000       %         K       Partner's share of liabilities at year end Nonrecourse       14       Self-employment earnings (loss)       20       Other information         L       Partner's capital account								
Capital 50.0000000 % 50.000000 %       20 Other information         K       Partner's share of habities at year end: Nonrecourse			13	Other deduc	tions			
K       Partner's share of habilities at year end: Nonrecourse       14       Self-employment earnings (toss)         Qualified nonrecourse financing							20	00
Nonrecourse		<u></u>					20	over mornaum
Nonrecourse	K Pariner's share of trabilities at up	ar end:						
Oualified nonrecourse financing			14	Self-employ	ment earnings (loss	3	1	
Recourse		······································				,		
Beginning capital account		·····	1					
Beginning capital account								
Capital contributed during the year       · · · S       172,850         Current year increase (decrease)       · · · · S       (45,835)         Withdrawals & distributions       · · · · · S       127,015         Ending capital account       · · · · · · S       127,015         X       Tax basis       GAAP       Section 704(b) book         Other (explain)       GAAP       Section 704(b) book         M       Did the partner contribute property with a built-in gain or loss?         Yes       X       No	L Partner's capital account analysi	s:	*Se	e attachec	l statement for	additional ir	ıforn	nation.
Current year increase (decrease)       · · · · · · · · · · · · · · · · · · ·	Beginning capital account							
Withdrawals & distributions       · · · · · · · · · · · · · · · · · · ·	Capital contributed during the ye							
M Did the partner contribute property with a built-in gain or loss? Yes X No	· · · ·	······································	È			legijeljevije gje pis erstale state		alan a Taranaka Tarattaka Matu
M Did the partner contribute property with a built-in gain or loss? Yes X No			þ		iran	<u> I</u> RAN		
M Did the partner contribute property with a built-in gain or loss? Yes X No	Ending capital account · ·	·····\$ <u>127,015</u>	lse		RECEINANT.		98	
M Did the partner contribute property with a built-in gain or loss? Yes X No			SL		y da kar	卵燈的	16	
M Did the partner contribute property with a built-in gain or loss? Yes X No	`	GAAP Section 704(b) book	R					
M Did the partner contribute property with a built-in gain or loss? Yes X No	Other (explain)		For			1. CONTRA	46	
Yes X No	\$4		1					
		- ·	1					

Schedule K-1 (Form 1065) 2012

Schedule K-1	2012	putany management	Final K-1	Bortnor's	Amended K-		OMB No. 1545-00 urrent Year Income,
Form 1065)	For calendar year 2012, or tax						and Other Items
epartment of the Treasury	year beginning 2012	1	Ordinary bu	siness income (los		1	Credits
Iternal Revenue Service	ending 20		-				
Partner's Share of Inc	ome, Deductions,	2	Net rental re	al estate income (l			
Credits, etc.	See page 2 of form and separate instructions				5,835)	10	-
Part I Information	on About the Partnership		Other net re	ntal income (loss)		10	Foreign transactions
A Partnership's employer identified	calion number	4	Guaranteed	payments			
45-5302432							
B Partnership's name, address, o PATIENCE ONE I		5	Interest inco	me			
3320 N BUFFALO		6a	Ordinary div	ande			
LAS VEGAS, NV			oraniary are	06/105			
		6b	Qualified div	idends			
C IRS Center where partnership	filed return						
efile D Check if this is a publicly tr		7	Royalties				
Check in this is a publicity in	aded partnership (PTP)	8	Net short-ter	m capital gain (losi	-)		
Part II Informatio	on About the Partner		1401 011011-101	ni oashar gani tida	<i>»)</i>		
E Partner's identifying number		9a	Net long-terr	n capital gain (loss	}	17	Alternative minimum tax (AMT) items
F							
F Partner's name, address, city, s TOM PICKENS	itate, and ZIP code	96	Collectibles	28%) gain (loss)			
9517 QUEEN CHA	ARLOTTE DR	9c	Unrecapture	d section 1250 gair	1		
LAS VEGAS, NV							
		10	Net section 1	231 gain (loss)		18	Tax-exempt income and
G X General partner or LLC member-manager	Limited partner or other LLC member						nondeductible expenses
H X Domestic partner	Foreign partner	11	Other income	e (loss)			
Est Domestic partier	Tolega parate						
11 What type of entity is this partn	er? (see inst.) INDIVIDUAL						
12 If this partner is a retirement pla	an (IRS/SEP/Keogh/etc.), check here						
J Partner's share of profit, loss, a Beginning		12	Section 179	deduction		19	Distributions
Profit 50.000		% 13	Other deduct	1005			
Loss 50.0000	000 % 50.000000 '	%			l		
<u>Capital 50.000</u>	000 % 50.0000000	<u>%</u>			ſ	20	Other information
V							
K Partner's share of liabilities at y Nonrecourse		14	Salfamalaun	ient earnings (loss	<u>,</u>		
Qualified nonrecourse financing		-	oen-en proya	ien eannigs (iosa	, 		
Recourse • • • • • •	· · · · · · s	_					
L Partner's capital account analys		*See	e attached	statement for	additional inf	form	ation.
Beginning capital account • Capital contributed during the y		-					
Current year increase (decreas		-					
Withdrawals & distributions	· · · · · · · · · · · · · · · · · · ·			184254	i i Recht		
Ending capital account · ·	·····\$127,015	lse				ť,	
V		For IRS Use Only		A BARYE	<u> Takini</u>		
X Tax basis Other (explain)	GAAP Section 704(b) book	L R		i Ridia			
Uner (explain)		LO LO		hismatistat	nau 9	W.	
M Did the partner contribute prone	nty with a built-in gain or loss?						
Yes	X No						

(

	4562	Dopre	eciation and		zation		OMB No. 154
		(Including	g Information o	n Listed	Property	/)	201
	rtment of the Treasury al Revenue Service (99)	See separat	e instructions.	Attach to	your tax return	1.	Attachment Sequence No
	(s) shown on return			'	h this form relates		Identifying number
	TIENCE ONE LLC		FO	RM 8825	5 - 1		45-5302
Ра		Expense Certain Pr					
1	Mote: If you nave Maximum amount (see ins	e any listed property, com	······································			1	
2	Total cost of section 179 p	*			· · · · · · · · ·		
3	Threshold cost of section					3	
4	Reduction in limitation. Su		· · · · · ·	,		}	
5	Dollar limitation for tax yea	r. Subtract line 4 from line	1. If zero or less, enter	-0 If married	filing		
·····	separately, see instruction	<u>s</u> • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			5	
6	(a) Des	cription of property	(b) Cost (	business use only	/) (c) El	ected cost	_
7	Listed property. Enter the a	amount from line 29	<i></i>		7	·····	
8	Total elected cost of sectio					8	
9	Tentative deduction. Enter						
10	Carryover of disallowed de	eduction from line 13 of yo	ur 2011 Form 4562			10	0
11	Business income limitation		,	,	ne 5 (see ins	tructions) 11	
12	Section 179 expense dedu			an line 11	· · · · · ·	• • • 12	2
13	Carryover of disallowed de			▶   1	3		
	: Do not use Part II or Part rt II Special Depr	eciation Allowance		ciation (n		· · · · · · · · · · · · · · · · · · ·	
14	Special depreciation allow					isted property	(See instructions
	during the tax year (see in:			2.7.1		14	<b>1</b> 61
15	Property subject to section	,					
16	Other depreciation (includi					16	
10						• • •   10	j j
		reciation (Do not in					j
	rt III   MACRS Dep	preciation (Do not in	clude listed property.) (S Section A	ee instruction		· · · ] 10	j
Pa 17	rt III MACRS Dep	sets placed in service in ta	clude listed property.) (S Section A ix years beginning before	ee instruction	is.)		
Pa	rt III MACRS Dep MACRS deductions for ass If you are electing to group	reciation (Do not inv sets placed in service in ta any assets placed in serv	clude listed property.) (S Section A ax years beginning before vice during the tax year in	ee instruction 2012 •	is.)	17	
Pa 17	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her	reciation (Do not in sets placed in service in ta any assets placed in serv e	clude listed property.) (S Section A Ix years beginning before vice during the tax year in	ee instruction 2012 - nto one or mor	s.) • • • • • • • • • • • • • • • • • • •	· · · · 17	7
Pa 17	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B	e	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation	ee instruction	s.) • • • • • • • • • • • • • • • • • • •	· · · · 17	7
Pa 17	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her	e	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea	ee instruction 2012 - nto one or mor	s.) • • • • • • • • • • • • • • • • • • •	· · · · 17	7
Pa 17	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B	constant (Do not integrate of the service in tage of the service in tage of the service in tage of the service of the ser	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (businessfirivestment use	e instruction 2012 · nto one or mor ar Using the ( (d) Recovery	s.) • • • • • • • • • • • • • • • ■ General Depre	· · · · 17	m
Pa 17 18 19a b	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property	constant (Do not integrate of the service in tage of the service in tage of the service in tage of the service of the ser	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (businessfirivestment use	e instruction 2012 · nto one or mor ar Using the ( (d) Recovery	s.) • • • • • • • • • • • • • • • ■ General Depre	· · · · 17	m
Pa 17 18 19a b c	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property	constant (Do not integrate of the service in tage of the service in tage of the service in tage of the service of the ser	clude listed property.) (S         Section A         ix years beginning before         rice during the tax year in         ce During 2012 Tax Yea         (c) Basis for depreciation         (business/investment use only-see instructions)	ee instruction = 2012 • nto one or mor • • • • • ar Using the ( (d) Recovery period	IS.) re general General Depre- (e) Convention	17	m
Pa 17 18 19a b c d	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property	constant (Do not integrate of the service in tage of the service in tage of the service in tage of the service of the ser	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (businessfirivestment use	e instruction 2012 · nto one or mor ar Using the ( (d) Recovery	s.) • • • • • • • • • • • • • • • ■ General Depre	· · · · 17	m
Pa 17 18 19a b c d e	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	constant (Do not integrate of the service in tage of the service in tage of the service in tage of the service of the ser	clude listed property.) (S         Section A         ix years beginning before         rice during the tax year in         ce During 2012 Tax Yea         (c) Basis for depreciation         (business/investment use only-see instructions)	ee instruction = 2012 • nto one or mor • • • • • ar Using the ( (d) Recovery period	IS.) re general General Depre- (e) Convention	17	m
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Pai 17 18 19a b c d e f g h	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 25-year property 25-year property 25-year property 25-year property Residential rental property Nonresidential real property	Control (Do not investigation) (Do not investigation) (Do not investigated in service in tage any assets placed in service • • • • • • • • • • • • • • • • • • •	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yei (e) Basis for depreciation (business/investment use anly-see instructions) 61,906 	ee instruction = 2012	IS.)	17 ciation Syste (f) Method S IJ S/L S/L S/L S/L S/L	(g) Depreciation de
Pa 17 18 19a b c d e f g h i	rt III MACRS Dep MACRS deductions for ass If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 25-year	Constant (Do not integrate in the service in tage of any assets placed in service in tage of any assets placed in service (b) Month and year placed in ser	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yei (e) Basis for depreciation (business/investment use anly-see instructions) 61,906 	ee instruction = 2012	IS.)	17 ciation Syste (f) Method S L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation de
Pa 17 18 19a b c d e f g h i 20a	rt III MACRS Dep MACRS deductions for as: If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property 25-year	Control (Do not investigation) (Do not investigation) (Do not investigated in service in tage any assets placed in service • • • • • • • • • • • • • • • • • • •	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yei (e) Basis for depreciation (business/investment use anly-see instructions) 61,906 	ee instruction 2 2012 . 10 one or more ar Using the ( (d) Recovery period 10 10 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 31.5 Using the Ai	IS.)	17	(g) Depreciation de
Pa 17 18 19a b c d e f g h i 20a b	rt III MACRS Dep MACRS deductions for as: If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property 25-year property	Control (Do not investigation) (Do not investigation) (Do not investigated in service in tage any assets placed in service • • • • • • • • • • • • • • • • • • •	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yei (e) Basis for depreciation (business/investment use anly-see instructions) 61,906 	ee instruction = 2012 . 	s.) re general General Depre- (e) Convention MQ MM MM MM MM MM MM MM MM	17	(g) Depreciation de
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Pa 17 18 19a b c d e f g h i i 20a b c	rt III MACRS Dep MACRS deductions for as: If you are electing to group asset accounts, check her Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 25-year	Preciation (Do not invision of the service of the	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yei (e) Basis for depreciation (business/investment use anly-see instructions) 61,906 	ee instruction 2 2012 . 10 one or more ar Using the ( (d) Recovery period 10 10 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 31 . 5 Using the Al 12 yrs. 40 yrs.	s.) re general General Depre- (e) Convention MQ MM MM MM MM MM MM MM MM MM	17	(g) Depreciation de
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Pa 17 18 19a b c d e f g h i 20a b c Pa 21 22	rt III     MACRS Dep       MACRS deductions for as:     If you are electing to group asset accounts, check here       Section B       (a)     Classification of property       3-year property       5-year property       7-year property       10-year property       20-year property       25-year property       20-year property       25-year property       25-year property       26-year property       Nonresidential real       property       Section C -       Class life       12-year       40-year       rt IV     Summary (S       Listed property. Enter and       Total. Add amounts from I       here and on the appropriat	Preciation (Do not invision of the service in tage of the service in tage of the service of the	clude listed property.) (S Section A ix years beginning before vice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (business/investment use only-see instructions) 61,906 1,282,624 e During 2012 Tax Year 1,282,624 e During 2012 Tax Year 7, lines 19 and 20 in col nerships and S corporat	ee instruction 2 2012 . ar Using the ( (d) Recovery period 10 10 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 31 . 5 Using the Ai 12 yrs. 40 yrs. 40 yrs.	IS.)		(g) Depreciation de
Pa 17 18 19a b c d d e f g h i 20a b c Pa 21	rt III     MACRS Dep       MACRS deductions for as:     If you are electing to group asset accounts, check her       Section B       (a)     Classification of property       3-year property       5-year property       7-year property       10-year property       20-year property       20-year property       25-year property       20-year property       25-year property       25-year property       26-year property       Residential rental property       Nonresidential real property       12-year       40-year       40-year       Total. Add amounts from I here and on the appropriat For assets shown above a	Assets Placed in Service in tage     any assets placed in service in tage     any assets placed in Service     (b) Month and year     placed in Service     (b) Month and year     placed in Service     2012-09     Assets Placed in Service     e instructions.) punt from line 28 ine 12, lines 14 through 1 e lines of your return. Part     nd placed in Service during	clude listed property.) (S Section A ix years beginning before vice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (business/investment use only-see instructions) 61,906 1,282,624 e During 2012 Tax Year 1,282,624 e During 2012 Tax Year 7, lines 19 and 20 in col nerships and S corporat g the current year, enter	ee instruction 2012	IS.)	17           ciation Syste            (f) Method            SIL            S/L            S/L            S/L            S/L            S/L            S/L            21	(g) Depreciation de
Pa 17 18 19a b c d e f g h i 20a b c Pa 21 22 23	rt III     MACRS Dep       MACRS deductions for as:     If you are electing to group asset accounts, check here       Section B       (a)     Classification of property       3-year property       5-year property       7-year property       10-year property       20-year property       25-year property       20-year property       25-year property       25-year property       26-year property       Nonresidential real       property       Section C -       Class life       12-year       40-year       rt IV     Summary (S       Listed property. Enter and       Total. Add amounts from I       here and on the appropriat	Preciation (Do not investigation (Do not investigated in service in tarly assets placed in service in tarly assets placed in service  Assets Placed in Service  (b) Month and year placed in service  2012-09  Assets Placed in Service  ee instructions.) pount from line 28  ee instructions.) pount from line 28  ee instructions.) pount from line 28  assets 14 through 1 e lines of your return. Part and placed in service during able to section 263A costs	clude listed property.) (S Section A ix years beginning before rice during the tax year in ce During 2012 Tax Yea (c) Basis for depreciation (businessfirvestment use only-see instructions) 61,906 1,282,624 e During 2012 Tax Year 7, lines 19 and 20 in col nerships and S corporat g the current year, enter s	ee instruction 2012 at Using the ( (d) Recovery period (d) Recovery period 10 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 31 . 5 Using the Ai 12 yrs. 40 yrs.  umn (g), and I ions - see inst the	IS.)	17           ciation Syste            (f) Method            SIL            S/L            S/L            S/L            S/L            S/L            S/L            21	(g) Depreciation de

	12) PATIENC						5302432
Part V L	isted Property	hicles, certain compu	ters, and p	roperty used fo	r		
	ntertainment, recrea						
			e using the standard A, all of Section B, a			expense, com	plete <b>only</b> 24a,
Section	A - Depreciation a	nd Other Inform	ation (Caution: See	the instructions for lin	nits for pas	senger automo	obiles.)
24a Do you have	evidence to support the b	usiness/investment us	e claimed?	🗌 Yes 🗌 No	24b If "Y	es," is the evid	ence written?
(a)	(d)	(c)	(d)	(e)	(f)	(0)	(b)

Form 4562 (2012) PATIENCE ONE LLC

1	(a) (b) Type of property (list Date placed investme vehicles first) in service		(c) Business/ investment use percentage	Cost or	(d) other basis		(e) sis for depr usiness/inve use on	eciation estment	(f) Recovery period	Met	g) 10d/ 2ntion	() Deprec deduc	iation	1	i) ection 179 est
25	Special depreciatio	n allowance for c	ualified listed	d proper	ty placed	in servi	ce during	]			1				
	the tax year and us	ed more than 50	% in a qualifi	ed busir	ness use (	see ins	tructions	}.			25				
26	Property used more	e than 50% in a c	ualified busin	ness use	9:										
			%						T			T			
			%									1		1	
			%	1					1						
27	Property used 50%	or less in a qual	fied busines	s use:										1	
		1 1	%						1	S/L-		Τ			
		1 1	%	1						S/L-		1		1	
			%					******		S/L-		1		1	
28	Add amounts in col	umn (h), lines 25	through 27.	Enter he	ere and or	n line 2'	1, page 1	•			28			1	
29	Add amounts in col	umn (i), line 26. E	Enter here ar	nd on line	e 7, page	1					• • •		29		
				Section	B - Infor	matior	n on Use	of Vehic	les						
Cor	mplete this section fo	or vehicles used I	oy a sole pro	prietor, p	partner, or	other "	more tha	in 5% ow	ner," or r	elated pe	rson. If	vou provi	ded veh	licles	
	our employees, first														
				1	a)		(b)	1	c)			(e		(:	f)
30	Total business/inve	stment miles driv	en during	Vehi	cle 1	Vehi	cie 2	Vehic	ole 3	Vehicl	e 4	Vehict	e 5	Vehic	le 6
	the year (do not in	clude commuting	j miles) 🕠												
31	Total commuting mi	iles driven during	the year												
32	Total other persona	l (noncommuting	)					1							
	miles driven · ·														
33	Total miles driven d	uring the year. Ad	dd					1							
	lines 30 through 32														
34	Was the vehicle ava	ailable for person	al	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty I	hours?						1							
35	Was the vehicle use	ed primarily by a	more					1							
	than 5% owner or re	elated person?													
36	Is another vehicle a	vailable for perso	onal use?				1								
		Section C -	Questions	for Emp	loyers W	ho Pro	vide Vet	icles for	r Use by '	Their En	ployee	s			
Ans	swer these questions												not		
	re than 5% owners o														
37	Do you maintain a v	vritten policy stat	ement that p	rohibits a	all person	al use o	of vehicle	s, includi	ing comm	uting, by				Yes	No
	your employees?														******
38	Do you maintain a v	vritten policy stat	ement that p	rohibits j	personal i	use of v	ehicles,	except co	ommuting	, by your					
	employees? See the														
39	Do you treat all use														
	Do you provide mor					informa	tion from	your em	ployees a	bout the					
	use of the vehicles,														

Γ	Part VI	Amortization							
		your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.							
4	1 Do you	meet the requirements concerning qualified automobile demonstration use? (See instructions.)		•	•		•		
	use of t		•	• •	•	٠	• •	• •	٠

. are tr / / anorazation						
(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 duri	ng your 2012 tax year (	see instructions):				
LOAN FEES	2012-09-25	11,900	461	7	567	
43 Amortization of costs that began befo	re your 2012 tax year		<u> </u>	43		
44 Total. Add amounts in column (f). Se	e the instructions for w	here to report		44	567	
EEA	EEA F					

Danka Michaels001479

Page 2

🗌 Yes 🗌 No

45-5302432

AA03051

# IRS e-file Signature Authorization for Form 1065

Form 8879-PE	8879-PE IRS e-file Signature Authorization for Form 1065							
	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>See Instructions.</li> </ul>							
Department of the Treasury Internal Revenue Service	For calendar year 2012, or tax year beginning , 2012, ending	, 20						
Name of partnership		Employer identificatio	n number					
PATIENCE ONE		45-5302432						
Part I Return Infor	mation (Whole dollars only)		***************************************					
1 Gross receipts or sales	less returns and allowances (Form 1065, line 1c)	1						
2 Gross profit (Form 1065	5, line 3) • • • • • • • • • • • • • • • • • •							
3 Ordinary business incor	ne (loss) (Form 1065. line 22)	· · · · · · · · · 3						
4 Net rental real estate in	come (loss) (Form 1065, Schedule K, line 2)	4	(91,670)					
	(loss) (Form 1065, Schedule K, line 3c)							
Part II Declaration	and Signature Authorization of General Partner or Limited Liabil	ity Company Membe	er Manager					
	get a copy of the partnership's return)							
	declare that I am a general partner or limited liability company member manage		)					
	copy of the partnership's 2012 electronic return of partnership income and accor							
statements and to the best of	of my knowledge and belief, it is true, correct, and complete. I further declare that	the amounts in Part I						
	wn on the copy of the partnership's electronic return of partnership income. I con	· · ·						
	ERO), transmitter, or intermediate service provider to send the partnership's retu							
	acknowledgement of receipt or reason for rejection of the transmission and (b)							
processing the return. I have	e selected a personal identification number (PIN) as my signature for the partner	ship's electronic return of						
partnership income.								
General Partner or Lin	ited Liability Company Member Manager's PIN: check one box o	only						
🔀 I authorize	ROBERT S SEMONIAN CPA to enter my PIN <u>1</u>	<u>2345</u> asi	ny signature					
		o not enter all zeros						
on the partne	rship's 2012 electronically filed return of partnership income.							
<b></b>								
	partner or limited liability company member manager of the partnership, I will en	er my PIN as my signatu	re on					
the partnersh	ip's 2012 electronically filed return of partnership income.							
<b>•</b> • • • • • •								
	bility company member manager's signature		4.0					
Title ► <u>MEMBER</u>		Date ► <u>05-28-20</u>	13					
Part III Certification	n and Authentication							
r arcm   certification								
EDO's EEINI/DIN Enternau	a one digit CCIN followed by your first self a sheat of ON	050004 0070	<b></b>					
ERUS EFIN/PIN. Enter you	r six-digit EFIN followed by your five-digit self-selected PIN.	<u>950884 9876</u>	⊖ er all zeros					
Loodify that the obaye pump	rio potovio en ON subjet la reveliente en the OO4O status in (). Status t		er an zeros					
	ric entry is my PIN, which is my signature on the 2012 electronically filed return of		<i>c</i> .,					
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.								
Returns.								
ERO's signature	RT S SEMONIAN CPA	► 00-16-20	10					
	NI O OBRONIAN CLA	Date ► <u>09-16-20</u>	1.0					
******								
	ERO Must Retain This Form - See Instructi	ons						
	Do Not Submit This Form to the IRS Unless Request							

For Paperwork Reduction Act Notice, see instructions. EEA

Danka Michaels001480

AA03052

Form 8879-PE (2012)

Name(s) as shown on return	Federal Supporting Stateme	nts	2012 PG01
PATIENCE ONE LLC OTHER ASSETS	1065, SCHEDULE L, LINE 13		45-5302432 Statement #29
DESCRIPTION UTILITY DEPOSITS		BEG OF YE	AR END OF Y
TOTAL			6
FO	RM 8825, LINE 15 - OTHER		PG01 Statement #8A
DESCRIPTION ANNUAL LOAN MAINTENA MANAGEMENT FEES JANITORIAL INSPECTIONS LANDSCAPING FIRE PROTECTION BANK CHARGES TELEPHONE TRASH TOTAL	A		AMOUN 7,65 2,54 80 44 47 28 7 11 1,10 13,50

STATMENT.LD

e

	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 1065 and supplemental forms an	d schedules
	A general partner or managing membe date the return on the bottom of pa	r must sign and
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0011	

r

1065EF		EF Transmission Status	2013
Name(s) as shown on return	]	(Keep for your records)	EIN number
PATIENCE ONE L	LC		45-5302432
The following will be transr	nitted to the IRS.	1065 7004 Amended	
The following state returns	will be transmitted:		
<b>.</b>			
	Manada and a substantial and an		
#19#1044			
			*****
	9798-146999999999999999999999999999999999999		
The following returns have	been suppressed or are not	eligible and will NOT be transmitted.	
<u></u>			
······································			
	Anna 1999		
H			
			00910001000000000000000000000000000000
EF Notes			
Fed return h	as MESSAGE PAGI	Ξ.	

1065EF.LD

9-15-2014 Form 1065 and supplemental forms	Your Social Security Number 45-5302432
Form 1065 and supplemental forms	
	and schedules
A general partner or managing mem date the return on the bottom of	ber must sign and page 1.
Department of the Treasury Internal Revenue Service Ogden, UT 84201-0011	
	Department of the Treasury Internal Revenue Service

FILEINSTLD



~	10	65		U.S. Return of Partnership Income		OMB No. 1545-0099		
Form Departr		Treasury	1		. 20	2013		
	Revenue		▶ Info	rmation about Form 1065 and its separate instructions is at www.irs.gov/	form1065.	av . v		
		ness activity י כי די א די די		Name of partnership		D Employer identification number		
		STATE		PATIENCE ONE LLC		45-5302432		
		luct or service ) PMENT	Type or	Number, street, and room or suite no. If a P.O. box, see the instructions, $STE$	208	E Date business started		
	iness cod		Print	City or town, state or province, country, and ZIP or foreign postal code		05-09-2012 <b>F</b> Total assets (see the		
				eny or term, state or province, cauncy, and an or tenergh postal code		instructions)		
53	1120	)		LAS VEGAS, NV 89129		<b>s</b> 1,823,970		
G C	heck ap	•	· · =	tial return (2) Final return (3) Name change (4)	Address cha	inge (5) 🗌 Amended return		
нс	book oo		(6) 📙 Te (1) 🔀 Ca	chnical termination - also check (1) or (2) ash (2) Accrual (3) Other (specify)				
				ash (2) Accrual (3) Other (specify) b	▶ 2			
		Schedules C and M-3 a						
Cauti	on. Inclu	ude only trade or busi	ness incon	ne and expenses on lines 1a through 22 below. See the instructions I	for more info	mation.		
	1a	Gross receipts or sale	s	· · · · · · · · · · · · · · · · · · ·				
	b	Returns and allowance	es 🕠	· · · · · · · · · · · · · · · · · · ·				
	1	Balance. Subtract line	1b from lin	e 1a 🛛 • • • • • • • • • • • • • • • • • •		1c		
		Cost of goods sold (at		F. Contraction of the second se		2		
Income		Gross profit. Subtract I				3		
õõ				r partnerships, estates, and trusts (attach statement)		4		
<u></u>	1	Net farm profit (loss) (a				5		
	1			Part II, line 17 (attach Form 4797) • • • • • • • • • • • • • • • • • • •		6		
	_	Other income (loss) (a		, ,		7		
				nes 3 through 7		8		
		Guaranteed payments				9		
(su		Repairs and maintena	,	· · · · · · · · · · · · · · · · · · ·		10		
itatio		•		· · · · · · · · · · · · · · · · · · ·		12		
r lin						13		
ns fc		Taxes and licenses				14		
uctic						15		
insti	16 a	Depreciation (if require	d. attach F	form 4562) · · · · · · · · · · · · · · · · · <b>  16a  </b>	1			
Ctions (see the instructions for limitations)	b	Less depreciation repo	rted on Fo	rm 1125-A and elsewhere on return 16b		16c		
o(se				d gas depletion.)		17		
ű		Retirement plans, etc.		· · · · · · · · · · · · · · · · · · ·		18		
	19	Employee benefit prog	rams			19		
Dedu	20	Other deductions (atta	ch stateme	nt) • • • • • • • • • • • • • • • • • • •		20		
<u>_</u>	21	Total deductions. Ac	ld the amo	unts shown in the far right column for lines 9 through 20		21		
-	22			s). Subtract line 21 from line 8		22		
-		knowledge and belief, it is	true, correct,	1 have examined this return, including accompanying schedules and statements, and to th and complete. Declaration of preparer (other than general partner or limited liability compa- tion).	e best of my my member man	ager)		
Sig	า	is based on all information	of which prep	arer has any knowledge.		ay the IRS discuss this return with the		
Her	e	THOMAS PI	ICKEN	S		reparer shown below (see istructions)?		
				ed fiability company member manager	L			
		Print/Type preparer's name	3	Preparer's signature Date	Che	ck X if PTIN		
Paid			Emoni <i>i</i>	· •	1	employed P00391972		
Preparer Use Only				S SEMONIAN CPA	r	▶95-4514704		
		Firm's address PO		5605				
		Ver	ntura,		Phone no.	(805)659-5344		
For Pa	For Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2013)							



_	1065 (2013) PATIENCE ONE LLC				4 5	5-5302432		Page 2
Sch	edule B Other Information							
1	What type of entity is filing this return? Check the applicable bo	ox:					Yes	No
а		Dome	stic limited par	tnership				1
с	🛛 Domestic limited liability company d 🔲 [	Dome	stic limited liab	ility partnership				
e	Foreign partnership f	Other	Þ					
2	At any time during the tax year, was any partner in the partners	ship a	disregarded e	ntity, a partnership	(including		1	
	an entity treated as a partnership), a trust, an S corporation, ar	n esta	te (other than	an estate of a dece	eased partner),			
	or a nominee or similar person?							X
3	At the end of the tax year:		*****				1	
а	Did any foreign or domestic corporation, partnership (including	j any e	entity treated a	s a partnership), tr	ust, or tax-			
	exempt organization, or any foreign government own, directly of							
	loss, or capital of the partnership? For rules of constructive ow							
	B-1. Information on Partners Owning 50% or More of the Partn							X
b	Did any individual or estate own, directly or indirectly, an interest	st of 5	50% or more in	the profit. loss, or	capital of			
	the partnership? For rules of constructive ownership, see instru							
	-							X
4	At the end of the tax year, did the partnership:						<u> </u>	
а	Own directly 20% or more, or own, directly or indirectly, 50% o.	r more	e of the total vo	ting nower of all c	lasses of			
	stock entitled to vote of any foreign or domestic corporation? F							
								X
			[	Ţ			L	
	(i) Name of Corporation		<ul><li>(ii) Employer</li><li>Numb</li></ul>	er (if any)	(III) Country of Incorporation	(iv) Perce Owned in Voti		k
				·····				
			<u></u>				·····	
b	Own directly an interest of 20% or more, or own, directly or ind	licooth		E0% or more in th	o nanfit lann		r	r
0								
	or capital in any foreign or domestic partnership (including an e interest of a trust? For rules of constructive ownership, see insi							52
	microsol or a music in ormies of constructive ownership, see inst	************	Employer			· · · · · · · · · · · · · · · · · · ·	Maximur	X
	(i) Name of Entity	Ide	entification	(iii) Type of Entity	(iv) Country o Organization	» Percentag	e Owne	d in
		Nun	nber (if any)		- 3	Profit, Loss	, or Cap	ital
								·····
			******					
				L	L	l		
5	Did the pertrambia file Form 2002, Starting of Data and the	-1 -	Turk				Yes	No
5	Did the partnership file Form 8893, Election of Partnership Levi							
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that							
	more details		• • • • • • •	• • • • • • • • •				<u>X</u>
6	Does the partnership satisfy all four of the following condition							
a	The partnership's total receipts for the tax year were less than \$							
b	The partnership's total assets at the end of the tax year were le	ess tha	an \$1 million.					
С	Schedules K-1 are filed with the return and furnished to the par	tners	on or before th	e due date (includ	ing			
	extensions) for the partnership return.							
d	The partnership is not filing and is not required to file Schedule							X
	If "Yes," the partnership is not required to complete Schedules	L, M-1	I, and M-2; Iter	m F on page 1 of F	orm 1065;			
	or Item L on Schedule K-1.							
7	Is this partnership a publicly traded partnership as defined in se	ection	469(k)(2)?	* • • • • • •				Χ
8	During the tax year, did the partnership have any debt that was	cance	elled, was forg	iven, or had the te	rms			
	modified so as to reduce the principal amount of the debt?							Х
9	Has this partnership filed, or is it required to file. Form 8918, Ma							
					• • • • • • • • • • •			Х
10	At any time during calendar year 2013, did the partnership have			·····				
	account in a foreign country (such as a bank account, securitie			-		1		
	exceptions and filing requirements for FinCEN Form 114, Repo							
	90-22.1). If "Yes." enter the name of the foreign country.		oroign bank a	na Financial Accol		יט זי עי		v
						1		42

Form 1065 (2013)

Danka Michaels001486



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	1065(2013) PATIENCE ONE LLC 45-5302432	F	Page 3
Sch	edule 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		Х
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		Х
	See instructions for details regarding a section 754 election.		
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		Х
с	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		Х
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a	1	
	like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-		
	owned by the partnership throughout the tax year)		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other	1	
	undivided interest in partnership property?		Х
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.		Х
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached	1	
	to this return. 🕨 0		
18a	Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions		Х
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 9517 QUEEN CHARLOTTE DR	
TMP / LAS VEGAS, NV 89145	
EEA	Form <b>1065</b> (2013)

Form 1065 (2013)

	5 (2013)		5-53	02432 Page
Sched	ule K	Partners' Distributive Share Items		Total amount
	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)		
	b	Expenses from other rental activities (attach statement) 3b	-	
Income (Loss)	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	
	5		5	
Ľ	6	Dividends: a Ordinary dividends	6a	
e	_	b Qualified dividends		
ю	7	Royalties	7	
nc	8			
	{	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	Ь	Collectibles (28%) gain (loss)	_	
	С	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	
us	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13 a	Contributions	13a	
lct	b	Investment interest expense	13b	
sdi	с	Section 59(e)(2) expenditures: (1) Type (2) Amount (2) Amount	13c(2)	
ă	d	Other deductions (see instructions) Type 🕨	13d	*****
\$	14 a	Net earnings (loss) from self-employment	14a	
Employ- ment	b	Gross farming or fishing income	14b	
i i i i	c	Gross nonfarm income		
			14c	
		Low-income housing credit (section 42(j)(5))	15a	
Credits	1	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 P	15f	
	16 a	Name of country or U.S. possession		
	b	Gross income from all sources	16b	
US US	с	Gross income sourced at partner level	16c	······································
eign Transactions		Foreign gross income sourced at partnership level		
ac	d	Passive category 🕨 e General category 🕨 f Other 🏲	16f	
us		Deductions allocated and apportioned at partner level		
Tra	g	Interest expense h Other	16h	
ç	5	Deductions allocated and apportioned at partnership level to foreign source income	1011	
eig			101	
For		Passive category  j General category  K Other  Total foreign taxes (check one):  Paid Accrued	16k	
u.			161	
	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
T <sub>2</sub>	b	Adjusted gain or loss	17b	
<u>t</u> ej	c	Depletion (other than oil and gas)	17c	
ĔĒ	d	Oil, gas, and geothermal properties-gross income	17d	
Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties-deductions	17e	
:2S	f	Other AMT items (attach statement)	17f	
_	18 a	Tax-exempt interest income	18a	
ior	b	Other tax-exempt income	18b	**********
ıat	с	Nondeductible expenses	18c	
ш	19 a	Distributions of cash and marketable securities	19a	
nfc	b	Distributions of other property	19a 19b	
				····
Other Information	1		20a	
ŏ	b		20b	
	С	Other items and amounts (attach statement)		

Form 1065 (2013)

	n 1065 (2013) PATI. alysis of Net Income (	Loss)			******			2432 Page
1	Net income (loss). Combine	Schedule K, lines 1	through 11.	From the r	esult, subtrac	t the sum of		
	Schedule K, lines 12 throug							(31,306
2	Analysis by		(ii) Indiv	·	(iii) Individi	101	(in) Eucopart	(vi)
	partner type:	(i) Corporate	(activ		(passive)		Organization	Nominee/Other
а	General partners						2	
b	Limited partners		(31,	306)				
Sc	hedule L Balance	Sheets per Bo	oks	T	Beginning	of tax year	End of	f tax year
	Ass	ets			(a)	(b)	(c)	(d)
1	Cash · · · · · · ·					5,389		20,204
2 a	Trade notes and accounts n	eceivable · · ·				<i></i>	-	
b	Less allowance for bad deb	s						1
3	Inventories							
4	U.S. government obligations	\$ • • • • • • • •					-	
5	Tax-exempt securities							
6	Other current assets (attach	statement) · ·					-	
7 a	Loans to partners (or persor	ns related to partners	)				-	
b	Mortgage and real estate lo							
8	Other investments (attach s						1	*****
9 a	Buildings and other deprecia	,		1.40	6,437		1,499,561	
ġ					4,558	1,331,879	139,486	1,360,075
0 a							1	1
b	Less accumulated depletion							-
1	Land (net of any amortizatio	n) · · · · · ·				427,541		427,541
2 a	Inlangible assets (amortizat			7	1,900	-21/014	11,900	
b	Less accumulated amortiza				567	11,333	2,267	9,633
3	Other assets (attach statem			State	ment #29	6,486	Statement #29	6,517
4						1,782,628		1,823,970
	Liabilities a						-	
5								
6	Mortgages, notes, bonds pa						-	
7	Other current liabilities (attai						-	
8							-	
9 a	Loans from partners (or per						1	
	Mortgages, notes, bonds pa		,			1,528,598	-1	1,509,987
0	Other liabilities (attach state					1/020/000	4	<u> </u>
1	Partners' capital accounts					254,030	-	313,983
2	Total liabilities and capital	<i>.</i>				1.782.628	4	1,823,970
				ss) per	Books W	th Income (Loss	s) per Return	1,025,970
		Schedule M-3 may b				,	, por restant	
1	Net income (loss) per books						this year not included	
2	Income included on Schedu		<u>`</u>	<u> </u>		chedule K, lines 1 thro	,	
	5, 6a, 7, 8, 9a, 10, and 11, n				1	exempt interest \$	agir i (neimze).	
	books this year (itemize):	21.0001000 00			4 101*	exemptimelest ø	********	[
3	Guaranteed payments (othe	r than			7 Ded	uctions included on So	hadula Kilines	
	health insurance)				1	ough 13d, and 16l, no		
4	Expenses recorded on book		· · ·			nst book income this y	0	
	not included on Schedule K,							
	through 13d, and 16l (itemiz				a Depi			-
	Depreciation \$	e).						
2					9 Add	lines C and T		
					1			•••
	Travel and entertainment \$			21 20		me (loss) (Analysis of		(31 300
b					011 //05	s), line 1). Subtract line	e 8 from line 5 ••	··  (31,306
ь 5	Add lines 1 through 4	rsis of Partners		31,30				
ь 5 Scl	Add lines 1 through 4 hedule M-2 Analy	sis of Partners	' Capital	Accour	nts			
ь 5 <b>Scl</b> 1	Add lines 1 through 4 hedule M-2 Anal Balance at beginning of year	sis of Partners	i' Capital	<b>Accour</b> 54,03	nts 0 6 Distr		• • • • • • • • • • • • •	
ь 5 <b>Scl</b> 1	Add lines 1 through 4 hedule M-2 Analy Balance at beginning of year Capital contributed: a Cas	<b>/sis of Partners</b>	i' Capital	Accour	nts 0 6 Distr 9	b Proper	ty	
5 5 5 1 2	Add lines 1 through 4 hedule M-2 Analy Balance at beginning of year Capital contributed: a Cas b Pro	vsis of Partners	Capital           · · ·         2           · · ·         2	Accour 54,03 91,25	1 <b>ts</b> 0 6 Distr 9 7 Othe	b Proper		
ь 5 <b>Scl</b> 1 2 3	Add lines 1 through 4 hedule M-2 Analy Balance at beginning of year Capital contributed: a Cas b Pro Net income (loss) per books	/sis of Partners	Capital           · · ·         2           · · ·         2	<b>Accour</b> 54,03	1 <b>ts</b> 0 6 Distr 9 7 Othe	b Proper	ty	
ь 5 <b>Scl</b> 1 2 3	Add lines 1 through 4 hedule M-2 Analy Balance at beginning of year Capital contributed: a Cas b Pro	/sis of Partners	Capital            2	Accour 54,03 91,25	o         6         Distr           9         7         Othe           6)	b Proper r decreases (itemize):	ty	
ь 5	Add lines 1 through 4 hedule M-2 Analy Balance at beginning of year Capital contributed: a Cas b Proj Net income (loss) per books Other increases (itemize):	/sis of Partners	-' Capital 2 (	Accour 54,03 91,25	o         6         Distr           9         7         Othe           6)	b Proper er decreases (itemize):	ty	· · ·

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	8825	Rent	al Re P	artnership or a	ne and Expense n S Corporation	sofa		OMB No. 1545-1186
	int of the Treasury evenue Service		▶ Atta	א See instru⊂ ch to Form 1065, Form				
Name		L				<u> </u>	Employer ide	entification number
	PATIENCE OF						45-530	)2432
					rty listed, report the numbe	r of days ren	ited at fair	
				ions. See page 2 to list a	1			
1	nysical address of e tate, ZIP code	ach property - street, cit	у,		Type - Enter code 1-8	Fair	Rental Day	s Personal Use Day
3	320 N BUFI	PAT.O			see page 2 for list		365	
	AS VEGAS,			·····	COMMERCIAL			
в —	· · · · · · · · · · · · · · · · · · ·			·				
c								
				·····				
D								
					 Properti			l
R	lental Real Estate Ir	ncome		A	В	es C		D
<b>2</b> G	Fross rents		2	224,800		<u>`</u>		
			<b></b>					-
R	ental Real Estate E	xpenses						
	0	• • • • • • • • • • • • • • • • • • •	3					
		· · · · · · · · · · · · · · ·	4					
	-	ance	5	6,840				
			6	6,160		*****		
		ssional fees	7					
	*		9	76,851				
			10	9,404				
1 Ta	axes		11	17,549				
2 U	Itilities • • • • • •	• • • • • • • • • • • • • • • • • • •	12	47,527				
3 V	ages and salaries		13					
		ructions) · · · · ·	14	64,928				
	ther (list) 🎙 Amo	rtization	-	1,700				
<u>S</u>	tatement #8A		- 15	25,147				
-			-					1
6 To	otal expenses for ea	ch property,						
		5 • • • • • • • • •	16	256,106				
7 In	come or (Loss) from	i each						
pr	roperty. Subtract line	16 from line 2 · ·	17	(31,306)				
	-	gross rents from line 2,		0			104	224,800
		otal expenses from line		0	• • • • • • • • • • • • • • • • • •		· 18b	( 256,106
				the disposition of property	/ from rental real		19	
				n partnerships, estates, a			19	+
				ciary (from Schedule K-1			. 20a	
				which net income (loss)	-			
		ore space is needed:						
(1	I) Name			(2) Emp	loyer identification number			
		*****		******			[	
1 N	et rental estate incor	me (loss). Combine lines	18a th	rough 20a. Enter the res	ult here and on'		21	(31,306)
		0S: Schedule K, line 2,			and offe			L(J1, J00)
٥	Form 1065-B: Par							
or Pap	erwork Reduction	Act Notice, see instruc	tions.					Form 8825 (12-2010

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cohodula K 4 20		Amended K-1 OMB No. 1545-0
Chedule K-1 Form 1065) For calendar year 2013 r		s Share of Current Year Income, ons, Credits, and Other Items
epertment of the Treasury year beginning		
ternal Revenue Service ending	. 20	
artner's Share of Income, Deductions, credits, etc.	2 Net rental real estate income	<sup>(loss)</sup> 5,653)
See page 2 of form and sepa	a instructions. 3 Other net rental income (loss)	
Part I Information About the Partners		
A Partnership's employer identification number 45-5302432	4 Guaranteed payments	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
PATIENCE ONE LLC		
3320 N BUFFALO STE 208 LAS VEGAS, NV 89129	6a Ordinary dividends	
,	6b Qualified dividends	
C IRS Center where partnership filed return		
OGDEN D Check if this is a publicly traded partnership (PTP)	7 Royalties	
	8 Net short-term capital gain (los	55)
Part II Information About the Partner		
E Partner's identifying number	9a Net long-term capital gain (los	s) 17 Alternative minimum tax (AMT) item A
F Partner's name, address, city, state, and ZIP code	9b Collectibles (28%) gain (loss)	······································
DANKA MICHAELS MD 9517 QUEEN CHARLOTTE DR		
LAS VEGAS, NV 89145	9c Unrecaptured section 1250 ga	in l
	10 Net section 1231 gain (loss)	18 Tax-exempt income and
G X General partner or LLC Limited partner or member-manager nyember		nondeductible expenses
H X Domestic partner	11 Other income (loss)	
11         What type of entity is this partner?         I N D I V I           12         If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	UAL	
(see instructions) (KAVSEP/Keogn/etc.), check here		
J Partner's share of profit, loss, and capital (see instructions):	12 Section 179 deduction	19 Distributions
Beginning         Enc           Profit         50.000000         %         50.000		-
Loss 50.0000000 % 50.000		
Capital 50.000000 % 50.000	000 %	20 Other information
Partner's share of liabilities at year end:		
	4,994 14 Self-employment earnings (los	s)
Qualified nonrecourse financing · · · · S		
Recourse • • • • • • • • • • • • • • • • • • •	AARTIN UNITA I. J. Commission lane	
<ul> <li>Partner's capital account analysis:</li> </ul>	*See attached statement for	additional information.
where the second s	,015	
	<u>, 629</u> , 653)	
Withdrawals & distributions · · · · · · · · · · · · · · · · · · ·		
Ending capital account ••••••\$ 15	(b) book	
X Tax basis GAAP Section	(b) book	<b>FRANZZANI</b>
	l l l	
Other (explain)		
		nn for ann ann an ann an ann an ann an ann an
Other (explain)  Did the partner contribute property with a built-in gain or loss?  Yes No		nn frankfankfanf á manffarlara a fák lándin Anna IJ

Deductio usiness income (loss real estate income (lo	ns, Credits	OMB No. 1545-00 Current Year Income, s, and Other Items 5 Credits 6 Foreign transactions
usiness income (loss eal estate income (lo (15) ental income (loss) d payments ome vidends	b) 1 () () () () () () () () () () () () ()	5 Credits
real estate income (fo ( 1 5 ental income (loss) d payments ome vidends	oss) 5,653)	
(15 ental income (loss) d payments ome vidends	5,653)	6 Foreign transactions
(15 ental income (loss) d payments ome vidends	5,653)	6 Foreign transactions
ental income (loss) d payments ome vidends		6 Foreign transactions
d payments onve vidends		<ul> <li>Foreign transactions</li> </ul>
ome vidends		
ome vidends		
vidends		
vidends		
vidends		
*****		
erm capital gain (loss		
im capital gain (ioss	1	
rm capital gain (loss)	1	7 Alternative minimum tax (AMT) items
	1	A
(28%) gain (loss)		
ed section 1250 gain	۰	
		-
1231 gain (loss)	11	8 Tax-exempt income and nondeductible expenses
ne (loss)		·
10 (10 00)		
		-
deduction	19	9 Distributions
ctions		
10/15		
	20	0 Other information
ment earnings (loss)		
d statement for a	additional infor	matiaa
1 statement for a		mation.
	a de la compañsión de la c	
i <b>B</b> RAM	MAR	faikt I
	di fini di	
	actaria	

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lule K-1 (Form 1065) 2013

Form	4562	Depre	eciation and <i>i</i>	Amortia	zation			OMB No. 1545-0172
	, ,	(Including	g Information of	n Listed	Property	')		2013
	tment of the Treasury al Revenue Service (99)				your tax return	,		Attachment Sequence No. 179
_	s) shown on return				h this form relates			Identifying number
	LENCE ONE 1		FOI	RM 8825	- 1			45-5302432
Pa		To Expense Certain Pr						
1		have any listed property, com				r		
2	,	ee instructions)				-	1	
3		79 property placed in service i ition 179 property before reduc			· · · · · · · · ·	F	2	
4		n. Subtract line 3 from line 2. If		· ·		-	3 4	
5		x year. Subtract line 4 from line				· · ·	4	
		ctions			0		5	
6		) Description of property	1	usiness use only		ected cost		
				47etatititititi				
7					,			
8		ection 179 property. Add amou			· · · <i>· · ·</i> ·	L.	8	
9		Enter the smaller of line 5 or I			•••••	· · ·	9	
10		ed deduction from line 13 of yo			· <i>·</i> · · · · · ·	· · ·	10	
11		tation. Enter the smaller of bus					11	
12		deduction. Add lines 9 and 10.			<u> </u>	• • •	12	
13		ed deduction to 2014. Add lines		▶   1	3			
	til Special D	Part III below for listed proper epreciation Allowance	ty. Instead, use Part V.	ciation in				
14		allowance for qualified property				isted prope	erty.)	(See instructions.)
14	during the tax year (se						14	15,263
15	÷ · ·						15	13,203
16	Other depreciation (in	171 2				L.	16	6,191
Par		Depreciation (Do not in						
			Section A					
17	MACRS deductions for	or assets placed in service in ta	ax years beginning before	2013 •			17	42,711
18	If you are electing to g	roup any assets placed in sen	vice during the tax year in	to one or mor	e general	[		
	asset accounts, check		· · · · · · · · · · · · · · ·			·		
	Sectio	on B - Assets Placed in Servi		r Using the C	Seneral Depred	ciation Sy	stem	
	(a) Classification of prop	erty (b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	d	(g) Depreciation deduction
<u>19 a</u>	3-year property							······································
b	5-year property							
C	7-year property							
	10-year property		15,264	10	HY	S/L		763
angestities destantes.	15-year property					ļ		
f	20-year property							
<u>g</u>	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
i	property Nonresidential real			27.5 yrs.	MM	S/L		
	property			39 yrs.	MM MM	S/L S/L		
		n C - Assets Placed in Servic	e During 2013 Tax Year	L Using the Al	-f			m
20 a	Class life	I				S/L	75101	
********	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
		(See instructions.)	·····					***
21	Listed property. Enter	amount from line 28 · · ·	• • • • • • • • • • • • • • • • • • •			••	21	
22	Total. Add amounts fr	om line 12, lines 14 through 1	7, lines 19 and 20 in colu	mn (g), and l	ine 21. Enter	Γ		· · · · · · · · · · · · · · · · · · ·
	here and on the appro	priate lines of your return. Part	nerships and S corporation	ons - see instr	uctions		22	64,928
23		we and placed in service durin		1				
		ributable to section 263A costs		2:	3			
For P	aperwork Reduction A	Act Notice, see separate inst	ructions.					Form <b>4562</b> (2013)

Form 4562 (201	- /	ENCE ONE	
Part V L	isted Prop	erty (Include	automobiles, ce

4	5	 5	3	0	2	4	3	2

Page 2

rt V	Listed Property (Include automobiles	, certain other	vehicles,	certain	computers,	and propert	y used for
	entertainment, recreation, or amusement	nt.)					

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 eviden	ce to support the busines					Yes	Proved	24b If "					∏ Ye	s 🗌 No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Costor	(d) other basis		(e) iis for depr siness/inve use on	stment	(f) Recovery period	Me	(g) thod/ rention	Dep	(h) reciation duction	Elected s	(i) ection 179 ost
25 Special deprecia	tion allowance for q	ualified listed	propert	y placed	in servio	ce during	}	- <b>-</b>			1			
the tax year and	used more than 50°	% in a qualifi	ed busine	ess use (	see insl	ructions	) .			. 25				
26 Property used me	ore than 50% in a q	ualified busir	iess use											
		%												
		%												
		%												
27 Property used 50	% or less in a quali	fied business	s use:											
		%							S/L-		<u> </u>		_	
		%							S/L-				]	
		%	<u> </u>						S/L-					
28 Add amounts in c	olumn (h), lines 25	through 27.	Enter he	re and o	n line 21	, page 1	•			• 28			]	
29 Add amounts in c	olumn (i), line 26. E	Enter here ar	nd on line	7, page	1							· 29		
Complete this section to your employees, fir		oy a sole pro	ion C to s	artner, o see if you	r other " u meet a	more tha	in 5% ow tion to co	ner," or re mpleting	this sec	tion for		ehicles.	1	
an Tatal business for			(a Vehici		( Vehiq	b) 10-2	( Vehic	c)	(d Vehic		Ma	(e) hicle 5	( Vehic	f) 10 S
30 Total business/in		0	r crita		10110	alla da	Verne	uic y	VGINC.	10 4	Ve	incre o	VGINC	ae o
	include commuting	· · ·									+			
31 Total commuting	0												<u> </u>	
32 Total other perso miles driven		)												
		• • • • • • • Jul					<u> </u>				+			
33 Total miles driver		10												
lines 30 through 3		• • • • • • •	Vee		V	T 11-					+		+	r
34 Was the vehicle a	,		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
-	ty hours?					<u> </u>	<b> </b>	<u> </u>					l	ļ
35 Was the vehicle i		more												
	r related person?							<b> </b>						
36 Is another vehicle			<u> </u>	l		L	L				<u> </u>		1	L
Answer these question		Questions		-				-				re not		
more than 5% owners					proting	000000	2.01.70.	10.00 000	3 by 0.11	pioyees	ano a	ie not		
37 Do you maintain				ll person	al use o	fvehicle	s includi	ina comm	uting by				Yes	No
your employees?									uung, bj	,			163	
38 Do you maintain									by you	r				
	the instructions for									ı				
39 Do you treat all u								110/6 000	11013					
40 Do you provide m					informet	ion from	VOULED	nioveer	hout the					
	es, and retain the ini						your em		ioour uite					
41 Do you meet the														
	wer to 37, 38, 39, 4												l	
**************************************	rtization	10, 01 41 13	163, 001	lot com	Jiele De			vereu ver	ncies.				I	
		1		T					1		T			
(a Description		(I Date amor beg	tization	A	( mortizable	c) e amount		(d) Code sect	ion	e) Amortiz period perceni	ation or	Amortizal	(f) ion for this y	year
42 Amortization of c	osts that begins dur	ing your 201	3 tax yea	r (see in	structior	1s):								
											I			
												****		
43 Amortization of c	osts that began befo	ore your 201	3 tax yea	r •			• • • • •	• • • • •			43	·····	1,	700
44 Total. Add amou	nts in column (f). S	ee the instru	ctions fo	r where I	lo report						44			700

<b>7004</b> Form (Rev. December 2012) Department of the Treasury	Business In ► File	come Tax, Inf	tension of Time To File Certain ormation, and Other Returns cation for each return.	OMB No. 1545-0233		
Internal Revenue Service	Information about Form	7004 and its sepa	rate instructions is at www.irs.gov/form70	D4.		
	Name			Identifying number		
Print	PATIENCE ONE LLC			45-5302432		
or	Number, street, and room or suite no. (If P.O.	box, see instructions.)				
Туре	3320 N BUFFALO ST	P 200				
, ypc			te or state, and country (follow the country's practice for en	logna		
	postal code)).		e of state, and coomry (rollow the country's practice for en	lenng		
Note, File request	LAS VEGAS, NV 891		n the ext. is granted. See inst. before comp	lating this form		
	tomatic 5-Month Extension		r the ext. is granted. See inst. before comp	leting this form.		
L	code for the return that this application					
Application		Form	Application	Form		
Is For:		Code	is For:	Code		
Form 1065		09	Form 1041 (estate other than a bankruptc			
Form 8804	***************************************	31	Form 1041 (trust)	05		
Part II Aut	tomatic 6-Month Extension		-2			
b Enter the form	code for the return that this application	n is for (see below)				
Application		Form	Application	Form		
Is For:		Code	ls For:	Code		
Form 706-GS(D)		01	Form 1120-ND (section 4951 taxes)	20		
Form 706-GS(T)		02	Form 1120-PC	21		
Form 1041 (bankrupte	cy 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 Form 1120-F		34 15	Form 8613	29		
Form 1120-FSC		16	Form 8725 Form 8831	30		
Form 1120-H		17	Form 8876	32		
Form 1120-L		18	Form 8924	35		
Form 1120-ND		19	Form 8928	36		
	on is a foreign corporation that does r	1	pr place of business in the United States,			
			· · · · · · · · · · · · · · · · · · ·	· · · · · · ▶□		
			that intends to file a consolidated return,			
			• • • • • • • • • • • • • • • • • • • •	▶□]		
If checked, atta	ch a statement, listing the name, add	ess, and Employe	r Identification Number (EIN) for each membe			
covered by this	application.					
Part III All	Filers Must Complete This	Part				
4 If the organizati	on is a corporation or partnership that	qualifies under Re	gulations section 1.6081-5, check here	·		
5a The application	is for calendar year 20 $-\underline{13}$ , or tage	ax year beginning	, 20, and ending	, 20		
_	. If this tax year is less than 12 month					
Change in	accounting period 🛛 🗌 Consolie	lated return to be f	iled Other (see instructions-attach e	xplanation)		
			1	1		
6 Tentative total t	ax ••••••	•••••	••••••	6 0		
-				_		
	s and credits (see instructions)		· · · · · · · · · · · · · · · · · · ·	7 0		
7 Total payments						
-	Subtract line 7 from line 6 (see instru	rtions)		8 0		

(



	Information about Form 8879-PE and its instructions is at www.irs.gov/form8879pe.				
Department of the Treasury Internal Revenue Service	For calendar year 2013, or tax year beginning	, 2013, ending	, 20		
Name of partnership			Employer identific	ation number	
PATIENCE ONE	LLC		45-53024	32	
Part I Return Info	ormation (Whole dollars only)				
<ol> <li>Gross receipts or sale</li> </ol>	es less returns and allowances (Form 1065, line 1c)			1	
2 Gross profit (Form 10	65, line 3) • • • • • • • • • • • • • • • • • •			2	
3 Ordinary business inc	ome (loss) (Form 1065, line 22)			3	
4 Net rental real estate	income (loss) (Form 1065, Schedule K, line 2)			4 (3	
5 Other net rental incon	te (loss) (Form 1065, Schedule K, line 3c)			5	
Part II Declaration	n and Signature Authorization of General Partn	er or Limited Liabil	ity Company Me	mber 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 con-	pany member manager	of the above partne	rship	
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					
electronic return originator	(ERO), transmitter, or intermediate service provider to ser	nd the partnership's retui	rn to the IRS and to		
receive from the IRS (a) a	in acknowledgement of receipt or reason for rejection of th	e transmission and (b)	the reason for any d	lelay in	
processing the return. I ha	ve selected a personal identification number (PIN) as my s	ignature for the partners	hip's electronic retur	rn of	
partnership income.					
General Partner or Li	mited Liability Company Member Manager's Pl	N: check one box c	only		
🔀 I authorize	ROBERT S SEMONIAN CPA	to enter my PIN 1	2345	as my signature	
	ERO firm name		o not enter all zeros		
on the part	nership's 2013 electronically filed return of partnership inco	me.			

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.

Genera	partner or limited liability company member manager's signature	
Title Þ	MEMBER	

#### Part III Certification and Authentication

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

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

#### 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

Danka Michaels001496

AA03068

IRS	e-file	Signature	Authorization	for	Form	1065
	▶ [	Do not send to th	ne IRS. Keep for your r	ecord	ls.	

# Form 8879-PE

OMB No. 1545-2042

2013

31

306)

950884	98765

Date > 09-16-2018

Date ► 04-07-2014

do not enter all zeros

Form 8879-PE (2013)

PATIENCE ONE LLC     45-5302432       FORM 1065, SCHEDULE L, LINE 13       Statement #29       DESCRIPTION       UTILITY DEPOSITS     EEG OF YEAR     END OF YE       TOTAL     6,486     6,5       FORM 8825, LINE 15 - OTHER     PG01       DESCRIPTION     PG01       OFFICE EXPENSES     10,552       JANSPECTIONS     2,315       INSPECTIONS     1,485       LICENSES     120       BANK CHARGES     242       TRASH     5,161	Federal Supporting Stater	nents	2013 PG01
OTHER ASSETS         DESCRIPTION UTILITY DEPOSITS       BEG OF YEAR 6,486       END OF YE 6,5         TOTAL       6,486       6,5         FORM 8825, LINE 15 - OTHER       PG01 Statement #8A         DESCRIPTION OFFICE EXPENSES MANAGEMENT FEES JANITORIAL INSPECTIONS LANDSCAPING LICENSES BANK CHARGES TELEPHONE TRASH       AMOUNT 418 10,552 2,315 1,485 4,616			
UTILITY DEPOSITS6,4866,5TOTAL6,4866,5TOTAL6,4866,5FORM 8825, LINE 15 - OTHERPG01 Statement #8ADESCRIPTION OFFICE EXPENSES MANAGEMENT FEES JANITORIAL INSPECTIONS LANDSCAPING LICENSES BANK CHARGES TELEPHONE TRASHAMOUNT 4,485 4,616 238 5,161	OTHER ASSETS FORM 1065, SCHEDULE L, LINE 1	3	Statement #29
TOTAL 6,486 6,5 PG01 Statement #8A		BEG OF YE	$\frac{AR}{36} = \frac{END OF YE}{6, 5}$
FORM 8825, LINE 15 - OTHERStatement #8ADESCRIPTIONOFFICE EXPENSES418MANAGEMENT FEES10,552JANITORIAL2,315INSPECTIONS1,485LANDSCAPING4,616LICENSES120BANK CHARGES242TELEPHONE238TRASH5,161	TOTAL		
OFFICE EXPENSES418MANAGEMENT FEES10,552JANITORIAL2,315INSPECTIONS1,485LANDSCAPING4,616LICENSES120BANK CHARGES242TELEPHONE238TRASH5,161	FORM 8825, LINE 15 - OTHER		
	OFFICE EXPENSES MANAGEMENT FEES JANITORIAL INSPECTIONS LANDSCAPING LICENSES BANK CHARGES TELEPHONE		10,552 2,315 1,485 4,616 120 242 238
	TOTAL		25,147

STATMENTLD

()

1065EF	E	F Transmission Status	2014
Name(s) as shown on return PATIENCE ONE L	LC	(Keep for your records)	EIN number 45-5302432
The following will be transm	nitted to the IRS.	1065 7004 Amended	
The following state returns	will be transmitted:		
		· ••••••••••••••••••••••••••••••••••••	
The following returns have	been suppressed or are not eligi	ible and will NOT be transmitted.	
 EF Notes	·····		
Fed return ha	as MESSAGE PAGE.		

1065EF.LD

5	10	)65		U.S. Return of Partnership Income		OMB No. 1545-0123
Form Departr	ment of the	a Treasury	1		, 20	2014
	l Revenue		🕨 ínfo	rmation about Form 1065 and its separate instructions is at www.irs.gov/	form1065.	Som U I I
		ness activity		Name of partnership		D Employer identification number
		ESTATE		PATIENCE ONE LLC	0.00	45-5302432
		luct or service ) PMENT	Type or	Number, street, and room or suite no. If a P.O. box, see the instructions. STE $3320$ N BUFFALO	208	E Date business started $05 - 09 - 2012$
C Bus	siness cod	e number	Print	City or town, state or province, country, and ZIP or foreign postal code		F Total assets (see the
531120         LAS VEGAS, NV 89129         s 1						
GC	heck ap		· · · <u>—</u>	tial return (2) Final return (3) Name change (4) chical termination - also check (1) or (2)	Address cha	ange (5) 🗌 Amended return
н с	heck ac	counting method:		ash (2) Accrual (3) Other (specify) 🕨		
I N	lumber o	of Schedules K-1. Attac	ch one for a	each person who was a partner at any time during the tax year	▶ 2	
<u>1</u> C	heck if S	Schedules C and M-3 a	are attache	d ••••••		
Cauti	on Incl	ude only trade or busi	ness incor	re and expenses on lines 1a through 22 below. See the instructions f	ior more infe	reation
	<b>T</b>				or more into	Thaton.
		Gross receipts or sale		••••••••••••••••••••••••••••••••••••••		
		Returns and allowance		· · · · · · · · · · · · · · · · · · ·		
	1	Balance. Subtract line				1c
	1	Cost of goods sold (at		,		2
Income	1	Gross profit. Subtract			• • • • • •	3
20				r partnerships, estates, and trusts (attach statement)		4
7	1	Net farm profit (loss) (				5
	1			Part II, line 17 (attach Form 4797)		6
		Other income (loss) (a				7
	1			nes 3 through 7		8
				partners) (less employment credits)		9
(st	1	Guaranteed payments				10
ation	1	Repairs and maintena		• • • • • • • • • • • • • • • • • • • •		11
limit				•••••••••••••••••••••••••••••••••••••••	· · · · ·	12
s for	1	Rent · · · · · · ·	••••			13
ction	1	Taxes and licenses			• • • • •	14
unter				·····	• • • • •	15
heir		Depreciation (if require		· · · · · · · · · · · · · · · · · · ·		<u> </u>
See				rm 1125-A and elsewhere on return · · · · 16b		16c
ns.		Depletion (Do not dec				17
ctions (see the instructions for limitations)		Retirement plans, etc.		•••••••••••••••••••••••••••••••••••••••		18
nc	1	Employee benefit prog		- • • • • • • • • • • • • • • • • • • •	• • • • •	19
Dedu		Other deductions (atta		,		20
<u>L</u>				unts shown in the far right column for lines 9 through 20	· · · · · · ·	21
·····	22			s). Subtract line 21 from line 8	o hort of my	22
Sig	n	knowledge and belief, it is is based on all information	true, correct.	and complete. Declaration of preparer (other than general partner or limited liability compa	ny member mani	ager) fay the IRS discuss this return with the
Her	е	I TUAMAC D	r or tz terki d	,	p:	reparer shown below (see
			ICKENS armer or limit	od liability company member manager	L	istructions)?
·····		Print/Type preparer's name			Γ_	
Paid			∍ EMONIA	AN CPA Preparer's signature Date 09-16-	Che 2 ∩ 1 0 self-	
Prep				S SEMONIAN CPA		<u> </u>
	Only			5605	Firm's EIN	▶95-4514704
	Jy		ntura,		0	19051650 5744
For P	anenvo	rk Reduction Act Not			Phone no.	(805) 659-5344
10110		in reduction Act NOL	, see se	parate mail dellona.		Form <b>1065</b> (2014)



~ .	065(2014) PATIENCE ONE LLC				-5302432		Page
Sch	edule B Other Information						
1	What type of entity is filing this return? Check the applicable I					Yes	No
а	Domestic general partnership b	Domestic limited pa	rtnership				1
С	Domestic limited liability company d	Domestic limited lial	bility partnership				
е	Foreign partnership f	Other 🌬					
2	At any time during the tax year, was any partner in the partner	rship a disregarded e	entity, a partnership	(including		1	1
	an entity treated as a partnership), a trust, an S corporation, a	an estate (other than	an estate of a dece	eased partner).			
	or a nominee or similar person?						X
3	At the end of the tax year:					1	1
а	Did any foreign or domestic corporation, partnership (includin	iq any entity treated a	as a partnership), tr	ust. or tax-			
	exempt organization, or any foreign government own, directly						
	loss, or capital of the partnership? For rules of constructive of	•		•			
	B-1, Information on Partners Owning 50% or More of the Par						X
b	Did any individual or estate own, directly or indirectly, an inter		n the profit loss or	capital of			+
	the partnership? For rules of constructive ownership, see inst						
							X
4	At the end of the tax year, did the partnership:					<u> </u>	1-11
a	Own directly 20% or more, or own, directly or indirectly, 50%	or more of the total u	ofing natural of all o	loonen of			
a	stock entitled to vote of any foreign or domestic corporation?						
	instructions. If "Yes," complete (i) through (iv) below · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	1	X
	(i) Name of Corporation		er Identification ber (if any)	(iii) Country of Incorporation	(iv) Perc Owned in Voti		c
				//////////////////////////////////////	Ouncern Pon		
			1		1		
			l				· · · · · · · · · · · · · · · · · · ·
b	Own directly an interest of 20% or more, or own, directly or in					<u> </u>	
b	or capital in any foreign or domestic partnership (including an	entity treated as a p	artnership) or in the	beneficial	1		
b		entity treated as a pastructions. If "Yes," c	artnership) or in the	beneficial	<u>.</u>		X
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a p	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) 1	Maximur	n
b	or capital in any foreign or domestic partnership (including an	entity treated as a pastructions. If "Yes," c	artnership) or in the omplete (i) through	beneficial (v) below	·····	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	n ed in
b	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a pr structions. If "Yes," c (ii) Employer Identification	artnership) or in the complete (i) through (iii) Type of	beneficial (v) below • • (iv) Country of	(v) f Percentag	je Owne	m ed in oital
	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any)	artnership) or in the omplete (i) through (iii) Type of Entity	beneficial (v) below (iv) Country of Organization	(v) f Percentag	ge Owne	m ed in oital
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	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Le	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o hat is in effect for this	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr	beneficial (v) below (iv) Country of Organization ent under n 8893 for	(v) I Percentag Profit, Loss	ge Owne	n ed in hital Nc
5	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Le section 6231(a)(1)(B)(ii) for partnership-level tax treatment, th	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o hat is in effect for this	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr	beneficial (v) below (iv) Country of Organization ent under n 8893 for	(v) I Percentag Profit, Loss	ge Owne	m ed in oital
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5 5 c d	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Lessettion 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o nat is in effect for this \$250,000. less than \$1 million. artners on or before t e M-3 s L, M-1, and M-2; Ite section 469(k)(2)? s cancelled, was forg	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr 	ing	(v) I Percentag Profit, Loss	ge Owne	n din staf
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5 6 a b c d 7 8 9	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Lessettion 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o nat is in effect for this \$250,000. less than \$1 million. artners on or before t e M-3 s L, M-1, and M-2; Ite section 469(k)(2)? s cancelled, was for Material Advisor Disc	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr 	beneficial (v) below (iv) Country of Organization ent under n 8893 for ing form 1065; ms provide	(v) I Percentaç Profit, Loss	ge Owne	m modelin interf
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5 6 a b c d 7 8 9	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Lessetion 6231(a)(1)(B)(ii) for partnership-level tax treatment, the more details	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o nat is in effect for this 	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr 	beneficial (v) below (iv) Country of Organization (v) country of Organization (v) country of Organization (v) country of Organization (v) country of (v) cou	(v) 1 Percentag Profa, Loss	ge Owne	m mod an interference of the second s
5 6 a b c	or capital in any foreign or domestic partnership (including an interest of a trust? For rules of constructive ownership, see in (i) Name of Entity Did the partnership file Form 8893, Election of Partnership Le section 6231(a)(1)(B)(ii) for partnership-level tax treatment, th more details	entity treated as a p. structions. If "Yes," c (ii) Employer Identification Number (if any) vel Tax Treatment, o nat is in effect for this 	artnership) or in the omplete (i) through (iii) Type of Entity r an election statem tax year? See Forr 	beneficial (v) below (iv) Country of Organization (v) country of Organization (v) country of Organization (v) country of Organization (v) country of (v) cou	(v) 1 Percentag Profa, Loss	ge Owne	m minimar red in interf No X X X X X

Form 1065 (2014)

	1065(2014) PATIENCE ONE LLC 45-5302432	F	Page 3
Sch	edule 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		Х
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		Х
	See instructions for details regarding a section 754 election.		
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		Х
С	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		Х
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)		
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?		Х
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.		Х
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		Χ
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.		
		l	

### 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 9517 QUEEN CHARLOTTE DR	
TMP / LAS VEGAS, NV 89145	
EEA	Form <b>1065</b> (2014)

Form 1065 (2014)

	Form 106	·····		<u>5-530</u>	)2432 Page 4
	Sched	ule K	Partners' Distributive Share Items		Total amount
		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)		
		ь	Expenses from other rental activities (attach statement) 3b	1	
		с	Other net rental income (loss). Subtract line 3b from line 3a	- 3c	
		4	Guaranteed payments	4	
	SSC SSC	5		5	
	Ľ	6	Dividends: a Ordinary dividends	6a	
	Je		b Qualified dividends		
	Income (Loss)	7	Royalties	7	
	цц	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	********
		9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
		b	Collectibles (28%) gain (loss)	34	
		c	Unrecaptured section 1250 gain (attach statement)	-	
		10	Net section 1231 gain (loss) (attach Form 4797)		
		11		10	
		12	Other income (loss) (see instructions) Type	11	
	suc	1	Section 179 deduction (attach Form 4562)	12	
	ŭ	13 a	Contributions	13a	
	ğ	b	Investment interest expense	13b	
	Deductions	С	Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)	
		d	Other deductions (see instructions) Type 🏲	13d	<u></u>
	ò	14 a	Net earnings (loss) from self-employment	14a	
	Self- Employ- ment	b	Gross farming or fishing income	14b	
	<u></u>	c	Gross nonfarm income	14c	
		15 a	Low-income housing credit (section $42(j)(5)$ )	15a	·····
	ts	b	Low-income housing credit (other)	15b	
C.	Credits	с	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	Ann berkennen er kommen som en skon an skolande de kommen er kommen her kont aktende som en
	C	d	Other rental real estate credits (see instructions) Type	15d	
		е	Other rental credits (see instructions) Type	15e	
	W-89-04-64-6	f	Other credits (see instructions) Type >	15f	*****
		16 a	Name of country or U.S. possession		
	w	b	Gross income from all sources	16b	
	Transactions	c	Gross income sourced at partner level	16c	######################################
	cti		Foreign gross income sourced at partnership level		
	sa	d	Passive category  General category  F Other  f Other	16f	
	an		Deductions allocated and apportioned at partner level		
	Ē	g	Interest expense  h Other	16h	
	ign		Deductions allocated and apportioned at partnership level to foreign source income		
	Forei	i	Passive category	16k	
	ц	I	Total foreign taxes (check one): 🕨 Paid	161	
		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
	ns de	b	Adjusted gain or loss	17b	
	te⊓ati∕	c	Depletion (other than oil and gas)	17c	
	ËĒF	d	Oil, gas, and geothermal properties - gross income	17d	
	Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e	
	420	f	Other AMT items (attach statement)	17f	
	Ę	18 a	Tax-exempt interest income	18a	
	itio	b	Other tax-exempt income	185	
	ma	с	Nondeductible expenses	18c	46
	for	19 a	Distributions of cash and marketable securities	19a	
	<u> </u>	b	Distributions of other property	19b	
	Other Information	20 a	Investment income	20a	
(	Ğ	b	Investment expenses	20b	
Kan de la compañía de		c	Other items and amounts (attach statement)		
	EEA				Form 1065 (2014)

Form 1065 (2014)

******	alysis of Net Income (	ENCE ONE L' Loss)	LC						45-5302	432	Page 5
1	Net income (loss). Combine										
2	Schedule K, lines 12 throug	h 13d, and 16I	[		• • • • • •		· · · · · · · · · ·	· · · · · ·	• 1		,096)
2	Analysis by . partner type:	(i) Corporate	(ii) Indiv (activ		(iii) Individ (passive		(iv) Partnersh	ip (Y	) Exempt ganization	(vi)	0
а	General partners		(000)		()835176	1			ganization	Nominee/	Other
	Limited partners		(4,	096)							
		Sheets per Bo		1	Beginning	of tax v	vear		End of t	ax vear	J
	Ass			.1	(a)	T	(b)	1 (	c)	(d)	
1	Cash					1	20,204				.216
2 a	Trade notes and accounts r	eceivable · · ·						1	-		
b	Less allowance for bad deb	ls • • • • • • • •	<i>.</i>			]					
3	Inventories · · · · ·	• • • • • <i>• • • • • • •</i>									
4	U.S. government obligations					L		1			
5	·	• • • • • • • • • • • •						-	-		
6	Other current assets (attach		• • • • • <i>•</i>						Ļ		
7a	Loans to partners (or person					L		4	-		
d 8	Mortgage and real estate lo					<u> </u>		4	-		·····-
о 9 а	Other investments (attach s	,	 <b></b> .	3 40				1			-
	Buildings and other deprecia Less accumulated deprecia				)9, <u>561</u> 39,486		360,075	1,51(	5,603	1 315	050
				4 -	,400	<u> </u>	300,075	13:	<u>, 603</u>	1,315,	000
	Less accumulated depletion					1					
11	Land (net of any amortizatio					<u> </u>	427,541			427	541
	Intangible assets (amortizab	,		1	1,900		1211011	1 1:	5,775 F	72)/	<u>J</u> =1
b	Less accumulated amortizat				2,267	1	9,633		789	14.	986
13	Other assets (attach statem	ent)		State	ement #29	1		Stateme			517
14	Total assets						823,970	1		1,810,	
	Liabilities a	nd Capital						1	ľ	*****	
15	Accounts payable										
16	Mortgages, notes, bonds pa	yable in less than 1 y	ear •••								
17	Other current liabilities (attai	ch statement) · · ·						Statem	ent #31	10,	554
18	All nonrecourse loans ·					ļ			L		
19 a	Loans from partners (or per								Ļ		
	Mortgages, notes, bonds pa					1,	<u>509,987</u>			1,489,	923
20	Other liabilities (attach state					ļ			Ļ		
21	'						313,983		Ļ	309,	
22		nciliation of Inc			Books W	1 /	823,970	Dor Pot	[	1,810,	318
		The partnership may					,	) per ker	um		
1	Note. Net income (loss) per books			(4, 14)			corded on books	this year po	tippludod		
2	Income included on Schedu			(3/23			le K, lines 1 throi	-			
	5. 6a. 7, 8, 9a, 10, and 11, n				1		ot interest \$	agin tri (item	0207,		
	books this year (itemize):					onomp				-	
3	Guaranteed payments (othe	r than			7 Ded	uctions	s included on Sch	nedule K. lin	es	•	
	health insurance)		· . [		1 th	rough 1	13d. and 16l, not	charged			
4	Expenses recorded on book	s this year					ok income this ye	-	6		
	not included on Schedule K.	lines 1			a Dep	reciatio	on \$				
	through 13d. and 16l (itemiz-										
а	Depreciation \$										
b	Travel and entertainment \$		46				and 7			·	
-	A 1 1 1 1						ss) (Analysis of N				
5 Sch	Add lines 1 through 4 1edule M-2 Analy			(4,09	(Los	is), line	1). Subtract line	8 from line	5	· (4,	096)
6		sis of Partners				-11				<u> </u>	
1	Balance at beginning of year			13,98	3 6 Dist	ribution					
2	Capital contributed: a Cas	h · · · · · · · · · · · · · · · · · · ·									
3	Net income (loss) per books	,	********	11 11	$\frac{1}{2}$	er decri	eases (itemize):				
4	Other increases (itemize):			(4,14							
					8 Add	lines 6	and 7 ••				
5	Add lines 1 through 4		. 3	09,84			end of year. Sub			309,	841
EEA	······································									Form 106	

()

Depart	December 2010) ment of the Treasury	P	artnership or a ► See instru		of a	0	MB No. 1545-1186
Interna Name	I Revenue Service	Attai     Attai	ch to Form 1065, Form	1005-B, or Form 1120S.	F	mployer identi	fication number
	PATIENCE ONE LLC				4	5-5302	
1	Show the type and address of each property				days rente	ed at fair	
F	rental value and days with personal use. Se		ions. See page 2 to list ad				<b></b>
	Physical address of each property - street, o state, ZIP code	ity,		Type - Enter code 1-8:	Fair R	ental Days	Personal Use Days
-+	3320 N BUFFALO			see page 2 for list		365	· · · · · · · · · · · · · · · · · · ·
A	LAS VEGAS, NV 89129			COMMERCIAL		300	+
в				CONTRACTO ATTL			-
c							
D							
		······					
	Rental Real Estate Income		Α	Properties	c		P
2	Gross rents	2	329,049		<u>ر</u>		D
~			<u> </u>				
	Rental Real Estate Expenses						
3	Advertising	3					
4	Auto and travel	4					
5	Cleaning and maintenance	5	11,738				
6	Commissions • • • • • • • • • • • • • • • • • • •	6					
7	Insurance	7	20,429				
8	Legal and other professional fees	8	22,083				
9	Interest	9	79,465				****
10	Repairs	10	39,423				
11 12	Taxes	11	23,440				
13	Wages and salaries	12	35,283				
14	Depreciation (see instructions)	14	56,117				
15	Other (list) Meals & Entertain		47				
	Amortization		789				
	Statement #8A	15	44,331				
16	Total expenses for each property.						
	Add lines 3 through 15 • • • • • • • •	16	333,145				
17	Income or (Loss) from each						
19 0	property. Subtract line 16 from line 2	17	(4,096)				200 040
	Total gross rents. Add gross rents from line 2 Total expenses. Add total expenses from line		0	• • • • • • • • • • • • • • • • • • •		18a 18b (	329,049
19	Net gain (loss) from Form 4797, Part II, line		0				333,145
	estate activities					19	
20 a	Net income (loss) from rental real estate acti						
	this partnership or S corporation is a partner	or benefi	ciary (from Schedule K-1	)		20a	
b	Identify below the partnerships, estates, or tr	usts from	which net income (loss)	is shown on line 20a.			*******
	Attach a schedule if more space is needed:						
	(1) Name		<b>(2)</b> Empl	loyer identification number			
						-	
		· · · · · · · · · · · · · · · · · · ·				-	
21	Net rental estate income (loss). Combine line	x 180 th	Tough 20a Estat the tag	ult borg and on:	·	-   _	(4 000)
- 1	Form 1065 or 1120S: Schedule K, line 2		oognizoa, Enter the resi	unnere and off:		21	(4,096)
	<ul> <li>Form 1065-B: Part I, line 4</li> </ul>	, 01					
For P	aperwork Reduction Act Notice, see instru	ctions					orm 8825 (12-2010)

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	<b>6511</b>
Schedule K-1 2014	Final K-1 OMB No. 1545-01 Part III Partner's Share of Current Year Income,
(Form 1065) For calendar year 2014, or tax	Deductions, Credits, and Other Items
Department of the Treasury year beginning, 2014	1 Ordinary business income (loss) 15 Credits
Internal Revenue Service ending, 20	-
Partner's Share of Income, Deductions, Credits, etc.	2 Net rental real estate income (loss) (2,048)
See page 2 of form and separate instructions.	3 Other net rental income (loss) 16 Foreign transactions
Part I Information About the Partnership	
A Partnership's employer identification number 45-5302432	4 Guaranteed payments
B Partnership's name, address, city, state, and ZIP code PATIENCE ONE LLC	5 Interest income
3320 N BUFFALO STE 208 LAS VEGAS, NV 89129	6a Ordinary dividends
C IRS Center where partnership filed return	6b Qualified dividends
OGDEN D Check if this is a publicly traded partnership (PTP)	7 Royalties
Part II Information About the Partner	8 Net short-term capital gain (loss)
E Partner's identifying number	9a         Net long-term capital gain (loss)         17         Alternative minimum tax (AMT) items           A         A         A         A
F Partner's name, address, city, state, and ZIP code DANKA MICHAELS MD	9b Collectibles (28%) gain (loss)
9517 QUEEN CHARLOTTE DR LAS VEGAS, NV 89145	9c Unrecaptured section 1250 gain
G X General partner or LLC Limited partner or other LLC	10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses
H X Domestic partner Foreign partner	11 Other income (loss) C 23
I1 What type of entity is this partner? INDIVIDUAL	
12 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	12 Section 179 deduction 19 Distributions
Profit 50.000000 % 50.000000 %	- 1
Capital 50.0000000 % 50.0000000 %	
K Partner's share of liabilities at year end. Nonrecourse · · · · · · · · · S 744,962	14.2.2
Qualified nonrecourse financing · · · · S	14 Self-employment earnings (loss)
Recourse • • • • • • • • • • • \$	-
L Partner's capital account analysis: Beginning capital account •••••• \$ 1.56,991	*See attached statement for additional information.
Capital contributed during the year · · \$	•
Current year increase (decrease) · · · · S (2,071)	·
Withdrawals & distributions       • • • • • • \$	
	ີ ທ
Tax basis GAAP Section 704(b) book Other (explain)	For IRS Use Only
M Did the partner contribute property with a built-in gain or toss?	
If "Yes," attach statement (see instructions)	
For Paperwork Reduction Act Notice, see Instructions for Form 1065.	S gov/form1065 Schedule K-1 (Form 1065) 20

Danka Michaels001505

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	14 Final K-1	Amend	
Schedule K-1	Part III		e of Current Year Income,
Form 1065) For calendar year 2014, or			edits, and Other Items
epartment of the Treasury year beginning		business income (loss)	15 Credits
ending artner's Share of Income, Deductions,		l real estate income (loss)	
radite atc		(2,048	3)
See page 2 of form and separ	3 Other ne	rental income (loss)	16 Foreign transactions
Part I Information About the Partners	hip		
A Partnership's employer identification number	4 Guarante	ed payments	
4 5 - 5 3 0 2 4 3 2 B Partnership's name, address, city, state, and ZIP code	5 interest u		
PATIENCE ONE LLC	5 Interest u	icome	
3320 N BUFFALO STE 208	6a Ordinary	devidends	
LAS VEGAS, NV 89129			
	6b Qualified	dwidends	
C IRS Center where partnership filed return			
OGDEN D Check if this is a publicly traded partnership (PTP)	7 Royalties		
<ul> <li>Uneck in this is a publicity traded partnership (PTP)</li> </ul>	8 Not obset	term capital gain (loss)	
Part II Information About the Partner	G iver short	uuri vapitai (Jdili (IUSS)	
E Partner's identifying number	9a Net long-	erm capital gain (loss)	17 Alternative minimum tax (AMT) item
			A
F Partner's name, address, city, state, and ZIP code	9b Collectibl	es (28%) gain (loss)	
FOM PICKENS 9517 QUEEN CHARLOTTE DR	L		
LAS VEGAS, NV 89145	9C Unrecapt	ured section 1250 gain	
	10 Net section	in 1231 gain (loss)	18 Tax-exempt income and
G X General partner or LLC Limited partner or o			nondeductible expenses
member-manager member	11 Other inc	ome (loss)	C 2
H X Domestic partner			
11 What type of entity is this pariner? TNDTVT	ד הנזרי		
What type of entity is this partner?     INDIVI     If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	DUAL		
J Partner's share of profit, loss, and capital (see instructions):	12 Section 1	79 deduction	19 Distributions
Beginning Endi			
Beginning Endi Profit 50.000000 % 50.000	0000 % 13 Other dec	uctions	
Beginning         Endit           Profit         50.000000 %         50.000           Loss         50.000000 %         50.000	0000 % <b>13</b> Other dec	uctions	20
Beginning         Endi           Profit         50.000000 %         50.000	0000 % <b>13</b> Other dec	uctions	20 Other information
Beginning         Endit           Profit         50.0000000 %         50.000           Loss         50.0000000 %         50.000           Capital         50.0000000 %         50.000	0000 % <b>13</b> Other dec	uctions	20 Other information
Beginning         Endit           Profit         50.000000 %         50.000           Loss         50.000000 %         50.000           capital         50.000000 %         50.000           Variation         70.000000 %         50.000           Capital         50.0000000 %         50.000           X         Partner's share of liabilities at year end         2000000000000000000000000000000000000	0000 % 0000 % 0000 %	uctions	20 Other information
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Partner's share of liabilities at year end         Nonrecourse	0000 % 0000 % 0000 %		20 Other information
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Partner's share of liabilities at year end Nonrecourse          7	0000 % 0000 % 0000 %		20 Other information
Beginning         Endition           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Arriner's share of liabilities at year end         Nonrecourse         \$         7           Qualified nonrecourse financing         \$         \$         \$           Recourse         \$         \$         \$	0000         %           0000         %           0000         %           44,961         14 self-empl	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.00000000         %         50.000           K         Partner's share of liabilities at year end: Nonrecourse         \$         7           Qualified nonrecourse financing         \$         \$         7           Qualified nonrecourse         \$         \$         \$           Partner's capital account analysis:         \$         \$	0000         %           0000         %           0000         %           44,961         14 Self-empl           *See attach		
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.00000000         %         50.000           K         Partner's share of liabilities at year end: Nonrecourse         \$         7           Qualified nonrecourse financing         \$         \$         7           Qualified nonrecourse         \$         \$         \$           Partner's capital account analysis:         \$         \$	0000         %           0000         %           0000         %           44,961         14 self-empl	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.0000           Variation         S         7           Qualified nonrecourse         S         7           Qualified nonrecourse financing         S         S           Partner's capital account analysis:         8         15           Capital contributed during the year         \$         15           Current year increase (decrease)         \$         \$	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endition           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.000           K         Partner's share of liabilities at year end:         Nonrecourse         \$           Nonrecourse         •         •         \$           Qualified nonrecourse financing         •         \$         \$           Recourse         •         •         \$         \$           Partner's capital account analysis:         Beginning capital account •         \$         \$         \$           Partner's capital account •         •         \$         \$         \$         \$           Capital contributed during the year         •         \$         \$         \$         \$           Current year increase (decrease)         •         \$         \$         \$         \$	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.0000           K         Partner's share of liabilities at year end:         Nonrecourse	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endit           Profit         50.000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.0000000         %         50.000           K         Partner's share of liabilities at year end:         Nonrecourse	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endit           Profit         50.000000         %         50.000           Loss         50.000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Variation         S         7         7           Qualified nonrecourse financing         S         7           Qualified nonrecourse financing         S         7           Recourse         S         7           Qualified nonrecourse financing         S         5           Partner's capital account analysis:         8         8           Beginning capital account         S         15           Capital contributed during the year         S         (           Withdrawals & distributions         S         (           Ending capital account         S         15	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.0000           K         Partner's share of liabilities at year end:         Nonrecourse	0000       %         0000       %         0000       %         44,961       14 self-empt         6,992       *See attach         2,071)       %         4,921       %	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.0000           Capital         50.00000000         %         50.0000           Capital         50.000000000         %         50.0000           K         Partner's share of liabilities at year end:         Nonrecourse	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	
Beginning         Endit           Profit         50.0000000         %         50.000           Loss         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.0000000         %         50.000           Capital         50.00000000         %         50.000           Capital         50.00000000         %         50.000           K         Partner's share of liabilities at year end:         Nonrecourse	0000         %           0000         %           0000         %           44,961         14 self-empt           6,992         *See attach	ayment earnings (loss)	

Form	4562			ciation and					OMB No. 1545-0172
			(Including	g Information of		roperty)			2014
Depar	tment of the Treasury			Attach to your					Attachment
	al Revenue Service (99) s) shown on return	Information	n about Form 45	62 and its separate in			/form456	2.	Sequence No. 179
		TTO			ss or activity to which				Identifying number
PA	TIENCE ONE		a Cartain Pr	operty Under Se	DRM 8825	- 1			45-5302432
Ľ		-		blete Part V before you		¥			
1								1	r
2	Total cost of section				· · · · · · · · ·			2	
3				ion in limitation (see in				3	
4				zero or less, enter -0-				4	
5				1. If zero or less, enter					
						Ų		5	
6		(a) Description of p			t (business use only	T	ected cost	L	
7	Listed property. Ent	er the amount fr	rom line 29 🛛 🗸	* * * * * * * * * * *	7				
8	Total elected cost o	f section 179 pr	operty. Add amou	nts in column (c), lines	6 and 7 .		• • •	8	
9	Tentative deduction	n. Enter the sma	aller of line 5 or lin	1е8				9	
10	Carryover of disallo	wed deduction I	from line 13 of you	ır 2013 Form 4562				10	
11	Business income lin	mitation. Enter th	ne smaller of busir	ness income (not less	than zero) or lin	e 5 (see inst	ructions)	11	
12	Section 179 expens	se deduction. Ad	ld lines 9 and 10,	but do not enter more	than line 11			12	
13				9 and 10, less line 12	▶ 1	3			
				y. Instead, use Part V.					
Pa				and Other Depr			isted prop	perty.)	(See instructions.)
14				(other than listed prop					
	during the tax year (	•	- /					14	5,550
15	Property subject to		,					15	
16	Other depreciation (						•••	16	7,717
Fa	III MAGRE	Depreciati	IOII (Do not inc	lude listed property.) (		s.)			
17		for assets plac	orf in convinciante	Section /	~~~~				10 711
18				x years beginning befo ice during the tax year			•••	17	42,711
10	asset accounts, che			••••••••••••••••••••••••••••••••••••••		-			
				ce During 2014 Tax Yo				uctorn	
	000		(b) Month and year	(c) Basis for depreciation				ystem	
	(a) Classification of pr	roperty	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property		activice	Chily-See instructions)					
b	5-year property		1	5,550	5	MO	SL		139
c	7-year property		1	<u> </u>		<u></u>			107
d	10-year property		1						
	15-year property								······································
f	20-year property								
g	25-year property		]		25 yrs.		S/	_	
h	Residential rental				27.5 yrs.	MM	S/	_	
	property				27.5 yrs.	MM	S/	_	*****
i	Nonresidential real				39 yrs.	MM	S/I	-	
	property					MM	S/		
	Sect	ion C - Assets	Placed in Service	During 2014 Tax Yea	ar Using the Al	ternative Depr	eciation	Syste	m
20 a	Class life						S/I	-	
	12-year	*****			12 yrs.		S/I	]	
	40-year				40 yrs.	MM	S/I	]	
		Iry (See instru		·····	·····				
21	Listed property. Ent				••••	• • • • • • • •	· ·	21	
22				, lines 19 and 20 in co					_
~~			•	terships and S corpora		uctions		22	56,117
23				the current year, ente	1		ł		
	portion of the basis				23	5			
rorP	aperwork Reduction	n Act Notice, si	ee separate instr	uctions.					Form <b>4562</b> (2014)

Form 4562 (2014)

### Form 4562 (2014) PATIENCE ONE LLC

Page 2

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 busines					Yes	No		Yes," is			vritten?	Yes	s 🗌 No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other basis		(e) ils for depr siness/inve use or	eciation estment	(f) Recovery period	Met	(g) hod/ ention		(h) reciation fuction	Elected se	i) ection 179 ost
25 Special depreciation	n allowance for c		d propert	y placed	in servio			1		T	+		-	
the tax year and us	sed more than 50	% in a qualifi	ied busin	ess use (	see inst	tructions	) .			. 25				
26 Property used mor	e than 50% in a c	qualified busi	ness use									*****		«,
		%	,					1					1	
		%	,											
		%	,					1			1			
27 Property used 50%	or less in a qual	ified busines	s use:											
		%	,					Τ	S/L-		1		T	
	1 1	%	,					1	S/L-				1	
		%							S/L-				1	
28 Add amounts in co	lumn (h), lines 25	5 through 27.	Enter he	re and or	line 21	. page 1				28		······	1	
29 Add amounts in co		-								L		. 29		
	(,))		Section			•••••							1	
Complete this section f			prietor, p	artner, or	other "	more tha	in 5% ov	ner," or r					hicles	
to your employees, firs	t answer the ques	suons in Sect	1								those ve		1	
ee Tatal burging and form			(t Vehic		{ Vehic	b) 10.2	( Vehi	c)	d Vehicl		Val	(e) hicle 5	(i Vehic	f) Jac
30 Total business/inve		0	Verne		VGINC	16 &	V6130	.se 0	VCHICI	ic +	Ver	nge o	Venic	лео
the year (do not in	-	<b>,</b> ,												
31 Total commuting m	-						+							
32 Total other persona		<b>]</b> )												
miles driven 🔸		• • • • • •					ļ				<u></u>			
33 Total miles driven of		dd												
lines 30 through 32			ļ			r	<u> </u>	,						
34 Was the vehicle av	ailable for persor	nal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
use during off-duty	hours?	• • • • • •					ļ							
35 Was the vehicle us	ed primarily by a	more												
than 5% owner or	related person?													
36 Is another vehicle	available for perso	onal use?												
	Section C -	Questions	for Emp	loyers W	ho Pro	vide Vel	nicles fo	r Use by '	Their En	nploye	es			
Answer these question	is to determine if	you meet an	exceptio	n to com	pleting	Section	B for ver	icles use	d by emj	ployees	who a	re not		
more than 5% owners	or related persons	s (see instruc	ctions).											
37 Do you maintain a	written policy stat	tement that p	rohibits a	ll person	al use o	f vehicle	s, includ	ing comm	iuting, by	/			Yes	No
your employees?														
38 Do you maintain a	written policy stat	tement that p	rohibits p	ersonal i	use of ve	ehicles,	except c	ommuting	, by your					
employees? See th	ne instructions for	vehicles use	ed by corr	porate off	icers, di	irectors,	or 1% or	more ow	ners					
39 Do you treat all use	e of vehicles by er	mployees as	personal	use?	• • •									
40 Do you provide mo	ore than five vehic	les to your e	mployees	, obtain i	nformat	ion from	your em	ployees a	bout the					
use of the vehicles														
41 Do you meet the re				obile der	nonstra	tion use	? (See in	structions	i.) ·					
Note: If your answ	er to 37, 38, 39, 4	40, or 41 is "	Yes." do	not com	lete Se	ction B f	or the co	vered vel	, hicles.				[	
	tization													
(a) Description of	costs	Date amo	b) rtization gins	A	(mortizable	c) e amount		(d) Code sec	tion	(e Amortiz perioc	ation I or	Amortiza	(f) tion for this y	year
49 Ann dia 11 C						······	L			percen	tage			
42 Amortization of cos	ais inat begins dui						<u> </u>	<u> </u>			~ 1			
LOAN FEES		07-01	-2014	±		5,77	<u> </u>	61		<u> </u>	0			789
							1							
42 0				<u> </u>			l							
<ul><li>43 Amortization of cos</li><li>44 Total. Add amount</li></ul>			-		• • •						43			789

Form 8879-PE	IRS e-file Signature Authoriz	ation for Forn	n 1065	OMB No. 1545-0123
	Do not send to the IRS. Keep to the IRS.	for your records.		
	Information about Form 8879-PE and its instruction	ons 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		Er	nployer identific:	ation number
PATIENCE ONE			45-53024	32
Part I Return Info				·····
	less returns and allowances (Form 1065, line 1c)			1
			• • • • • • • • •	2
,	me (loss) (Form 1065, line 22)		••••	<b>3</b> <b>4</b> (4,096
				<u> </u>
	and Signature Authorization of General Partner of			-
	get a copy of the partnership's return)		company mon	in of shanagor
	declare that I am a general partner or limited liability compan	v member manager of	he above partners	
	copy of the partnership's 2014 electronic return of partnership			
	of my knowledge and belief, it is true, correct, and complete. I			
	wn on the copy of the partnership's electronic return of partne			
electronic return originator (	ERO), transmitter, or intermediate service provider to send th	e partnership's return to	the IRS and to	
	acknowledgement of receipt or reason for rejection of the tra			
processing the return. I hav	e selected a personal identification number (PIN) as my signa	ture for the partnership	's electronic return	n of
partnership income.				
General Partner or Lin	nited Liability Company Member Manager's PIN: o	check one box only	/	
—				
X I authorize	ROBERT S SEMONIAN CPA ERO firm name		4 5 t enter all zeros	as my signature
on the partne	ership's 2014 electronically filed return of partnership income.	0010	t enter all zeros	
	partner or limited liability company member manager of the p iip's 2014 electronically filed return of partnership income.	artnership, I will enter n	ny PIN as my sign	ature on
	, , , , , , , , , , , , , , , , , , ,			
General partner or limited li	ability company member manager's signature 🛛 🕨			
Title ▶ <u>MEMBER</u>		Dat	e▶ <u>05-21-</u> 2	2015
Part III   Certificatio	n and Authentication			
ERO's EFIN/PIN. Enter you	ir six-digit EFIN followed by your five-digit self-selected PIN.	9		765
Loortify that the above pure	nin optimin my RIM which is structure as the 2014 fails the			enter all zeros
	aric entry is my PIN, which is my signature on the 2014 electro nove. I confirm that I am submitting this return in accordance			
	n, and <b>Pub. 4163</b> , Modernized e-File (MeF) Information for A			
Returns.	is and t up. 4100, modernized on he (Mer.) information for A	anonzed into e-nie Fro	Muers Ior busine	55
ERO's signature		Date	▶ <u>09-16-2</u>	2018
	ERO Must Retain This Forn Do Not Submit This Form to the IRS U			
For Paperwork Reduction	Act Notice, see instructions.	*****		Form 8879-PE (2014
EEA				×

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Federal Supporting Stateme		2014 PG01
Name(s) as shown on return PATIENCE ONE LLC		45-5302432
OTHER ASSETS		Statement #29
DESCRIPTION UTILITY DEPOSITS	BEG OF YEA	$\frac{\mathbf{R}}{7} = \frac{\mathbf{END} \ \mathbf{OF} \ \mathbf{Y}}{6},$
TOTAL =		76,
OTHER CURRENT LIABILITIES		PG01 Statement #31
DESCRIPTION SEC DEPOSITS	BEG OF YEA	R END OF Y
TOTAL		10.
FORM 8825, LINE 15 - OTHER		PG01 Statement #8A
DESCRIPTION BANK CHARGES DUES INSPECTIONS JANITORIAL		AMOUN 632 100 760 9,30
LANDSCAPING LICENSES MANAGEMENT FEES OFFICE EXPENSES TELEPHONE TRASH OUTSIDE SERVICES		4,97 1,13 2,262 1,44 58 4,09 9,39
PRIOR LOAN FEES REFI		9,633
TOTAL		44,333

STATMENT.LD

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	Federal Filing Instructions	2014
Name(s) as shown on return PATIENCE ONE LLC		Your Social Security Number 45-5302432
Deter to Children		
Date to file by:		
	Form 1065 and supplemental forms and	
Sign and date:	A general partner or managing member date the return on the bottom of pag	must sign and fe 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0011	

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	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	d schedules
Sign and date:	A general partner or managing membe date the return on the bottom of pa	r must sign and ge 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0011	

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Form	10	)65		U.S. Return of Partnership Income		OMB No. 1545-0123
		e Treasury			, 20	2015
	Revenue		linto	rmation about Form 1065 and its separate instructions is at www.irs.gov/	form1065.	
		iness activity ESTATE		Name of partnership PATIENCE ONE LLC		D Employer identification number
		duct or service	Turne		208	45-5302432
		OPMENT	Type or	3320 N BUFFALO	200	E Date business started 05-09-2012
		ie number	Print	City or town, state or province, country, and ZIP or foreign postal code	*****	F Total assets (see the
				, . ,		instructions)
53	1120	)		LAS VEGAS, NV 89129		s 1,730,906
нс	heck ac	counting method:	(6) 🗌 Te (1) 🔀 Ca	chnical termination - also check (1) or (2) ash (2) ☐ Accrual (3) ☐ Other (specify) ►	Address cha	inge (5) 🗌 Amended return
IN	lumber o	of Schedules K-1. Attac	ch one for e	each person who was a partner at any time during the tax year	▶ <u>2</u>	
<u>J</u> C	heck if	Schedules C and M-3 a	are attache	d		• • • • • • • • • • • • •
Cauti	ion. Incl	ude only trade or busi	ness incor	ne and expenses on lines 1a through 22 below. See the instructions fi	or more infor	mation
	· · · · · · · · · · · · · · · · · · ·					manon.
		Gross receipts or sale		· · · · · · · · · · · · · · · · · · ·		**************************************
		Returns and allowance		••••••••••••••••••••••••••••••••••••••		
				e 1a · · · · · · · · · · · · · · · · · ·		
e		Cost of goods sold (at		*		2
Income	1			line 1c		3
nce	1 _	Net farm profit (loss) (i				5
				Part II, line 17 (attach Form 4797)		
		Other income (loss) (a				6
		, , ,		,		8
				nes 3 through 7		9
ŝ		Guaranteed payments				
ation		Repairs and maintena		· · · · · · · · · · · · · · · · · · ·		10
limit		Bad debts				12
s for						12
ction		Taxes and licenses		· · · · · · · · · · · · · · · · · · ·		13
strue		Interest				14
be ir	1.	Depreciation (if require				15
(see the instructions for limitations)	1			rm 1125-A and elsewhere on return · · · · 16b		16c
		Depletion (Do not dec		Landard Annual Annua		17
su	1	Retirement plans, etc.			-	18
Stic	1					19
p		Other deductions (atta				20
Deductions	1			unts shown in the far right column for lines 9 through 20		20
				s). Subtract line 21 from line 8		22
		Under penalties of perjury.	I declare that true, correct,	I have examined this return, including accompanying schedules and statements, and to the and complete. Declaration of preparer (other than general partner or limited trability compar	e best of my ny member mana	
Sig Her	ы А					lay the IRS discuss this return with the reparer shown below (see
11CI	G	THOMAS P	ICKEN:	5		structions)? Yes X No
		Signature of general p	artner or limite	ed liability company member manager	Benne	
		Print/Type preparer's name	3	Preparer's signature Date	Chec	ck 🕅 if PTIN
Paid				AN CPA 09-16-2	1	employed P00391972
Prep	barer		*****	S SEMONIAN CPA		▶95-4514704
Use	Only		BOX			
	-		ntura		Phone no.	(805)659-5344
For P	aperwo	rk Reduction Act Not	ter felle stationer and the statement of			Form <b>1065</b> (2015)



and the second s	1065 (2015) PATIENCE ONE LLC		****		45-	5302432		Page 2
Sch	edule 8 Other Information							
1	What type of entity is filing this return? Check the applicable bo	ox:					Yes	No
а		Domesti	ic limited part	nership				
с	Domestic limited liability company d	Domesti	ic limited liabi	lity partnership				4
e	Foreign partnership f	Other 🕨	-					
2	At any time during the tax year, was any partner in the partners	ship a di	isregarded er	ntity, a partnership	(including			
	an entity treated as a partnership), a trust, an S corporation, ar	n estate	(other than a	in estate of a dece	eased partner),			
	or a nominee or similar person?							X
3	At the end of the tax year:							
а	Did any foreign or domestic corporation, partnership (including	; any ent	tity treated as	a partnership), tr	ust, or tax-			1
	exempt organization, or any foreign government own, directly of	or indire	ctly, an intere	st of 50% or more	e in the profit.			1
	loss, or capital of the partnership? For rules of constructive ow	nership.	, see instruct	ions. If "Yes, attac	h Schedule			
	B-1, Information on Partners Owning 50% or More of the Partn				· · · · · · · · · · · · ·			Х
b	Did any individual or estate own, directly or indirectly, an interest	st of 50°	% or more in	the profit, loss, or	capital of			1
	the partnership? For rules of constructive ownership, see instru							
					····SEE·L	065B1···	X	
4	At the end of the tax year, did the partnership:	**********						<b>.</b>
а	Own directly 20% or more, or own, directly or indirectly, 50% or	r more c	of the total vo	ting power of all c	lasses of			
	stock entitled to vote of any foreign or domestic corporation? F							1
								X
		1	(ii) Employer	Identification	(iii) Country of	(in) Date		<u> </u>
	(i) Name of Corporation			er (if any)	Incorporation	(iv) Perc Owned in Vat		ĸ
b	Own directly an interest of 20% or more, or own, directly or ind	lirectly a	an interest of	50% or more in th	e profit loss			1
	or capital in any foreign or domestic partnership (including an e							
	interest of a trust? For rules of constructive ownership, see insi	-					hanne	X
			mployer	(iii) Type of		(v)	L. Maximur	
	(i) Name of Entity		ification er (if any)	Entity	(iv) Country of Organization	Percenta Profit, Loss		
			ar (ir dely)			FTOM, LOS:		14681
					I		Yes	No
5	Did the partnership file Form 8893, Election of Partnership Leve	el Tav Ti	reatment or	an election states	ant under		103	
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that							
	more details							
6	Does the partnership satisfy all four of the following condition:		•••••					X
a	The partnership's total receipts for the tax year were less than S		0					
b								
	The partnership's total assets at the end of the tax year were le			a dua data (iaata d	iaa			
С	Schedules K-1 are filed with the return and furnished to the par	uters on	i or perore th	e que date (includ	ung			
4	extensions) for the partnership return.	11.2						
ď	The partnership is not filing and is not required to file Schedule		· · · · · ·			• • • • • •		X
	If "Yes," the partnership is not required to complete Schedules I	L, IVI-1, a	and M-2; Iten	n ⊢ on page 1 of F	orm 1065;			
	or Item L on Schedule K-1.		20/11/2020					
	Is this partnership a publicly traded partnership as defined in se			*****		• • • • • •		X
8	During the tax year, did the partnership have any debt that was							
	modified so as to reduce the principal amount of the debt?					• • • • • •	ļ	X
9	Has this partnership filed, or is it required to file, Form 8918, Ma				,			
					• • • • • • • • • • • •		L	X
10	At any time during calendar year 2015, did the partnership have	e an inte	erest in or a s	ignature or other a	authority over a financia	al		
	account in a foreign country (such as a bank account, securitie					Dr.		
	exceptions and filing requirements for FinCEN Form 114, Repo	ort of For	reign Bank ar	nd Financial Acco	unts (FBAR), if "Yes,"			
	enter the name of the foreign country.							Х

Form 1065 (2015)

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	1065 (2015) PATIENCE ONE LLC 45-5302432	F	age 3
SON	edule: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?		Х
	See instructions for details regarding a section 754 election.		
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		Х
С	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		Χ
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)		
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?		Х
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.		Х
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		Х
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.		
Dociar	nation of Tax Matters Partner (see instructions)		

#### 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 9517 QUEEN CHARLOTTE DR designated LAS VEGAS, NV 89145	

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Form 1065 (2015)



	5 (2015)		5 <u>-53</u>	02432 Page
Sched	ute K	Partners' Distributive Share Items		Total amount
	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)		
	b	Expenses from other rental activities (attach statement) 3b	-	
	с	Other net rental income (loss). Subtract line 3b from line 3a	3c	
î	4	Guaranteed payments	4	
SSC	5		5	
(F	6	Dividends: a Ordinary dividends	6a	
ne		b Qualified dividends		······································
Income (Loss)	7	Rovalties	7	
lnc	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		
	Ь		9a	
		Collectibles (28%) gain (loss)	_	
	C 10	Unrecaptured section 1250 gain (attach statement)	_	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type	11	
ns	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13 a	Contributions	13a	
nc	Ь	Investment interest expense	13b	
ed	c	Section 59(e)(2) expenditures: (1) Type > (2) Amount >	13c(2)	
	d	Other deductions (see instructions) Type >	13d	
- <u></u>	14 a	Net earnings (loss) from self-employment	14a	
±₽÷	b	Gross farming or fishing income	14b	
Self- Employ- ment	с	Gross nonfarm income	14c	
	15 a	Low-income housing credit (section 42(j)(5))	15a	
	Ь	Low-income housing credit (other)	15b	
Credits	1	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
ed	d		+	
చ			15d	
	e	Other rental credits (see instructions) Type >	15e	
	f 1C r	Other credits (see instructions) Type >	15f	
	16 a	Name of country or U.S. possession		
s	1	Gross income from all sources	16b	
no	c	Gross income sourced at partner level	16c	
cti		Foreign gross income sourced at partnership level		
Sa	d	Passive category   e General category   f Other   f Other	16f	+
an		Deductions allocated and apportioned at partner level		
Ë,	g	Interest expense  h Other	16h	
eign Transactions		Deductions allocated and apportioned at partnership level to foreign source income		
rei	i	Passive category  i General category  k Other  k	16k	
Fore	1	Total foreign taxes (check one):  Paid Accrued Accrued	161	
	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
Alternative Minimum Tax (AMT) Items	b	Adjusted gain or loss	17b	0
en Je	c	Depletion (other than oil and gas)		
	d		17c	
E E		Oil, gas, and geothermal properties - gross income	17d	
<b>P</b>	e f	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
	18 a	Tax-exempt interest income	18a	
r.	b	Other tax-exempt income	18b	
ition		Nondeductible expenses	18c	
mation			100 L	
formation		Distributions of cash and marketable securities	19a	······································
Information	с		+	
er Information	с 19 а	Distributions of cash and marketable securities	19a	
Other Information	с 19 а b	Distributions of cash and marketable securities	19a 19b	

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Form 1065 (2015)

****		ENCE ONE L	LC					45-530	2432 Page 5
Ana	lysis of Net Income (	Loss)							
1	Net income (loss). Combine	e Schedule K, lines 1 I	through 11. P	from the	result, subtraci	t the sum of			
	Schedule K, lines 12 throug	h 13d, and 16l					• • • · · <i>•</i>	1	(48,856)
2	Analysis by	(i) Corporate	(ii) Indivi	dual	(iii) Individu	Jal (in) De	Intnership	(v) Exempt	(vi)
	partner type:	(i) corporate	(active	e)	(passive)	(IV) Fa	nnersnp	Organization	Nominee/Other
а	General partners · · ·								
	Limited partners • • •		(48,	856)					
S¢	hedule Balance	e Sheets per Bo	oks		Beginning o	of tax year		End of	tax year
	Ass	ets			(a)	(b)		(c)	(d)
1	Cash					46,	216		7,397
2 a	Trade notes and accounts r	eceivable · · ·							
b	Less allowance for bad deb	ts • • • • • • • •							
3	Inventories · · · · ·	<i></i>							
4	U.S. government obligations	s							
5	Tax-exempt securities								
6	Other current assets (attach	n statement)							
7 a	Loans to partners (or person	ns related to partners)	) • • • •						
b	Mortgage and real estate lo	ans · · · · ·							
8	Other investments (attach s	talement) · · ·							
9 a	Buildings and other deprecia	able assets 🔹 🕠	• • • • • •		10,661			,524,457	
b	Less accumulated deprecia	tion · · · · ·		1	95,603	1,315,0	058	248,414	1,276,043
10 a	Depletable assets · ·								
b	Less accumulated depletion								
11	Land (net of any amortizatio	•n) • • • • • •				427,	541		427,541
12 a	Intangible assets (amortizat	-			15,775			15,775	
	Less accumulated amortiza	tion · · · · · ·			789	14,		2,367	13,408
13	Other assets (attach statem	ent) • • • • • •		Stati	ement::#29			itement #29	6,517
14						1,810,1	318		1,730,906
	Liabilities a	•							
15		<i></i>							
16	Mortgages, notes, bonds pa								
17	Other current liabilities (atta			S.tate	əmənt.#31	10,5	554	tatement #31	10,554
18									
19 a	Loans from partners (or per								
	Mortgages, notes, bonds pa		1			1,489,9	323		1,458,431
20	Other liabilities (attach state	· ·				2.2.0			
21	Partners' capital accounts	· · · · · · · · · · ·				309,8			261,921
22	Total liabilities and capital	noiliotion of Inc		201 20	Dealice M	1,810,1			1,730,906
		onciliation of Inc	-				(Loss) p	er Return	
		The partnership may							
1 2	Net income (loss) per books		· · · ·	48,85				year not included	
2	Income included on Schedu 5. 6a. 7, 8, 9a, 10, and 11, n				1	chedule K, line:	*	r (itemize):	
	books this year (itemize):	Intractorided on			a iax-	exempt interest	э 		
3	Guaranteed payments (othe	ur than			7 Dod	uctions included	l on Schod	la K. lines	****
0	health insurance)				I	ough 13d. and			
4	Expenses recorded on book					nst book incom			
	not included on Schedule K,						• •		
	through 13d, and 16l (itemiz								-
а	Depreciation \$								
b	Travel and entertainment \$				8 Add	lines 6 and 7			
					9 Inco	me (loss) (Anah	vsis of Net I	ncome	
5	Add lines 1 through 4			48,85	56) (Los	s), line 1). Subti	ract line 8 fr	om line 5 · · ·	(48,856)
Sel	redule M-2 Analy	ysis of Partners							
1	Balance at beginning of year	r •••••	3	09,84	11 6 Distr	ibutions: a	Cash · ·		•
2	Capital contributed: a Cas				36	b	Property		
	b Pro	perty	[		7 Othe	er decreases (ite	emize):		
3	Net income (loss) per books		[ ( .	48,85	56)				-
4	Other increases (itemize):								-
					8 Add	lines 6 and 7	• • • •	* * * * * * * * * *	
	Add lines 1 through 4		2	61,92	21 <b>9</b> Bala	nce at end of ye	ear. Subtrac	t line 8 from line 5	261,921

Form **1065** (2015) Danka Michaels001517

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Depar	8825 Rer December 2010) Imment of the Treasury at Revenue Service	Pa	rtnership or a ► See instru	ne and Expenses in S Corporation lotions. 1065-B, or Form 1120S.	of a	0	MB No. 1545-1186
Name						*	fication number
	PATIENCE ONE LLC					-5302	432
1	Show the type and address of each propert				days rented a	at fair	
ŀ	rental value and days with personal use. Se		is. See page 2 to list a		T		1
	Physical address of each property - street,	city,		Type - Enter code 1-8;	Fair Rent	al Days	Personal Use Day
	state, ZIP code 3320 N BUFFALO			see page 2 for list		265	+
A	LAS VEGAS, NV 89129				`	365	
	LAS VEGAS, NV 09129			COMMERCIAL			
B							
					**		
c							+
						·····	
마	***************************************						
		<u> </u>		Properties			
	Rental Real Estate Income	F	A	B	С	Т	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				
0	Repairs	10	22,252				
1	Taxes	11	17,916				
2	Utilities ,	12	44,062				
3	Wages and salaries	13					
4	Depreciation (see instructions) · · · ·	14	52,811				****
5	Other (list)  Amortization		1,578				
	Statement #8A	- 15 -	38,194				
					······		
	T-1-1						
6	Total expenses for each property,	10	202 624				
7	Add lines 3 through 15	16	292,634	<u> </u>			
•	Income or (Loss) from each property. Subtract line 16 from line 2 · ·	17	(48,856)				
8 a	Total gross rents. Add gross rents from line	have a second	an en annese des er ver de seere mersenning	LL		18a	243.778
	Total expenses. Add total expenses from lin		5			18b (	292,634
9	Net gain (loss) from Form 4797, Part II, line		5				272/033
	estate activities · · · · · · · · · · · ·					19	
0 a	Net income (loss) from rental real estate ac						
	this partnership or S corporation is a partne	r or benefici	ary (from Schedule K-1	)		20a	
b	Identify below the partnerships, estates, or t	rusts from w	hich net income (loss)	is shown on line 20a.			
	Attach a schedule if more space is needed:						
	(1) Name		<b>(2)</b> Emp	loyer identification number			
1	Net rental estate income (loss). Combine lin	ies 18a thro	ugh 20a. Enter the res	ult here and on:		21	(48,856)
	• Form 1065 or 1120S: Schedule K, line	2, or					
	• Form 1065-B: Part I, line 4						·····
or F	aperwork Reduction Act Notice, see instr	uctions				с.	orm 8825 (12-201

FOILI 8823 (12-2010



SCHEDULE B-1
(Form 1065)
(Rev. December 2011)
Department of the Treasury

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

OMB No. 1545-0099

Attach to Form 1065. See instructions.

Internal Revenue Service Name of partnership

PATIENCE ONE LLC

Employer identification number (EIN) 45-5302432

# Rarting 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

# Rart 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 Instruc	tions for Form 1065		rm 1065) (Poyr 12,2011)

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

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



			6511
Schedule K-1	2015	Final K-1 Amende Part III Part ner S Share	ed K-1 OMB No. 1545-012 Of Chreat Year Income
(Form 1065)	For calendar year 2015, or tax		edits, and Other Items
Department of the Treasury Internal Revenue Service	year beginning, 2015 ending, 20	1 Ordinary business income (loss)	15 Credits
Partner's Share of Inco Credits, etc.	me, Deductions,	2 Net rental real estate income (loss) (24,428	3)
	See page 2 of form and separate instructions.	3 Other net rental income (loss)	16 Foreign transactions
A Partnership's employer identificati	About the Partnership	4 Guaranteed payments	
45-5302432 B Partnership's name, address, city,		5 Interest income	
PATIENCE ONE LI 3320 N BUFFALO	LC		
LAS VEGAS, NV 8		6a Ordinary dividends	
C IRS Center where partnership files	d return	6b Qualified dividends	
D Check if this is a publicity trade	ed partnership (PTP)	7 Royalties	
Part II Information		8 Net short-term capital gain (loss)	
E Partner's identifying number		9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
F Partner's name, address, city, stati		9b Collectibles (28%) gain (loss)	A3
DANKA MICHAELS 9517 QUEEN CHAP	LOTTE DR	9c Unreceptured section 1250 gain	
LAS VEGAS, NV 8	39145	10 Net section 1231 gain (loss)	18 Tax-exempt income and
G General partner or LLC member-manager	Limited partner or other LLC member	11 Other income (loss)	nondeductible expenses
H       X       Domestic partner         I1       What type of entity is this partner?         I2       If this partner is a retirement plan (			
J Partner's share of profit, loss, and Beginning	capital (see instructions): Ending	12 Section 179 deduction	19 Distributions
Profit 50.0000 Loss 50.0000		13 Other deductions	
Capital 50.0000			20 Other information
K Partner's share of habilities at year Nonrecourse		14 Self-employment earnings (loss)	
Qualified nonrecourse financing Recourse • • • • • • • •	· · · · §		
L Partner's capital account analysis:		*See attached statement for additiona	I information.
Beginning capital account · · · Capital contributed during the year Current year increase (decrease) Withdrawals & distributions · ·	s (24, 428) s ()	Only Child	
Ending capital account	GAAP Section 704(b) book	For IRS Use Only	
M Did the partner contribute property	No		
		gov/form1065	Schedule K-1 (Form 1065) 201

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Form 1065)		1.1.1.1	Final K-1         Amended K-1         OMB No. 1545-4           Part III:         Partner:'s Share of Current Year Income.				
000)	For calendar year 2015, or tax		Deductions, Co	redits, and Other Item	15		
epartment of the Treasury email Revenue Service	year beginning, 2015	1	Ordinary business income (loss)	15 Credits			
artner's Share of Income,	ending20 _ Deductions,	2	Net rental real estate income (loss)				
redits, etc. ► se	e page 2 of form and separate instructions	s	(24,428 Other net rental income (loss)	0) 16 Foreign transactions			
Part I Information Ab	out the Partnership						
A Partnership's employer identification num $45-5302432$		4	Guaranteed payments				
B Partnership's name, address, city, state, PATIENCE ONE LLC		5	Interest income				
3320 N BUFFALO ST LAS VEGAS, NV 891		6a	Ordinary dividends				
C IRS Center where partnership filed return	, ,	6b	Qualified dividends				
OGDEN D Check if this is a publicly traded parti	nership (PTP)	7	Royalties				
Part II Information Ab	out the Partner	8	Net short-term capital gain (loss)				
E Partner's identifying number		9a	Net long-term capital gain (loss)	17 Alternative minimum lax (A A	MT) items		
F Partner's name, address, city, state, and TOM PICKENS	ZIP code	9b	Collectibles (28%) gain (loss)				
9517 QUEEN CHARLO LAS VEGAS, NV 891		90	Unrecaptured section 1250 gain				
G X General partner or LLC	Limited partner or other LLC	10	Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses			
member-manager	member Foreign partner	11	Other income (loss)				
<ol> <li>What type of entity is this partner?</li> <li>If this partner is a retirement plan (IRA/SI</li> </ol>	INDIVIDUAL P(Kennheits) sherk here						
		]	Section 179 deduction	19 Distributions			
Beginning           Profit         50.000000           50.0000000         50.000000			Other deductions				
Loss         50.000000           Capital         50.0000000		<u>%</u>		20 Other information			
K Partner's share of liabilities at year end: Nonrecourse	•• <b>s</b> 729,216						
	· · \$		Self-employment earnings (loss)				
Partner's capital account analysis:     Beginning capital account	·· \$ 154,921	*Se	e attached statement for additional	l information.			
Capital contributed during the year Current year increase (decrease) Withdrawals & distributions	s     468       s     (24,428)       s     130,961	Use Only					
X Tax basis GAA	P Section 704(b) book	For IRS U					
Other (explain)		For					

Form	4562	Depr (Includir	OMB No. 1545-0172					
		(includii	2015					
	ment of the Treasury I Revenue Service (99)	Information about Form 4	2	Attachment Sequence No. 179				
	s) shown on return	P Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.     Seque     Business or activity to which this form relates     Identifying						
РДЧ	CIENCE ONE	LLC		20 N BU				45-5302432
		To Expense Certain P			PEEALO			40-0002402
6		u have any listed property, con			1			
1		ee instructions)		·····			1	l
2	,	179 property placed in service					2	
3		ction 179 property before reduc					3	
4		on. Subtract line 3 from line 2. I					4	
5		ax year. Subtract line 4 from lin						
		uctions			5		5	
6		a) Description of property		ousiness use only		cted cost	L	
	******			dances use only		CIED COSt		
							•	
7	Listed property Ent	r the amount from line 29		7	. [			
8		section 179 property. Add amo					8	
9		Enter the smaller of line 5 or					9	
10		ved deduction from line 13 of yo					10	
11		itation. Enter the smaller of bus					11	
12		e deduction. Add lines 9 and 10		,		· ·	12	
13		ved deduction to 2016. Add line		▶ 1			12	
	******	r Part III below for listed prope			<u>°.1</u>			
Par		Depreciation Allowanc		ciation (n	o not include li	sted pror	arty )	(See instructions.)
14		allowance for qualified propert				ated prop	Jarry. j	
	during the tax year (						14	600
15	- ,						15	
16	Other depreciation (						16	8,827
Par		Depreciation (Do not in						0,021
<u>University of a</u>			Section A					
17	MACRS deductions	for assets placed in service in t	ax years beginning before	2015 •			17	42,711
18		group any assets placed in ser			e general			
	asset accounts, che							
	Sec	ion B - Assets Placed in Serv	ice During 2015 Tax Yea	r Using the C	Seneral Depred	iation S	ystem	
		(b) Month and yea	(c) Basis for depreciation	(d) Recovery	1			
	(a) Classification of pr	perty placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Meth	iod	(g) Depreciation deduction
19a	3-year property				[			
b	5-year property				1			
с	7-year property		600	7	HY	S/L		43
d	10-year property	***************************************	12,596	10	НҮ	S/L		630
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/I	L	
h	Residential rental			27.5 yrs.	MM	S/	L	
	property			27.5 yrs.	MM	S/	L	
ì	Nonresidential real			39 yrs.	MM	S/	L	
	property				MM	S/I	_	
	Sect	on C - Assets Placed in Servi	ce During 2015 Tax Year	Using the Al	ternative Depr	eciation	Syste	m
20a	Class life	***************************************				S/I		
b	12-year			12 yrs.		S/I		****
	40-year		1	40 yrs.	MM	S/I		
Par	tilV Summa	ry (See instructions.)			4		t	
21	*****	er amount from line 28 · · ·					21	
22		from line 12, lines 14 through	17, lines 19 and 20 in colu	ımn (g), and li	ne 21. Enter	ľ		**************************************
		opriate lines of your return. Par					22	52,811
23		ove and placed in service durir			<u> </u>			
		ttributable to section 263A cost	- ,		3			
Ear D		Act Nation and apparets inc				li		

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

Form 4562 (			IEN	~	~ ~	LLC
Part V	Liste	d Pro	perty	1 (1	nclude a	automob

Page 2

¥.	Listed Property	(Include automobiles,	certain other	vehicles,	certain aircraft,	certain computers,	and property
	used for entertainn	nent, recreation, or am	iusement.)				

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 - De	preciation and C	Other Information	ation (C	aution:	See the	instructio	ons for li	mits for p	assenge	er autom	obiles.)			
24a Do you have evidence	e to support the busine	ss/investment us	e claimed?			Yes	No No	24b If	'Yes," is	the evid	dence v	vritten?	Ye	s 🗌 No
(a)	(b)	(c)		645		(e)		10		(-)	1		T	(i)
Type of property (list	Date placed	Business/	Cost or	(d) other basis		sis for depr		(f) Recovery	Me	(g) ithod/	Depr	(h) reciation		ection 179
vehicles first)	in service	percentage			(bu	siness/inve use on		penad	Con	vention		luction		ost
25 Special depreciati	on allowance for o	qualified listed	d propert	y placed	in servi	ce during	]			1				
the tax year and u	ised more than 50	1% in a qualifi	ed busin	ess use	(see ins	tructions	) .			. 25				
26 Property used mo	re than 50% in a c	qualified busir	iess use	et .				******			-4		1	
		%						1	1		T		Τ	,
	1 1	%								*******	1			
		%	1								1		1	
27 Property used 50%	% or less in a qual	lified business	s use:		***********			-						
	11	%							S/L-		Τ			
	1 1	%	1						S/L-		1			
	1 1	%							S/L-		1			
28 Add amounts in co	olumn (h), lines 25	5 through 27.	Enter he	ere and o	in line 21	, page 1	•	• • • •		. 28				
29 Add amounts in co						-						. 29	1	
			Section	B - Info	rmation	on Use	of Vehic	cles						
Complete this section	for vehicles used	by a sole pro	prietor, p	artner, o	r other "	more tha	in 5% ow	vner." or r	elated p	erson. If	you pro	vided vel	nicles	
to your employees, firs														
				a)	1	b)		(c)		d)		(e)	1	(f)
30 Total business/inv	estment miles driv	ven during	Vehic	de 1	Vehic	de 2	Vehi	cle 3	Vehic	le 4	Vet	ticle 5	Vehic	
the year (do not i	nclude commuting	g miles)												
31 Total commuting r	niles driven during	g the year					1				1	••••••	1	
32 Total other person	al (noncommuting	g)					1				1		1	
miles driven 🕠														
33 Total miles driven	during the year. A	dd			1		1				1		1	Man 11 and 12
lines 30 through 3	2				]									
34 Was the vehicle a	vailable for persor	nal	Yes	No	Yes	Noʻ	Yes	No	Yes	No	Yes	No	Yes	No
use during off-duty	/ hours? · · ·						1				1			[
35 Was the vehicle u	sed primarily by a	more			1		1					1	1	
than 5% owner or	related person?													
36 Is another vehicle	available for pers	onal use?											1	
	Section C	- Questions	for Emp	loyers V	Vho Pro	vide Veh	nicles fo	r Use by	Their E	mployee	s			L
Answer these question	ns to determine if	you meet an	exceptio	on to con	npleting	Section I	B for veh	nicles use	d by em	plovees	who ar	e not		
more than 5% owners														
37 Do you maintain a	written policy stat	tement that p	rohibits a	all persor	nal use c	f vehicle	s, includ	ing comm	uting, b	v			Yes	No
your employees?	<i></i>									• • • •				[
38 Do you maintain a	written policy stal	tement that p	rohibits p	personal	use of v	ehicles, e	except co	ommuting	, by you	r				
employees? See t	he instructions for	vehicles use	d by cor	porate of	fficers, d	irectors,	or 1% or	r more ow	ners					
39 Do you treat all us	e of vehicles by e	mplayees as	persona	luse?										[
40 Do you provide mo	ore than five vehic	les to your er	nployee	s, obtain	informat	ion from	your em	ployees a	bout the	Э				[
use of the vehicles	s, and retain the in	formation rec	eived?											1
41 Do you meet the re	equirements conc	erning qualifi	ed auton	nobile de	monstra	tion use'	? (See in	structions	.)					l
Note: If your answ														
Part VI Amor	tization				<u></u>									
						- )				(e)	I			
(a)		(L Date amor			ا) Amortizable	c) a amount		(d) Code sec	tion	Amortiza	ation	Amortizat	(f) ion for this ;	vear
Description o	r costs	beg								period percent				
42 Amortization of co	sts that begins du	ring your 201	5 tax yea	ar (see ir	struction	ns):								
											T			
43 Amortization of co	sts that began bef	ore your 201	5 tax yea	ar •			• • • •		• • • •	• • •	43		1,	578

44 Total. Add amounts in column (f). See the instructions for where to report

EEA

1,578 Form 4562 (2015)

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Danka	Micha	els00	1523	

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Name(s) as shown on return	Federal Supporting Staten	nents	2015 PG01
PATIENCE ONE	LLC		FEIN 45-5302432
	FORM 1065 - SCHEDULE L - LINE	13	Statement #29
OTHER ASSETS			
DESCRIPTION UTILITY DEPOS	ITS	<u>BEG OF YE</u> 6,5	AR END OF YE
TOTAL		6,5	17 6,5
		. –	PG01
	FORM 1065 - SCHEDULE L - LINE	17	Statement #31
OTHER CURRENT DESCRIPTION	LIABILITIES	BEG OF YE	AR END OF YE
SEC DEPOSITS			54 10,5
TOTAL		10,5	54 10,5
	FORM 8825, LINE 15 - OTHER		PG01
	FORM 8825, LINE IS - OTHER		Statement #8A
DESCRIPTION BANK CHARGES			AMOUNT
DUES			62 100
ELEVATOR INSPECTIONS			130 784
JANITORIAL LANDSCAPING			9,299 7,551
LICENSES OFFICE EXPENS:	E C		325
OUTSIDE SERVI			1,449 479
TELEPHONE TRASH			650 4,043
TRAVEL			13,322
TOTAL			38,194

STATMENT.LD

	Federal Filing Instructions	2016
Name(s) as shown on return PATIENCE ONE LLC		Your Social Security Number 45-5302432
Date to file by:	02-15.2017	
	Form 1065 and supplemental forms ar	
siyn and date:	A general partner or managing membe date the return on the bottom of pa	er must sign and Ige 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0011	

FILEINST.LD

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Processor         Processor         Processor         2016           A freque torse and/or REAL_ESTATE         Declarge torset of the state REAL_ESTATE         Declarge torset of the state state work of general state of the state state work of general state of the state DEVELOPMENT         Declarge torset of the state state work of general state of the state state work of general state of the state DEVELOPMENT         Declarge torset of the state state of the state and	Form	10	65		U.S. Return of Partnership Income		OMB No. 1545-0123
User of Process         P Indentifier about Form 1082 and is segaral instructions is at www.re.gov/dom/1081         OF register tendination autors           REAL ESTATE         PATIENCE ONE LLC         STE 208         E back house instructions is at www.re.gov/dom/1081           B wrepet docated and wrake DEVELOPMENT         Print         Type         Print With a second and wrake instructions is at www.re.gov/dom/1082         E back house instructions is a www.re.gov/dom/1082           C 2 burstes accomman         Print         Or yr isse and wrake wrake instructions and wrake wrake instructions is at wrake instructions is at wrake instructions is a wrake or wrake wrake wrake instructions is at wrake instruction at wrake instructions is at wrake instruction at wrake instructions is at wrake instructions is at wrake instructions is at wrake instruction at wrake instructions is at wrake instruction is instructions in at wrake instructions is at wrake instruction is instructions in at wrake instruction is instructions in more information.           G Check accounting meeting instructions is at wrake instruction instruction is instructions in at wrake instruction is instruction instructinstrestruction instruction instructinstruction instructi		ment of the	e Treasury				2016
REAL ESTATE       PATIENCE ONE LLC       45-5332432         B model control review DEVELOPMENT       Type Print       Patience on the 20 beau sets in the non-use of the 20 beau sets in the non-use of the 20 beau sets in the 20 beau s				Info	rmation about Form 1065 and its separate instructions is at www.irs.go	v/form1065.	
B Prepare ventual at twolva DEVELOPMENT C Business schemate: 3320 N BUFFALO S31120 LAS VEGAS, NV 89129 STE 208 E take spectra and 05 - 09 - 2012 F Teal association of the 70 bits, set or privile statuting and 24 or takego possible calls LAS VEGAS, NV 89129 STE 1,684,157 C Check applicable boxes: (1) initial return (2) F Fall return (3) in Name change (4) Address change (5) Amendes return (6) Encines accounting method: (1) initial return (2) (2) Fall return (3) initial return							
DEVELOPMENT     0     05-09-2012       C Business cach inster     Print     3320 M BOFFALO     05-09-2012       S 31120     C Business cach inster     Print     Development, and DP or bency positional.       S 31120     C Back applicable backer:     (1)     Instal reaking (2)     Find and track (1)       C Back applicable backer:     (1)     Endot reak (1)     C C C C C C C C C C C C C C C C C C C				-		200	
C       Barness core rester       Print       Car or box, static or grownes, staturary, and CPF or basing sporter core.       Final states care in the sporter core.         531120       LAS_VEGAS, NV_S9129       S_1/684,157         C       Check applicable buxes:       (1)       Initial return (2)       Final states income (4)       Address charge (5)       Amended return (7)         C       Check applicable buxes:       (1)       Initial return (2)       Final states income (5)       Amended return (7)         Number of Schedulas K-1. Attach one fire each person work as a partner at any time during the stay year       3						5 200	3
531120       LAS VEGAS, NV 89129       \$ 1,684,157         G       Check applicable buses:       (1)       Inhal rekm       (2)       Proising method:       (6)       Amended return         (1)       Check applicable buses:       (1)       Check applicable buse:       (9)       Amended return         (1)       Check applicable buse:       (1)       Check applicable buse:       (9)       Amended return         (1)       Check applicable buse:       (1)       Check applicable buse:       (9)       Amended return         (1)       Check applicable buse:       (1)       Check applicable buse:       (9)       Amended return         (1)       Check applicable buse:       (1)       Check applicable buse:       (1)       Amended return         (2)       Check applicable buse:       (1)       Check applicable buse:       (1)       (1)       (1)         Check applicable buse:       (1)       Check applicable buse:       (1)       (1)       (1)       (1)         Check applicable buse:       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (				8			F Total assets (see the
G       Check applicable boxes:       (1)       Initial return       (2)       Final return       (3)       Name change       (4)       Address change       (5)       Amended return         H       Check accounting method:       (1)       (2)       Casti       (2)       Accrual       (3)       Check applicable       Castion on for each person who was a patter at any time during the tax yeer       > 3         J       Check of Schedulas C. And or business iscome and expanses on lines 1 a through 22 balow. See the instructions for more information       1       1       Castion.       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	~ ~		、 、				
(6)       Technical termutation - site creak (1) or (2)         1       Casts       (2)       Accrual       (3)       Other (specify)         1       Number of Schedules K-1. Attach ne for each person who was a partner at any time during the tax year       3         Castion. Molde only tade or business income and expenses on lines 1a through 22 below. See the instructions for more information.         1 a Gross receipts or sales       1a         b Ratures and allowances       1a         c a distance, Subtract line 16 from line 1a       1         2       Cores pole, Subtract line 15 from line 1a       1c         3       Gross pole, Subtract line 16 from line 1a       3         4       Ordinary income (boss) from other partnerships, estates, and trusts (attach statement)       4         4       Ordinary income (boss) from other partnerships, estates, and trusts (attach statement)       4         5       Net gain (boss) from other partnerships, estates, and trusts (attach statement)       4         9       Salaries and wages (other than to partnerships).       5         9       Salaries and wages (other than to partnership).       9         10       Cordinaries payments to partnership.       1a         11       Reparts and maintenance       11         12       Sati dabbs       13 <t< td=""><td></td><td></td><td>)</td><td></td><td>LAS VEGAS, NV 89129</td><td></td><td><u>\$ 1,684,157</u></td></t<>			)		LAS VEGAS, NV 89129		<u>\$ 1,684,157</u>
H       Check accounting method:       (1)       Case:       (2)       Accurat       (3)       Other (specify)       >         1       Number of Schedules C and Max 3 are attached       >       3	GC	Check ap		· · 😐		Address chan	ge (5) 🗌 Amended return
1       Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year       3         2       Check if Schedules C and M-3 are attached       1         Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.         1       Gross recents or sales       1a         b       Returns and allowances       1a         c       2       Cost of goods sold (lattich Form 1125-A)       2         3       Gross profit. Subtract line 2 from time 1a       1c         2       Cost of goods soid (lattich Form 1125-A)       3         3       Gross profit. Subtract line 2 from time 1a       1         5       Net farm profit (loss) (attach Schedule F (Form 1040))       5         6       Net farm profit (loss) (attach Schedule F (Form 1040))       5         7       Other income (loss), conthime lines 3 (morgon 7       8         9       Statirlis and maintenance       11         11       Repaires and maintenance       12         12       Statirlis and maintenance       13         13       Return in the parties (lines explore more more more more more more more m	нс	heck ac		_			
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.         1       Gross receipts or sales         a       1a         c Batance. Subtract line 1 from time 1a       1c         2       Cost of goods sold (attach Form 1125A)         3						► 3	
1 a Gross receipts or sales       1a         b Returns and allowances       1a         c Balance. Subtract line 1b from line 1a       2         2 Cost of goods sold (attach Form 1125-A)       2         3 Gross profit. Subtract line 2 from line 1c       3         4 Groinary income (loss) from other partnerships estates, and trusts (attach statement)       4         5 Net gain (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         6 Hours income (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         7 Other income (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         9 Salaries and wages (other than to partners) (less employment credits)       9         9 Salaries and wages (other than to partners) (less employment credits)       9         11 Repairs and maintenance       11         12 Bad debts       12         13 Harkes and licenses       14         14 Taxees and licenses       14         14 Taxee and licenses       15         15 Bad debts       12         16 Depreciation reported on Form 1125-A and elsewhere on return       16         18 Returnent plans, etc.       19         20 Other deductions, atd ending forgarms       20         21 Other deductions, Add the amounts shown in the far right column for lines 3 tharough?							
1 a Gross receipts or sales       1a         b Returns and allowances       1a         c Balance. Subtract line 1b from line 1a       2         2 Cost of goods sold (attach Form 1125-A)       2         3 Gross profit. Subtract line 2 from line 1c       3         4 Groinary income (loss) from other partnerships estates, and trusts (attach statement)       4         5 Net gain (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         6 Hours income (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         7 Other income (loss) from other 4797, Part II, line 17 (attach Form 4797)       6         9 Salaries and wages (other than to partners) (less employment credits)       9         9 Salaries and wages (other than to partners) (less employment credits)       9         11 Repairs and maintenance       11         12 Bad debts       12         13 Harkes and licenses       14         14 Taxees and licenses       14         14 Taxee and licenses       15         15 Bad debts       12         16 Depreciation reported on Form 1125-A and elsewhere on return       16         18 Returnent plans, etc.       19         20 Other deductions, atd ending forgarms       20         21 Other deductions, Add the amounts shown in the far right column for lines 3 tharough?	Cauti	ion Incl	ude <b>only</b> frade or busi	ness incor	a and expenses on lines 1a through 22 below. See the instructions	for more inform	notion
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Sign Here       May the lRS discuss this return with the preparer shown below (see instructions)?       May the IRS discuss this return with the preparer shown below (see instructions)?         Paid Preparer Use Only       Print/Type preparer's name Firm's name       Preparer's signature ROBERT S SEMONIAN CPA       Preparer's signature Preparer Use Only       Date Preparer Firm's ell       Date Dote       Check       If       PTIN Self-employed       P00391972		22				· · · · · ·	22
Sign Here       May the IRS discuss this return with the preparer shown below (see instructions)?       May the IRS discuss this return with the preparer shown below (see instructions)?         Paid       Print/Type preparer's name       Preparer's signature       Date       Check       it       PTIN self-employed       PO0391972         Preparer Use Only       Firm's name       PROBERT S       SEMONIAN CPA       Firm's EIN       >95-4514704         Pone no.       (805) 659-5344	<u>.</u>		knowledge and belief, it is	true, correct,	and complete. Declaration of preparer (other than general partner or limited liability compa	any member manag	er)
DANKA MICHAELS, MD       Instructions)?       Yes       No         Signature of general partner or limited flability company member manager       Date       Date       Date       Dote       Dote <td>Sig</td> <td>n</td> <td></td> <td>or amon prop</td> <td>are rus any monicage.</td> <td></td> <td></td>	Sig	n		or amon prop	are rus any monicage.		
Paid     Preparer     Date     Check     Id     PTIN       Preparer     Preparer's name     Preparer's signature     Date     Check     Id     PTIN       Preparer     Preparer's name     Preparer's signature     Date     Check     Id     PTIN       Preparer     Firm's name     >ROBERT S     SEMONIAN CPA     PIN     Self-employed     P00391972       Firm's address     >PO     BOX 5605     Pone no.     (805) 659-5344	Her	e	DANKA MTO	HAEL	S. MD		
Paid     ROBERT S SEMONIAN CPA     09-16-2018     self-employed     P00391972       Preparer     Firm's name     ROBERT S SEMONIAN CPA     Firm's EIN     >95-4514704       Use Only     Firm's address     PO BOX 5605     Phone no.     (805) 659-5344							
Paid     ROBERT S SEMONIAN CPA     09-16-2018     self-employed     P00391972       Preparer     Firm's name     ROBERT S SEMONIAN CPA     Firm's EIN     >95-4514704       Use Only     Firm's address     PO BOX 5605     Phone no.     (805) 659-5344			Print/Type preparer's name	}		Chool	X I PTIN
Preparer         Image: boold and control of the point of the p	Paid	I					
Use Only         Firm's address         ▶PO         BOX         5605           Ventura, CA         93005         Phone no.         (805) 659-5344							E 00001012
Ventura, CA 93005 Phone no. (805)659-5344	-					CRUCE CBN	<u>70 3073/03</u>
						Phone and /	8051659-5344
	For P	aperwoi				L choire no. \	

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	065 (2016) PATIENCE ONE LLC				45-	5302432	ĺ	Page
Sch	edule B Other Information							
1	What type of entity is filing this return? Check the applicable	box:					Yes	No
а	Domestic general partnership b	Domes	stic limited par	tnership				T
С	Domestic limited liability company d	Domes	stic limited liab	ility partnership				
e	Foreign partnership f	Other						
2	At any time during the tax year, was any partner in the partner	ership a	disregarded er	ntity, a partnership	(including	······································		
	an entity treated as a partnership), a trust, an S corporation,							
	or a nominee or similar person?							X
3	At the end of the tax year:							<u> </u>
а	Did any foreign or domestic corporation, partnership (includi	na anv e	ntity treated a	s a nartnershin) tr	sist or tax-			
	exempt organization, or any foreign government own, direct							
	loss, or capital of the partnership? For rules of constructive of	•						
	B-1, Information on Partners Owning 50% or More of the Pa			015. ii 165, aua	un Schedule			. v
ь				· · · · · · · · ·				X
U	Did any individual or estate own, directly or indirectly, an inte							
	the partnership? For rules of constructive ownership, see ins							
		• • • •			· · · · · · · SEE 1	065B1 · · ·	X	ļ
4	At the end of the tax year, did the partnership:							
а	Own directly 20% or more, or own, directly or indirectly, 50%							
	stock entitled to vote of any foreign or domestic corporation?	? For rule	es of construct	ive ownership, see	9			
	instructions. If "Yes," complete (i) through (iv) below					<b> <i></i> .</b>		X
			(ii) Employer	Identification	(iii) Country of	(ív) Perce	mlage	
	(i) Name of Corporation			er (if any)	Incorporation	Owned in Voti		k
						1		
		1			994 is in the foreign constant of the foreign of th	[		
			····					
	interest of a trust? For rules of constructive ownership, see in (i) Name of Entity	(ii)	ns. If "Yes," cc Employer ntification	mplete (i) through (iii) Type of Entity	(iv) Country of		faximun ge Own	
		Num	ber (if any)	Chury	Organization	Profit, Loss	s, or Ca	pital
							····	
							Yes	No
5	Did the partnership file Form 8893, Election of Partnership Le	evel Tax	Treatment, or	an election staten	ient under			
	section 6231(a)(1)(B)(ii) for partnership-level tax treatment, t	hat is in	effect for this t	ax year? See Forr	n 8893 for			
	more details		<i>.</i>					Х
6	Does the partnership satisfy all four of the following condition	ons?						1
а	The partnership's total receipts for the tax year were less that	n \$250,0	00.					
b	The partnership's total assets at the end of the tax year were							
с				o duo dato (inalud	ina			
	- schedules n-1 are lied with the return and turnished to the n				J.			
	Schedules K-1 are filed with the return and furnished to the p extensions) for the partnership return.			e que date (includ				1
d	extensions) for the partnership return.			·				V.
ď	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu	ile M-3			orm 1065:			X
đ	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu If "Yes," the partnership is not required to complete Schedule	ile M-3						X
	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1.	ile M-3 es L. M-1	, and M-2; Iter	n F on page 1 of F	form 1065;			
7	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in	ile M-3 es L. M-1 section 4	, and M-2; Iter 469(k)(2)?	n F on page 1 of F	Form 1065;			X
	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that wa	ele M-3 es L, M-1 section 4	, and M-2; Iter 469(k)(2)? illed, was forgi	n F on page 1 of F	Form 1065;			X
7 8	extensions) for the partnership return. The partnership is not filing and is not required to file Schedu If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt?	le M-3 es L. M-1 section 4 as cance	, and M-2; Iter 469(k)(2)? Iled, was forgi	n F on page 1 of F	orm 1065:			
7	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918,	le M-3 es L. M-1 section 4 as cance •••• Material	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo	n F on page 1 of F ven, or had the te sure Statement, to	Form 1065:	· · · · · · · · · · ·		X
7 8 9	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918, information on any reportable transaction?	ele M-3 es L. M-1 section - as cance  Material	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo	n F on page 1 of F ven, or had the te sure Statement, to	Form 1065:	· · · · · · · · · · · · · · · · · · ·		X
7 8	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918,	ele M-3 es L. M-1 section - as cance  Material	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo	n F on page 1 of F ven, or had the te sure Statement, to	Form 1065:	· · · · · · · · · · · · · · · · · · ·		X
7 8 9	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918, information on any reportable transaction?	ele M-3 es L, M-1 section as cance  Material 	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo terest in or a s	n F on page 1 of F ven, or had the te usure Statement, to ignature or other a	Form 1065:			X
7 8 9	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918, information on any reportable transaction? At any time during calendar year 2016, did the partnership have	ele M-3 es L. M-1 section as cance  Material  ave an in ties acco	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo terest in or a s punt, or other fi	n F on page 1 of F ven, or had the te usure Statement, to ignature or other a nancial account)?	Form 1065:			X
7 8 9	extensions) for the partnership return. The partnership is not filing and is not required to file Schedul If "Yes," the partnership is not required to complete Schedule or Item L on Schedule K-1. Is this partnership a publicly traded partnership as defined in During the tax year, did the partnership have any debt that we modified so as to reduce the principal amount of the debt? Has this partnership filed, or is it required to file, Form 8918, information on any reportable transaction? At any time during calendar year 2016, did the partnership ha account in a foreign country (such as a bank account, securi	ele M-3 es L. M-1 section as cance  Material  ave an in ties acco	, and M-2; Iter 469(k)(2)? Illed, was forgi Advisor Disclo terest in or a s punt, or other fi	n F on page 1 of F ven, or had the te usure Statement, to ignature or other a nancial account)?	Form 1065:			X

Form 1065 (2016)

	065 (2016)PATIENCE ONE LLC45-5302432edule BOther Information (continued)	F	Page 3
		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		Х
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		Х
	See instructions for details regarding a section 754 election.		
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		Х
С	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		Х
3	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)		
4	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?		Х
5	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		
6	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.		Х
7	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached		
	to this return. 🕨 🛛 🗍		
8a	Did you make any payments in 2016 that would require you to file Form(s) 1099? See instructions	Х	
b	If "Yes." did you or will you file required Form(s) 1099?	Х	
9	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign		
	Corporations, attached to this return.		
0	Enter the number of partners that are foreign governments under section 892.		
1	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)?		Χ
2	Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for		
	Form 8938)? • • • • • • • • • • • • • • • • • • •		Х

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 9517 QUEEN CHARLOTTE DR	

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Form 1065 (2016)

Sched	5 (2016) ule K	PATIENCE ONE LLC Partners' Distributive Share Items	45-530	
	1	Ordinary business income (loss) (page 1, line 22)		Total amount
	2			(2.00
	2 3 a	Net rental real estate income (loss) (attach Form 8825)	. 2	(2,96
		Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement)		
	c	Other net rental income (loss). Subtract line 3b from line 3a		
(ss	4	Guaranteed payments		
Income (Loss)	5	Interest income		
e (1	6	Dividends: a Ordinary dividends	• 6a	
Ĕ		b Qualified dividends		
100	7	Royalties	. 7	
-	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	• 8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	. 9a	
	b	Collectibles (28%) gain (loss)		
	с	Unrecaptured section 1250 gain (attach statement)		
	10	Net section 1231 gain (loss) (attach Form 4797)	. 10	
	11	Other income (loss) (see instructions) Type 🔹	11	
s	12	Section 179 deduction (attach Form 4562)		
Deductions	13 a	Contributions	. 13a	
Ict	b	investment interest expense		
p	с	Section 59(e)(2) expenditures: (1) Type (2) Amount		******
å	d	Other deductions (see instructions) Type	13d	
\$	14 a	Net earnings (loss) from self-employment		****
t Se	b	Gross farming or fishing income		
Self- Employ- ment	c	Gross nonfarm income		
0, 11 5	15 a	Low-income housing credit (section 42(i)(5))		
	b	Low-income housing credit (section $4_{2(j)}(5)$ )		·····
its	c			
Credits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		
ъ	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	
		Name of country or U.S. possession		
s	b	Gross income from all sources		
no	С	Gross income sourced at partner level	· 16c	
Transactions		Foreign gross income sourced at partnership level		
Isa	d	Passive category	▶ <u>16f</u>	
rar		Deductions allocated and apportioned at partner level		
	g		▶ <u>16h</u>	
Foreign	_	Deductions allocated and apportioned at partnership level to foreign source income		
ore	i	Passive category  j General category  k Other l		
ц.		Total foreign taxes (check one): Paid 🔲 Accrued 🔲 · · · · · · · · · · · · · · · · · ·		
	m	Reduction in taxes available for credit (attach statement)	· 16m	
		Other foreign tax information (attach statement)		
×	17 a	Post-1986 depreciation adjustment	· 17a	
Alternative Minimum Tax (AMT) Items	b	Adjusted gain or loss	. 17b	
Iter	С	Depletion (other than oil and gas)	· 17c	
ĔĔſ	d	Oil, gas, and geothermal properties - gross income	· 17d	
M	е	Oil, gas, and geothermal properties - deductions	· 17e	
<u>۲۵۶</u>	f	Other AMT items (attach statement)	. 17f	
]	18 a	Tax-exempt interest income		
tion	b	Other tax-exempt income	. 18b	
nat	с	Nondeductible expenses		
Jun		Distributions of cash and marketable securities		140,78
Other Information		Distributions of other property		
-La				
č		Investment expenses		
포니	U U			

		ENCE ONE LI	JC					45-530	)2432 Page 5
Ana	Ilysis of Net Income (	Loss)							
1	Net income (loss). Combine	Schedule K, lines 1 th	rough 11. F	From the	result, subtrac	ot the sur	n of		
	Schedule K, lines 12 throug	h 13d, and 16l	· · · · ·		<i>.</i>			1	(2,964)
2	Analysis by	(i) Corporate	(ii) Indivi	dual	(iii) Individ	ual	(iu) Dodoorahi	(v) Exempt	(vi)
	partner type:	(i) corporate	(activ	e)	) (passive		(iv) Partnershi	P Organization	Nominee/Other
а	General partners · · ·								
b	Limited partners • • •		(2,	523)					(441)
Sc	hedule L   Balance	Sheets per Boo	oks		Beginning	of tax ye	ar	Endo	f tax year
	Asse	ets			(a)		(b)	(c)	(d)
1	Cash						7,397		15,110
2 a	Trade notes and accounts re	eceivable · · · ·							
b	Less allowance for bad debt	s							
3	Inventories · · · · ·								
4	U.S. government obligations	; · · · · · · · ·							
5	Tax-exempt securities		• • • • •						
6	Other current assets (attach	statement) · · ·							
7 a	Loans to partners (or persor	ns related to partners)	• • • •						
b	Mortgage and real estate loa	ans ••••••							
8	Other investments (attach sl	tatement) · · · ·							
9 a	Buildings and other deprecia	ible assets ••••			24,457			1,524,457	
b	Less accumulated deprecial	ion • • • • • • •		2.	48,414	1,2	76,043	301,298	1,223,159
10 a	Depletable assets		· · <i>· ·</i> ·						
b	Less accumulated depletion	<i></i>		[					
11	Land (net of any amortizatio	n) • • • • • • •	· · · <i>· ·</i>			4	27,541		427,541
12 a	Intangible assets (amortizab	le only) · · · · ·			15,775			15,775	
b	Less accumulated amortizat	ion • • • • • • •			2,367		13,408	3,945	11,830
13	Other assets (attach statem	ent) • • • • • • •		State	ement #29			Statement #29	6,517
14	Total assets					1,7	30,906		1,684,157
	Liabilities a	•							
15	Accounts payable					L			
16	Mortgages, notes, bonds pa	yable in less than 1 ye	ar •••			L			
17	Other current liabilities (attac	ch statement) · · ·		State	ement #31		10,554	Statement #31	10,554
18	All nonrecourse loans		• • • • •			ļ			
19 a	Loans from partners (or pers	sons related to partner	s) • •			-			
b	Mortgages, notes, bonds pa	yable in 1 year or more	e			1,4	58,431		1,425,514
20	Other liabilities (attach state								
21	Partners' capital accounts						61,921		248,089
22		· · · · · · · · · · ·		L		1,7	30,906		1,684,157
Sci		nciliation of Inc						) per Return	
		The partnership may b							
1	Net income (loss) per books		· ·	(2,9)				this year not included	
2	Income included on Schedul							igh 11 (itemize):	
	5. 6a, 7. 8, 9a, 10, and 11, n	ot recorded on			a Tax-	-exempt	interest S		_
	books this year (itemize):								
3	Guaranteed payments (othe						ncluded on Sch		
	health insurance)		· ·			-	d, and 16I, not	-	
4	Expenses recorded on book	•			-		income this ye		
	not included on Schedule K.				a Dep	reciation	1 \$		-
_	through 13d, and 16l (itemize	e):							-
	Depreciation \$		_						
b	Travel and entertainment \$					l lines 6 a		• • • • • • • • • • • •	· · ·
E	A del Base d'Abrevelo d			10 07			s) (Analysis of N		(0.000)
5 Sch		/sis of Partners'		(2,90	(Los)	ss), line 1	). Subtract line	8 from line 5 ••	·· (2,964)
									1 140 700
1	Balance at beginning of year			$\frac{61,92}{20,01}$		ributions		· · · · · · · · · · · · ·	
2	Capital contributed: a Cas			29,92		on ol - :			
2	b Prop	,		12 01	$\frac{1}{2}$ (Uthe	er decrea	ases (itemize):		-
3 4	Net income (loss) per books			(2,90					
4	Other increases (itemize):				a	line= 2			
5	Add lines 1 through 4			00 01		lines 6 a			
5	Add lines 1 through 4 .		<u>··l 3</u>	88,81	17 9 Bala	ance at e	no of year. Subl	ract line 8 from line 5	248,089
EEA									Form 1065 (2016)

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Form			al Estate Incon artnership or a			fa		
	December 2010) tment of the Treasury		► See instru	•	UII		0	MB No. 1545-1186
	al Revenue Service	► Attac	h to Form 1065, Form		5.			
Name	****					Emplo	ver identi	fication number
	PATIENCE ONE LLC					1 .	5302	
1	Show the type and address of each property.				mber of d	ays rented a	t fair	
	rental value and days with personal use. See		ons. See page 2 to list ad	ditional properties.				
	Physical address of each property - street, ci	ty,		Type - Enter code	1-8;	Fair Renta		Bornand Line Day
	state, ZIP code			see page 2 for li	st	Fair Rena	ii Days	Personal Use Days
A	3320 N BUFFALO			4				
	LAS VEGAS, NV 89129			COMMERCIAL				
в								
C								
						ļ		
D								
		T		Drong	whipp	]		
	Rental Real Estate Income	$\vdash$	A	Prope B	nues			<b>n</b>
2		2	270,911	D		C		D
4		<u></u>	270,911					*****
	Rental Real Estate Expenses							
3	Advertising	3						
4	Auto and travel	4	1,750					
5	Cleaning and maintenance	5	<u> </u>					
6		6						**************************************
7			12,809					
8	Legal and other professional fees	8	<u> </u>					
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>		1,578					
	Statement #8A	15	31,022					
	······							
16	Total expenses for each property.							
	Add lines 3 through 15	16	273,875					
17	Income or (Loss) from each		(0.064)					
19.0	property. Subtract line 16 from line 2	17	(2,964)					0.20 0.11
	Total gross rents. Add gross rents from line 2.			•••••			18a	270,911
b 19	Total expenses. Add total expenses from line Net gain (loss) from Form 4797, Part II, line 1		0			••••	18b (	273,875
15	estate activities · · · · · · · · · · · · · · · · · · ·						19	
20 a	Net income (loss) from rental real estate activ						19	
	this partnership or S corporation is a partner of						20a	
b	Identify below the partnerships, estates, or tru						200	
	Attach a schedule if more space is needed:		(1000)	is shown on the Lot.			Í	
	(1) Name		(2) Empl	oyer identification num	ber			
							1	
21	Net rental estate income (loss). Combine line	s 18a thro	ough 20a. Enter the resu	It here and on:			21	(2,964)
	• Form 1065 or 1120S: Schedule K, line 2,	or						
	Form 1065-B: Part I, line 4							
For F	aperwork Reduction Act Notice, see instru	ctions.					Fo	orm 8825 (12-2010)
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## SCHEDULE B-1 (Form 1065)

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

OMB No. 1545-0099

Employer identification number (EIN)

45-5302432

Attach to Form 1065. See instructions.

Internal Revenue Service Name of partnership

(Rev. December 2011)

Department of the Treasury

PATIENCE ONE LLC

## 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.

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

2016	Final K-1 Amended	
Schedule K-1 Z010 Form 1065) Enclander war 2018 or tax		of Current Year Income,
<ul> <li>For calcinual year zone, or tax</li> </ul>		dits, and Other Items
lepartment of the Treasury         year beginning         2016           tiernal Revenue Service         ending         20	1 Ordinary business income (loss)	15 Credits
Partner's Share of Income, Deductions,	2 Net rental real estate income (loss)	-
Credits, etc. See page 2 of form and separate instructions.	(1,482)	
Part I Information About the Partnership	3 Other net rental income (loss)	16 Foreign transactions
A Partnership's employer identification number	4 Guaranteed payments	-
<u>45-5302432</u>	- Guaranteeu payments	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
PATIENCE ONE LLC		_
3320 N BUFFALO STE 208 LAS VEGAS, NV 89129	6a Ordinary dividends	
ING VEGNS, NV OJIZJ	6b Qualified dividends	-
C IRS Center where partnership filed return		
OGDEN	7 Royalties	
D Check if this is a publicly traded partnership (PTP)		4
Part II Information About the Partner	8 Net short-term capital gain (loss)	
E Partner's identifying number	9a Net long-term capital gain (loss)	17 Alternative minimum fax (AMT) items
		A
F Partner's name, address, city, state, and ZIP code	9b Collectibles (28%) gain (loss)	
DANKA MICHAELS MD 9517 QUEEN CHARLOTTE DR		4
LAS VEGAS, NV 89145	9C Unrecaptured section 1250 gain	
	10 Net section 1231 gain (loss)	18 Tax-exempt income and
G X General partner or LLC Limited partner or other LLC	- ·	nondeductible expenses
member-manager member	11 Other income (loss)	
H X Domestic partner		
I1 What type of entity is this partner? INDIVIDUAL		
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here		
· · · · · · · · · · · · · · · · · · ·		19 Distributions
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending	12 Section 179 deduction	A 10,86
Profit 50.000000 % 50.000000 %	13 Other deductions	A 10,00
Loss 50.000000 % 50.000000 %		
<u>Capital 50.0000000 % 50.000000 %</u>		20 Other information
K Partner's share of liabilities at year end:		
K Partner's share of liabilities at year end: Nonrecourse •••••••• S 712,757	14 Self-employment earnings (loss)	
Qualified nonrecourse financing · · · S	··· Sell-enployment earlings (iosa)	
Recourse • • • • • • • • • • • • 5		
		]
Partner's capital account analysis:     Beginning capital account •••••• \$ 130,960	*See attached statement for additional i	ntormation.
Capital contributed during the year · · S		
Current year increase (decrease) · · · § (1,482)	<u>ک</u>	
Withdrawals & distributions $\cdots $ $\frac{S_{(10,868)}}{2}$	o <b>In Property</b>	
Ending capital account · · · · · · · § <u>118,610</u>		
X Tax basis GAAP Section 704(b) book	For IRS Use Only	
Other (explain)		
M Did the partner contribute property with a built-in gain or loss?		
Yes X No		
If "Yes," attach statement (see instructions) or Paperwork Reduction Act Notice, see Instructions for Form 1065. IRS.c	jov/íom 1065	Schedule K-1 (Form 1065) 20

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2016	X Final K-1 Amended	
Schedule K-1 Errolender von 2015 er bie		of Current Year Income,
, i or calendar year 2016, or lex		dits, and Other Items
apartment of the Treasury year beginning 2016 temal Revenue Service 20	1 Ordinary business income (loss)	15 Credits
artner's Share of Income, Deductions,	2 Net rental real estate income (loss)	
See page 2 of form and separate instructions.	(1,041	)
Part I Information About the Partnership	3 Other net rental income (loss)	16 Foreign transactions
A Partnership's employer identification number	4 Guaranteed payments	_
45-5302432	4 Guaranteed payments	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
PATIENCE ONE LLC		_
3320 N BUFFALO STE 208 LAS VEGAS, NV 89129	6a Ordinary dividends	
SHO VEGNO, NV OJIZJ	6b Qualified dividends	-
C IRS Center where partnership filed return		
OGDEN	7 Royalties	
D Check if this is a publicly traded partnership (PTP)	<b>9</b>	4
Part II Information About the Partner	8 Net short-term capital gain (loss)	
E Partner's identifying number	9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
		A
F Partner's name, address, city, state, and ZIP code	9b Collectibles (28%) gain (loss)	
TOM PICKENS 9517 QUEEN CHARLOTTE DR	9c Unrecaptured section 1250 gain	
LAS VEGAS, NV 89145	Onecaptiled section 1250 gain	
	10 Net section 1231 gain (loss)	18 Tax-exempt income and
G X General partner or LLC Limited partner or other LLC member-manager member		nondeductible expenses
H X Domestic partner	11 Other income (loss)	
I1 What type of entity is this partner? INDIVIDUAL		
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here		10
J Partner's share of prolit, loss, and capital (see instructions):	12 Section 179 deduction	19 Distributions
Beginning Ending		A 129,920
Profit 50.000000 % 0.000000 %	13 Other deductions	
Loss 50.000000 % 0.000000 % Capital 50.0000000 % 0.0000000 %	- 1	
Capital 50.000000 % 0.000000 %		20 Other information
K Partner's share of liabilities at year end.		
Nonrecourse • • • • • • • • • • • • • • • • • • •	14 Self-employment earnings (loss)	
Qualified nonrecourse financing · · · · \$	-	
Recourse • • • • • • • • • • • \$	-	
L Partner's capital account analysis:	*See attached statement for additional	information.
Beginning capital account · · · · · \$ 130,961	-	
Capital contributed during the year · · · \$	-	
Current year increase (decrease)		
Ending capital account		
	For IRS Use Only	
X Tax basis GAAP Section 704(b) book		
Other (explain)	Ē <b>I</b> RIGURĀ	
M Did the partner contribute property with a built-in gain or loss?		
M Did the partner contribute property with a built-in gain or loss?		

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Schedule K-1 (Form 1065) 2016

Schedule K-1	2016	Final K-1		nded K-1 OMB No. 1545-01 re of Current Year Income,
Form 1065)	For calendar year 2016, or tax			Credits, and Other Items
Department of the Treasury	year beginning 2016	1 Ordinary bu	usiness income (loss)	15 Credits
nternal Revenue Service	ending 20			
Partner's Share of Inc	come, Deductions,	2 Net rental r	eal estate income (toss)	1 1 1
Credits, etc.	See page 2 of form and separate instructions.	3 Other net ri	( 4 4 ental income (loss)	16 Foreign transactions
Part I Informati	on About the Partnership		inter moonie (1938)	10 Foreign Fansactions
A Partnership's employer identifi	cation number	4 Guaranteed	I payments	
<u>45-5302432</u>		E		
B Partnership's name, address, a PATIENCE ONE		5 Interest inc	ome	
3320 N BUFFAL		6a Ordinary di	vidends	
LAS VEGAS, NV	89129			
C	-	6b Qualified di	vidends	
C IRS Center where partnership OGDEN	filed return	7 Royalties		
D Check if this is a publicly tr	aded partnership (PTP)	, novames		
		8 Net short-te	rm capital gain (loss)	
~ <del></del>	on About the Partner			
E Partner's identifying number 56-5899079		9a Net long-ter	rm capital gain (loss)	17 Alternative minimum tax (AMT) items
F Partner's name, address, city, s	state, and ZIP code	9b Collectibles	(28%) gain (loss)	A
MICH-MICH TRUS		- Concounter	(20.07.3200.0000)	
9517 QUEEN CH		9c Unrecapture	ed section 1250 gain	
LAS VEGAS, NV	89145			
G X General partner or LLC	Limited partner or other LLC	10 Net section	1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
member-manager	member	11 Other incom	ie (loss)	
H X Domestic partner	Foreign partner			
14 www.sec. c				
<ul><li>What type of entity is this partr</li><li>If this partner is a retirement of</li></ul>	an (IRA/SEP/Keogh/etc.), check here			
				19 Distributions
J Partner's share of profit, loss, a	ind capital (see instructions).	12 Section 179	deduction	
Beginning				
Profit 0.000		13 Other deduc	stions	
Capital 0.000				20 Other information
K Partner's share of liabilities at y				
Nonrecourse Qualified nonrecourse financin		14 Self-employ	ment eamings (loss)	
Recourse	···· \$			
L Partner's capital account analy		*See attached	d statement for addition	nal information.
Beginning capital account Capital contributed during the y	vear · · \$ 129,920			
Current year increase (decreas				
Withdrawals & distributions	· · · · · · \$_()	luo	her the second	<b>ZANKA</b> AN ANG ANN
Ending capital account •	s <u>129,479</u>	Use Only		
X Tax basis	GAAP Section 704(b) book	l SS	gren na de de la	
Other (explain)	GAAP Section 704(b) book	For IRS		
			140440240226735735735	V. III V 1977 SAF. X SA 19
M Did the partner contribute prop	Č ř			
Yes	X No			
If "Yes," attach statement (	see instructions)	1		

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Danka Michaels001535

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Form	4562			ciation a					OMB No. 1545-0172
Depart	ment of the Treasury			Attach to y	our tax return.				Attachment
Interna	al Revenue Service (99)	Information	about Form 45	62 and its separa				562.	Sequence No. 179
Name(	s) shown on return			B	usiness or activity to v	which this form relates			Identifying number
	TIENCE ONE				<u>3320 N</u>	BUFFALO			45-5302432
Pa	rt   Election	To Expense	Certain Pro	operty Under	Section 179	)			
				olete Part V before					
1	Maximum amount (s	see instructions)		• • • • • • • • •				1	
2	Total cost of section		,	,				2	
3	Threshold cost of se	ection 179 proper	ty before reducti	ion in limitation (se	e instructions)			3	
4	Reduction in limitation	en. Subtract line 3	3 from line 2. If z	zero or less, enter	-0			4	
5	Dollar limitation for t	ax year. Subtract	line 4 from line	1. If zero or less, e	enter -0 If marri	ed filing			
	separately, see instr	uctions	* * * * * * *	• • • • • • • • • •		<u></u>	• • • •	5	
6	(	(a) Description of prop	perty	(b)	Cost (business use	only) (c) E	lected cost		
7	Listed property. Ente	er the amount from	m line 29 🕠			7			
8	Total elected cost of	section 179 prop	erty. Add amour	nts in column (c), l	ines 6 and 7			8	
9	Tentative deduction	. Enter the small	er of line 5 or fir	ne 8 • • • • • •				9	
10	Carryover of disallow	wed deduction fro	m line 13 of you	r 2015 Form 4562				10	
11	Business income lim	nitation. Enter the	smaller of busir	ness income (not l	ess than zero) o	r line 5 (see instru	(ictions)	11	
12	Section 179 expense	e deduction. Add	lines 9 and 10, I	but don't enter mo	re than line 11			12	
13	Carryover of disallow	wed deduction to	2017. Add lines	9 and 10, less line	e 12 🕨	13		h	
Note	: Don't use Part II or	Part III below for	listed property.	Instead, use Part	V.				
Par	t II Special I	Depreciation	Allowance	and Other D	epreciation	(Don't include li	sted prop	erty.) (	See instructions.)
14	Special depreciation				******		iiiiii		
	during the tax year (	see instructions)						14	
15	Property subject to s	section 168(f)(1) e	election · ·					15	
16	Other depreciation (i							16	10,173
Par				de listed property				<u> </u>	
h					ion A				
17	MACRS deductions	for assets placed	in service in ta					17	42,711
18	If you are electing to							<u> </u>	<u></u>
	asset accounts, che			· · · · · · · · · · ·		-			
				ce During 2016 Ta				vstam	
			b) Month and year	(c) Basis for deprecia	Nion			ystem	
	(a) Classification of pro		placed in	(business/investment only-see instruction	use (d) Recov	ery (e) Convention	(f) Met	nod	(g) Depreciation deduction
	3-year property		service	Unity-see instruction	(5)				······
b	5-year property								
C	7-year property								
	10-year property								
f	15-year property 20-year property						+		
							+		
<u>g</u>	25-year property				25 yrs		S/		
п	Residential rental	-			27.5 yr		S/		
······	property				27.5 yr		S/		
i	Nonresidential real	-			39 yrs		S/		
	property	L		l	I	MM	S/		
		on C - Assets Pl	aced in Service	e During 2016 Tax	Year Using the	Alternative Dep			m
	Class life						S/		
b	12-year				12 yrs	<u>.                                    </u>	S/	L	
	40-year				40 yrs	s. MM	S/	L	
Par	tIV   Summa	ry (See instructi	ons.)						
21	Listed property, Ente	er amount from lir	ne 28 · · ·				• • •	21	
22	Total. Add amounts	from line 12, line	s 14 through 17	7, lines 19 and 20	in column (g), ar	nd line 21. Enter			
	here and on the appr	ropriate lines of y	our return. Partr	erships and S cor	porations - see i	nstructions		22	52,884
23	For assets shown at	oove and placed i	n service during	the current year,	enter the				
	portion of the basis a	attributable to sec	tion 263A costs			23			
EarD	apapyork Reduction	A -+ N-+!							

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

Form 4562			ENCE			
Part V	Liste	d Proj	perty (Ir	nclude a	utomobi	les

Listed Property (	Include automobiles,	certain other vehicle	es, certain aircra	ift, certain computer	rs, and property
used for entertainme	ent, recreation, or am	usement.)			

**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 Othe	er Inform	ation (C	aution:	See the	instructio	ons for li	mits for pa	ssenger	autom	obiles.)			
243	a Do you have evidence to support the business/in	ivestment us	e claimed?			Ves	No No	24b If "	Yes," is t	he evic	ience w	ritten?	Ye:	5 🗌 No
	(a) (b)	(c)		(d)		(e)		(f)		g)		(h)		i)
٦	Type of property (list Date placed inv	Business/ /estment use	Cost or	other basi		sis for depri siness/inve		Recovery	Meth		Depre	aciation	Elected s	ection 179
		ercentage			(00	use on		period	Conva	ntion	dedi	uction	00	ist
25	Special depreciation allowance for qua	lified listed	d propert	y placed	l in servio	ce during	]				1			
	the tax year and used more than 50% i	in a qualifi	ed busin	ess use	(see inst	ructions	) .			25				
26	Property used more than 50% in a qua	lified busir	ness use	:										
		%	1					1	T		T		T	w
		%						1					1	
		%	<u>† – – – – – – – – – – – – – – – – – – –</u>					1	1		<u> </u>		1	<u></u>
27	Property used 50% or less in a qualifier	d busines:	s use:		tt			.1	_1		·I			
		%			1			T	S/L-		1		T	
		%						1	S/L-		1		1	
		%						1	S/L-	*******			1	
28	Add amounts in column (h), lines 25 th	rough 27	Enter be	re and c	n line 21	1 aneo				28	<u> </u>		1	
	Add amounts in column (i), line 26. Ent	-								L	I	. 29	+	
					rmation	onlise		****					1	
Cor	mplete this section for vehicles used by								latod no	roon If		vidod vol	aioloc	
	our employees, first answer the questio												licies	
<u></u>		13 11 0000		a)	1	b)	1		(d)		1		1 7	
20	Total business/investment miles driven	during	Vehic		Vehic		Vehi	(	Vehicle			(e) icle 5	Vehic	f) le 6
50	the year (don't include commuting mil-	0												
31	Total commuting miles driven during the												<u> </u>	
	Total other personal (noncommuting)	e year			+		+						<u> </u>	
Ű.	miles driven													
22	Total miles driven during the year. Add										ļ		+	
55	lines 30 through 32													
24	•						N		<del></del>			T		
54	Was the vehicle available for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	use during off-duty hours?				<u> </u>									
55	Was the vehicle used primarily by a mo	ne												1
26	than 5% owner or related person?						<u> </u>							
30	Is another vehicle available for persona		Ĺ	L	1	L	<u> </u>	<u> </u>	<u> </u>		[	<u> </u>	L	
0.0.0	Section C - Q			-										
	swer these questions to determine if you			on to con	npleting	Section	B for ver	nicles used	by emp	loyees	who are	en't		
	re than 5% owners or related persons (s												,	
31	Do you maintain a written policy statem	ient that p	rohibits a	il persor	nal use o	f vehicle	s, includ	ing commu	iting, by				Yes	No
20	your employees?	• • • •	• • • •	• • • •		• • • •		• • • • •		• • •		• • • •		
30	Do you maintain a written policy statem													
20	employees? See the instructions for ve				fficers, di	rectors,	or 1% or	nore owr	iers	• •		• • • •		
	Do you treat all use of vehicles by empl	•	•					• • • • •	• • • •	•••	••••	• • • •		
40	Do you provide more than five vehicles			s. obtain	informat	ion from	your em	ployees at	bout the					
	use of the vehicles, and retain the inform			• •		• • • •	• • • •	• • • • •		• • •		••••		
41	Do you meet the requirements concern									•••	• • • •		I	
n	Note: If your answer to 37, 38, 39, 40,	or 41 is "	res," doi	n't comp	lete Sect	ion B for	the cov	ered vehic	les.					
Pa	art VI Amortization													
	(2)	(k	<b>)</b> )		(4	=)		(d)		(e)			(f)	
	(a) Description of costs	Date amor			Amortizable	amount		Code section	on	Amortiza period		Amortizat	ion for this y	ear
		beg		<u> </u>						percenta				
42	Amortization of costs that begins during	3 your 201	6 tax yea	ar (see ir	nstructior	ns):								
					-									
										·····.				
43	Amortization of costs that began before	your 201	6 tax yea	ır •						• • •	43			578
44	Total. Add amounts in column (f). See	the instru	ctions fo	r where	to report	•••		• • • • •			44		1,	578
EEA												Fo	orm 4562	(2016)
											Danka	a Michae	Is00153	7

Page 2

45-5302432

	Federal Supporting Statement	S	2016 PG01
Name(s) as shown on return <u>PATIENCE ONE</u>	LLC		FEIN 45-5302432
LINE DESCRIPT K19A DIST OF	ALLOCATIONS ION CASH & MARKETABLE \$140,7		
OTHER ASSETS	FORM 1065 - SCHEDULE L - LINE 13		PG01 Statement #29
DESCRIPTION UTILITY DEPOS	ITS	BEG OF YEA	AR         END OF YE           17         6,5
TOTAL			17 6,5
OTHER CURRENT DESCRIPTION SEC DEPOSITS			PG01 Statement #31 AR <u>END OF YE</u> 54 <u>10,5</u>
TOTAL			54 10,5 54 10,5

STATMENTLD

	Federal Supporting Statements	<b>2016</b> PG01
Name(s) as shown on return <u>PATIENCE</u> ONI	E LLC	FEIN 45-5302432
	FORM 8825, LINE 15 - OTHER	Statement #8
DESCRIPTION INSPECTIONS JANITORIAL LICENSES MANAGEMENT H OFFICE EXPEN SECURITY TOTAL		AMOU 2,4 16,6 1,4 9,9 1 3 31,0

STATMENTLD

Form 1		Ear mine	U.S. Corporation tar year 2008 or lax year beginning				OMB No. 1545-0123
Departmer Internal Re	nt of the Tre evenue Serv	asury		, 2008, enc parate instructions.	ing	, 20	2008
A Check	đ.		Name			BEm	skyer identification number
1a Conso	lidaled retur	Use IRS	BLUE POINT DEVELO				26-3541207
<ul> <li>b Life/no</li> </ul>	1 Form 851 ) milfe consol		Number, street, and room or suite no. If a P (	), box, see instructions.	STE 16	) C <sub>Dat</sub>	e noorporated
	return 1al holding c 1 Sch. PH1		7373 PEAK DR			Dire	09-23-2008 1 assets (see instructions)
3 Person	i acit, enij ial service c structions)	rorp • • • ☐ print or type.	City or town, state, and ZIP code			P 1014	i assets (see maructions)
	ule M-3 atta	<u> </u>	LAS VEGAS	NV	89128	S	1,00
		E Chee	k if (1) 🗙 Initial return (2)	Final return (3)	Name change	(4) Addres	ss change
		koss receipts or sales		ms and allowances			1c
			chedule A, line 8) • • • • • • • •	• <i>• •</i> • • • • • • • • •	•••••	{	2
		hvidends (Schedule					3 4
		nterest · · · · · · ·	,			j	5
come	6 0	Bross rents • • • •					6
	7 0	Gross royalties • • •	••••••••••••			[	7
		Capital gain net incon	ne (attach Schedule D (Form 1120))	••••		•••• [	8
			n Form 4797, Part II, line 17 (attach F		•••••	j	9
			structions - attach schedule) • • •		• • • • • • • • • •		10
		otal income. Add lin	ters (Schedule E, line 4)				11
			ess employment credits) • • • • •				12
		Repairs and maintena					14
educ-	<b>15</b> E	ad debts • • • •	• • • • • • • • • • • • • • • • • • • •			🗖	15
ons	16 F	lents ••••••	• • • • • • • • • • • • • • • • • • •			· · · · []	16
See		axes and licenses	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		17
istruc-		nterest • • • • • •	•••••	• • • • • • • • • • •	•••••		18
ons		Charitable contribution			. <b></b>		19
or 🛛		epietion • • • • • •	m 4562 not claimed on Schedule A	or elsewhere on retur	n (auach Form 456	· •	20
mita-		dvertising • • • • •					22
ons		ension, profit-sharin					23
n educ-	24 E	imployee benefit proj	grams • • • • • • • • • • • • • • • • • • •				24
ons.)		omestic production a	activities deduction (attach Form 890	3) ••••••	• • • • • • • • •	•••• [3	25
			ach schedule) • • • • • • • • • •		• • • • • • • • •		26
			d lines 12 through 26 • • • • •			-	27
			e net operating loss deduction and s ng loss deduction (see instructions)		29a	line 11	28
	25 6		ductions (Schedule C, line 20)		29b		9c
	30 T		tract line 29c from line 28 (see instru				30
ax, efund-	31 T	otal tax (Schedule J.	line 10)				31
ble	<b>32</b> a 2	007 overpayment cre	edited to 2008 • • 32a				
redits,		008 estimated tax pa	·			anena (al 19 1	
nd		009 refund applied for on P		) d Bai 🕽			
ay-		ax deposited with Fo redits: (1) Form 243		· · · · · · · · · · · · · · · · · · ·	32e 32f		
ents			om Form 3800, line 19c, and Form 88	*****	32g	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2h
	-		(see instructions). Check if Form 22		· · · · · · · · · ·		33
			32h is smaller than the total of lines 3		untowed •••	· • • • • • •	34
	35 C	verpayment. If line 3	32h is larger than the total of lines 31	and 33. enter amour	it overpaid ••••		35
			e 35 you want: Credited to 2009 esti				36
e:	Under per is true, co	naities of perjury, i declare rrect, and complete. Decla	that I have examined this return, including acco ration of preparer (other than taxpayer) is base	mpanying schedules and s t on all information of whic	tatements, and to the b-	est of my knowled Jertne	ge and belief. It
Sign Here	•		1	,		gian managements	e (RS discuss this return
1010	Simal	ire of officer	Date	Tite	DENT		preparer shown below structions)?
	y organit	λ	Une	Date			Preparer's SSN or PTIN
Paid		Preparer's signature			-2018 Check if employe	self-	1
Prepar	rer's	Firm's name (or yours if	ROBERT S SEMON	IAN CPA		EIN	95-4514704
Use O		self-employed), address,	PO BOX 5605				
		and ZIP code	Ventura CA 930	A =		Phone no. (1	805)659-5344

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Forn	1120 (2008) BLUE POINT DEV	ELOPMENT I	NC		26-3541207	Page 3
S	chedule J Tax Computation (s	ee instructions)				
1	Check if the corporation is a member of a cor		h Schedule O (Form	1120)) • • • • • • •		
2	Income tax, Check if a qualified personal service	vice corporation (see	e instructions) • • •		▶ □ 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	933	
b	Credit from Form 8834			5b		
с	General business credit (attach Form 3800)			5c		
d	Credit for prior year minimum tax (attach Forr			5d		
е	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 Schedi				8	<u> </u>
9	Other taxes. Check if from: Form 4255	Form 8		rm 8697		********
	Form 8866			her (attach schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here a			• • • • • • • • • • • • •		0
	chedule K Other Information					0
1			Other (specify)	~		
2	See the instructions and enter the:	D [V] Accinat	Conter (specify)			Yes No
	Business activity code no.  531390					
	Business activity ► <u>REAL EST</u> , Product or service ► <u>DEVELOPM</u>			******		
3			Sector and the star			
5	Is the corporation a subsidiary in an affiliated		ubsidiary controlled (	roup? •••••	• • • • • • • • • • • •	• X
	If "Yes," enter name and EIN of the parent co	rporation 💌				
4						
	At the end of the tax year:					
а	Did any foreign or domestic corporation, partr					and the second sec
	more, or own, directly or indirectly, 50% or mo	-		,	ock entitled to vote?	<u> </u>
	For rules of constructive ownership, see instru		mplete (i) through (v)			
	(i) Name of Entity	<ul> <li>(ii) Employer</li> <li>Identification Number</li> </ul>	(iii) Type of			entage Owned
		(if any)		Ciga	nization in Vi	ting Stock
			[			
b	Did any individual or estate own directly 20%	or more, or own, dire	ectly or indirectly, 50	% or more of the total v	oting power of all	(63) (53)
	classes of the corporation's stock entitled to v	ote? • • • • • •				• X
	For rules of constructive ownership, see instru	uctions. If "Yes," cor	nplete (i) through (iv	).		1858 1855
			(ii) identifying Nu	mber (iii) Country	of Citizenship (iv)	Percentage
	(i) Name of Individual or Estate		(if any)	(see ins	structions) Owns	ed in Voting Stock
			1			
<del>~~~~~</del>		***********				
			1			
		*****				
EEA						1120 (2008)

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Form 1120 (2008) BLUE POINT DEVELOPME	NT INC	26-	-3541207	Page 4
Schedule K Continued				
5 At the end of the tax year, did the corporation.			Yes	No
<ul> <li>Own directly 20% or more, or own, directly or indirectly, 50% or more of the total</li> </ul>				
	edule? For rules of constructive owners	np, see instructions	•••••	X
if "Yes," complete (i) through (iv)	(ii) Employer	1	(iv) Percentag	<u>.</u>
(i) Name of Corporation	Identification Number	(iii) Country of Incorporation	Owned in Votir	9 9
	(if any)		Stock	
			1	
			[	
			l	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 20% or more.				
(incuding an entity treated as a partnership) or in the beneficial interest of a th if "Yes." complete (i) through (iv).	ust? For rules of constructive ownership	see instructions	·····	X
a res. company of macigat (iv).	(ii) Employer	(iii) Country of	(iv) Maximum	<u></u>
(i) Name of Entity	Identification Number (if any)	Organization	Percentage Owne Profit, Loss, or Car	dim a-a
	19 (6.17)		110/1, 2035, 07 035	101
6 During this tax year, did the corporation pay dividends (other to a second	han staats duristanda aast siistelik	L	L	
excess of the corporation's current and accumulated earnings			) (1)	
If "Yes." file Form 5452, Corporate Report of Nondividend Dis		rand 510.)		X
If this is a consolidated return, answer here for the parent corr		ach subsidiary.		
7 At any time during the tax year, did one foreign person own, d		•	ofall	
classes of the corporation's stock entitled to vote or (b) the tot				x
For rules of attribution, see section 318. If "Yes," enter:			632	
<ul> <li>(i) Percentage owned ▶ and (ii) Ov</li> </ul>	vner's country 🕨		<u></u>	
(c) The corporation may have to file Form 5472, Information I	Return of a 25% Foreign-Owne	d U.S. Corporation or a Fore	ign Star	
Corporation Engaged in a U.S. Trade or Business. Enter the				
8 Check this box if the corporation issued publicly offered debt i				
If checked, the corporation may have to file Form 8281, Inform		ed Original Issue Discount In:	struments	
<ul> <li>9 Enter the amount of tax-exempt interest received or accrued of</li> <li>10 Enter the number of observables of the second of the tax of the second of th</li></ul>				
10 Enter the number of shareholders at the end of the tax year (if 11 If the corporation has an NOL for the tax year and is electing to				
11 If the corporation has an NOL for the tax year and is electing t If the corporation is filing a consolidated return, the statement	° , ,		이 나는 말을 알았는 것이 좋아하는 것이 좋아하는 것이 좋아하는 것이 좋아하는 것이 같이 많이 좋아하는 것이 좋아하는 ?? ?? ?? ?? ?? ?? ?? ?? ?? ?? ?? ?? ??	
the election will not be valid.	redered by trednigroup 26000	n n. rooz-zintoj(o) must be at	LIGOTIBU UT	
<ul><li>12 Enter the available NOL carryover from prior tax years (do not</li></ul>	reduce it by any deduction on i	line 29a.) 🕨 S		
<ul> <li>13 Are the corporation's total receipts (line 1a plus lines 4 through</li> </ul>			d of the	
tax year less than \$250,000?	· · · · · · · · · · · · · · · · · · ·		· · · · · · · X	n perstana
If "Yes," the corporation is not required to complete Schedules	L, M-1, and M-2 on page 5. Ir	istead, enter the total amoun		20000
distributions and the book value of property distributions (othe				
EEA			Form 112	0 (2008)

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130	hedule L Balance Sheets per Books	Beginning of tax year		26-354 End of tax	
		(a)	(b)		
1	Assets	(a)	(b)		(d)
	Trade notes and accounts receivable			···· · · · · · · · · · · · · · · · ·	1,
	Less allowance for bad debts				
3	Inventories · · · · · · · · · · · · · · · · · · ·				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions) • • • •	- 문화 영화 관계			
6	Other current assets (attach schedule) • • • •				
7	Loans to shareholders				
8	Mortgage and real estate loans ••••••				
9	Other investments (attach schedule) • • • • •	a bara da bahar da bah		n a se a se a se a com	
10 a	Buildings and other depreciable assets	Г	Sector and sector	1	
b	Less accumulated depreciation	>		( )	
11 a	Depletable assets		ang ang banang ang banang	· · ·	
	Less accumulated depletion • • • • • • • • • • • •			(	
12	Land (net of any amortization)				
	Intangible assets (amortizable only) · · · · ·	-	search and a search a start.		
		······			
	Less accumulated amortization • • • • • • • • (	)			
14	Other assets (attach schedule) • • • • • • • •				
15	Total assets • • • • • • • • • • • • • • • • • • •		0		1,
	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	Morrgages, notes, bonds payable in 1 year or more • •				
21	Other liabilities (attach schedule)	2002 - 1993 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -			
22	Capital stock: a Preferred stock	F		1	an water ter eige
	b Common stock			1,000	1,
23	Additional paid-in capital				<u> </u>
24		-			,
25	Retained earnings-Appropriated (attach schedule)				
26					
	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock • • • • • • • • • •	4	······································	{ 	
28	Total liabilities and shareholders' equity	<u>internet i second</u>	0		1,
Sci	hedule M-1 Reconciliation of Income				
	Note: Schedule M-3 required inst				
		T			ns
1	Net income (loss) per books		7 Income recorded	on books this year not	าร
2	Federal income tax per books • • • • • • • •		7 Income recorded included on this re	on books this year not eturn (itemize).	ns
2 3	Federal income tax per books • • • • • • Excess of capital losses over capital gains • • •		7 Income recorded	on books this year not eturn (itemize).	ns
2	Federal income tax per books • • • • • • • •		7 Income recorded included on this re	on books this year not eturn (itemize).	ns
2 3	Federal income tax per books • • • • • • Excess of capital losses over capital gains • • •		7 Income recorded included on this re	on books this year not eturn (itemize).	ns
2 3	Federal income tax per books         Excess of capital losses over capital gains         Income subject to tax not recorded on books		7 Income recorded included on this re Tax-exempt intere	on books this year not eturn (itemize).	ns 
2 3 4	Federal income tax per books         Excess of capital losses over capital gains         Income subject to tax not recorded on books		<ul> <li>7 Income recorded included on this n</li> <li>Tax-exempt intere</li> <li>8 Deductions on thi</li> </ul>	on books this year not eturn (itemize): sst S	ns
2 3 4	Federal income tax per books • • • • • • • Excess of capital losses over capital gains • • • Income subject to tax not recorded on books this year (itemize).		<ul> <li>7 Income recorded included on this rational included on this rational interesting and the second seco</li></ul>	on books this year not eturn (itemize): est S s return not charged me this year (itemize):	ns
2 3 4 5	Federal income tax per books          Excess of capital losses over capital gains          Income subject to tax not recorded on books          this year (itemize).          Expenses recorded on books this year not		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation • •</li> </ul>	on books this year not eturn (itemize): sist S	ns
2 3 4 5 a	Federal income tax per books		<ul> <li>7 Income recorded included on this rational included on this rational interesting and the second seco</li></ul>	on books this year not eturn (itemize): sist S	ns
2 3 4 5 a b	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation • •</li> </ul>	on books this year not eturn (itemize): sist S	ns
2 3 4 5 a b	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation • •</li> </ul>	on books this year not eturn (itemize): sist S	ns
2 3 4 5 a b	Federal income tax per books		<ul> <li>7 Income recorded included on this rational dependence on the recorded included on this rational dependence on the record of the</li></ul>	on books this year not eturn (itemize). Ist S	ns
2 3 4 5 a b c	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation • •</li> <li>b Charitable control</li> <li>9 Add lines 7 and 8</li> </ul>	on books this year not eturn (itemize): sist S	ns
2 3 4 5 a b c	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation - •</li> <li>b Charitable controb</li> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1</li> </ul>	on books this year not eturn (itemize): st S	
2 3 4 5 6 5 6 5 5 6	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation • •</li> <li>b Charitable contrib</li> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1)</li> <li>rnings per Books</li> </ul>	on books this year not eturn (itemize): ist S	
2 3 4 5 c 6 Sci 1	Federal income tax per books		<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation - •</li> <li>b Charitable contrib</li> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1)</li> <li>rnings per Books</li> <li>5 Distributions: a</li> </ul>	on books this year not eturn (itemize): ist S	
2 3 4 5 c 6 <u>Scl</u> 1 2	Federal income tax per books		<ul> <li>7 Income recorded included on this re Tax-exempt intere 8 Deductions on thi against book inco 9 Add lines 7 and 8 10 Income (page 1, 1 rnings per Books 5 Distributions: a b</li> </ul>	on books this year not eturn (itemize): ist S	
2 3 4 5 c 6 Sci 1	Federal income tax per books		<ul> <li>7 Income recorded included on this re Tax-exempt intere 8 Deductions on thi against book inco 9 Add lines 7 and 8 10 Income (page 1, 1 rnings per Books 5 Distributions: a b</li> </ul>	on books this year not eturn (itemize): ist S	
2 3 4 5 c 6 <u>Scl</u> 1 2	Federal income tax per books		<ul> <li>7 Income recorded included on this re Tax-exempt intere 8 Deductions on thi against book inco 9 Add lines 7 and 8 10 Income (page 1, 1 rnings per Books 5 Distributions: a b</li> </ul>	on books this year not eturn (itemize): ist S	
2 3 4 5 c 6 <u>Scl</u> 1 2	Federal income tax per books	ted Retained Ea	<ul> <li>7 Income recorded included on this ra Tax-exempt intere</li> <li>8 Deductions on thi against book inco</li> <li>a Depreciation</li> <li>b Charitable controb</li> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1)</li> <li>rnings per Books</li> <li>5 Distributions: a to</li> <li>c</li> <li>6 Other decreases</li> </ul>	on books this year not eturn (itemize): ist S	

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

The following will be transmitted to the IRS.

The following State(s) will be transmitted.

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1120EF.LD

sartme	120		For calenda	r year 2009 or tax yo			. 2009, ending		. 20		2009	
mal R Checi	evenue Se	etvice	Making systems and some	Name	► Set	e separate instru	ctions,	*****				
			Use		INT DEVI	ELOPMENT	INC				er identification number 6-3541207	
	olidated re h Form 85		IRS label.			a P.O. box, see instru		STE 1	60		orparated	
Lifeini dateri	onide cons return	<sup>soli</sup>	Other-								9-23-2008	
Perso (attac	inal bolding h Sch. PH		wise, print or	7373 PE	AK DR				h		sets (see instructions)	
Perso See 4	nai servici hstructions	e corp • • 🔲	type.	City or town, state, a	and ZIP code							
Scher	ule M-3 al	itached 🔲		LAS VEG	AS		NV	89128	<u> </u>	S		983
			E Check		al return (2)			Name change		Address cl		
	1	Gross receipts o		62		s returns and allowan			c Bal		62,	<u>493</u>
	2	~		hedule A, line 8	-		• • • • • •	• • • • • •	• • • • • •	2	42,	
	4	Dividends (S		ne 2 from line 1	C • • • • • • •	• • • • • • • • •		• • • • • •	• • • • • • •	3	19,	164
	5	Interest · ·					 			5	+	
ne	6	Gross rents								6	+	
	7									7		
	8					20)} •••••				8		
	9					ich Form 4797)				9	1	
	10									10	1	
	11	Total income	. Add line	s 3 through 10					· · · · »	• 11	19,7	764
	12	Compensatio	in of office	rs (Schedule E.	line 4) • • •			• • • • • •		• 12		
	13			. ,	credits) · · ·	•••••	• • • • • •	• • • • • •		13		
	14	Repairs and	maintenar	ice • • • • • •	••••			••••	• • • • • •	14		
c-	15	Bad debts	• • • • •	•••••	• • • • • • •			• • • • • •	• • • • • •	15		
	16	Rents + +			•••••		•••••	• • • • • •	• • • • • •	16	l	
	17 18	Taxes and lic		• • • • • • • • • •	• • • • • • •			••••	• • • • • •	17	+	
10-	18	Interest • • Charitable co		• • • • • • • • •		• • • • • • • • • •				18	<u>+</u>	
	20				ed on Schodul	e A or elsewhere	on return /	attach Form	4562)	19	+	
	21	Depletion •		• • • • • • • • •	•••••	• • • • • • • • • • •				20	+	
-	22	Advertising								22	†	
	23	Pension, pro								23	1	
с-	24		~	ams •••••						24	1	
	25	Domestic pro	duction a	tivities deductio	n (attach Form	8903) • • • •				25	1	
.)	1									26	27,4	440
	1					• • • • • • • • •				27	27,4	
						nd special deduc	1	1	rom line 11	28	(7,6	576
	29			-		ns) •••••		29a				
	20							29Б		29c	<u></u>	
				act line 29c from		structions) · ·			• • • • • •	30	(7,6	
nd-		Total tax (Sc 2008 overna)		ine 10) • • • • Iited to 2009 •					·····	31	<u> </u>	0
	{	2008 overpa 2009 estimat			· 328							
ts,	1	2009 refund app			· 320	<u>/</u>	d Bal 🎽	32d				
	1	Tax deposite			L	4		32e		-	1	
		Credits: (1) F			(2) Form	14136		32f				
5				n Form 3800, lin				32g		32h	1	
	33	Estimated ta:	penalty (	see instructions)	. Check if Form	2220 is attached			· •	33	1	
	34	Amount owe	d. If line 3:	2h is smaller tha	n the total of lin	ies 31 and 33, en	nter announ	towed •	· · · · <del>· ·</del> ·	34		
	1					s 31 and 33. ente		werpaid •		35		
						estimated tax			Refunded 🕨		L	
	Under p is true i	enalties of perjur	y, i declare ti lete: Declar	at I have examined I fion of prenarer (oth-	this return, including er than taxoaver) is	accompanying scheo based on all informati	dules and stat	aments, and to the	he best of my kn knowledge	owiedge a	ind belief, it	
jn re	(			and the second second second	1				50000	lay the IR	S discuss this return	
216	· ·····	at so of officer			Colo	(2) · · · ·	PRESID	ENT	*	with the pre	eparer shown below	- I
	Signa	ature of officer			Date	Tit:			(:	see instruc	105 12	
id		Preparer's signature	>			1	Date	2018 Che	ck if seil-	IX	Preparer's SSN or PTIN	
	rer's	<b>-</b>		ROBE	RT S SEM	IONIAN CP		COTO Eut	EIN		P00391972	
e Ο		Firm's name (i self-employed		PO B		SHITH OF	**		Cari			
. 0		and ZIP code	Generolaa,	W	ura CA 9							

For		T DEVELOPMENT	INC			26-35	41207	Page 2
S	chedule A Cost of Goods S	Sold (see instructions)						
1	Inventory at beginning of year ••••				1			
2	Purchases				2			
3	Cost of labor				3			
4	Additional section 263A costs (attach is	,	• • • • • • • • • • •		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		age 1, line 2 ••		8		42	,729
9a b	Check all methods used for valuing clos (i) Cost (ii) Lower of cost or market (iii) Other (Specify method used and Check if there was a writedown of subno	ottacis evolupation 3	• • • • • • • • • • • •					
c c	Check if the LIFO inventory method was							4
d						•••••	••••	
u	inventory computed under LIFO • • • •	•		0	9d			
е	If property is produced or acquired for re				L		Yes	XNO
f	Was there any change in determining qu							<b>D</b> INO
	attach explanation						Yes [	XNo
S		Special Deductions					mond	57/
¥	onvagio o ji privacitas ana c		,	(a) Dwidend: received	\$	(b) %	(c) Special de (a) x	
1	Dividends from less-than-20%-owned do	mestic corporations (other th	an debt-financed				· · · · · · · · · · · · · · · · · · ·	
	stock) • • • • • • • • • • • • • • • • • • •			.		70		
2	Dividends from 20%-or-more-owned dom	estic corporations (other that	in debt-financed					*******
	stock) • • • • • • • • • • • • • • • • • • •	•••••	<i>.</i>	.		80		
3	Dividends on debt-financed stock of dom	estic and foreign corporation	is ••••••	•		see instructions		
4	Dividends on certain preferred stock of le	ss-than-20%-owned public (	utilitres •••••	•		42		
5	Dividends on certain preferred stock of 2			•		48		
6	Dividends from less-than-20%-owned for			•		70		
7	Dividends from 20%-or-more-owned fore			•		80		
8	Dividends from wholly owned foreign sub	sidiaries ••••••		•		100		
9	Total. Add lines 1 through 8. See instruc			•		n an start an		
10	Dividends from domestic corporations red							
	company operating under the Small Busin					100		
11	Dividends from affiliated group members			Jacon Martin Martin Martin Martin		100		
12	Dividends from certain FSCs • • • •					100		
13	Dividends from foreign corporations not in			and the second sec				
14 15	Income from controlled foreign corporatio Foreign dividend gross-up			•				
16	IC-DISC and former DISC dividends not i			•				
17	Other dividends			•				
18	Deduction for dividends paid on certain p							
19	Total dividends, Add lines 1 through 17.				233 - A 24			eerste eeste
20	Total special deductions. Add lines 9, 10				l	<b>b</b>		adaren 1995 -
S		of Officers (see instruction						
	Note: Complete Sche	dule E only if total receipts (I	ine 1a plus lines 4 th	-/ rough 10 on page 1	) are S	500.000 or n	nore.	
	(a) Name of officer	(b) Social security number	(c) Percent of	Percent of corporation slock owned d) Common (e) Prel	1		int of compensat	:01
1			%	%	%		*********	·
			%	%	%			
			%	%	%			
			%	%	0.1 70			
			%	%	%			
2 3	Total compensation of officers Compensation of officers claimed on Sch			· · · <del>· · · · · · · · ·</del>				

4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12 · · · · · · · · · · · · EEA Form 1120 (2009)

Schedule J       Tax Computation (see instructions)         1       Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))         2       Income tax. Check if a qualified personal service corporation (see instructions)         3       Alternative minimum tax (attach Form 4626)         4       Add lines 2 and 3         5a       Foreign tax credit (attach Form 1118)         b       Credit from Form 8834, line 29	0
2       Income tax. Check if a qualified personal service corporation (see instructions)       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 29       5b	
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 29       5b	
4         Add lines 2 and 3         4           5a         Foreign tax credit (attach Form 1118)         5a           b         Credit from Form 8834, line 29         5b	0
Sa         Sa         Sa           5a         Foreign tax credit (attach Form 1118)         5a           b         Credit from Form 8834, line 29         5b	0
b Credit from Form 8834, line 29	
General business credit (attach Form 3800) · · · · · · · · · · · · · · · · · ·	
d Credit for prior year minimum tax (attach Form 8827) • • • • • • • • • • • • • • • • • • •	
e Bond credits from Form 8912 · · · · · · · · · · · · · · · · · · ·	
6 Total credits. Add lines 5a through 5a	
7 Subtract line 6 from line 4 · · · · · · · · · · · · · · · · · ·	0
8 Personal holding company tax (attach Schedule PH (Form 1120))	
9 Other taxes: Check if from: Form 4255 Form 8611 Form 8697	
Form 8866 Form 8902 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 Cash b X Accrual c Other (specify) ▶	Yes No
2 See the instructions and enter the:	
a Business activity code no.  531390 531390	
b Business activity REAL ESTATE	
c Product or service DEVELOPMENT	1000 000
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<u> </u>
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)	25년 왕(2)
corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)	<u> </u>
5 At the end of the ten under did the mean action.	<u>~</u>
	Yes No
Own directly 20% or more, or own, directly or instrinctly, 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, Alfalations Schedule? For rules of constructive covership, see instructions	
unlegator compassion composition randoms and in a compassion of the set of the set of constructive contentions of the set of set of the set of set of the	<u> </u>
	alaas
(i) Name of Corporation Identification Number Incomposition Owned in V	/oting
	< <u>.</u>
EEA Form 112	2009

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******	1120 (2009) BLUE POINT DEVELOPMENT	INC		26-3541207	Page
	hedule K   Continued				
U	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 5 (including any antity treated as a partnership) or in the beneficial interest of a trust? F If "Yes," complete (i) through (iv).	-			X
	(i) Name of Entity	(ii) Employer Identification Nomber (if any)	(a) Country of Organizz	(M) Maxim, alion Percentage Ow Profit, Loss, or C	ñed in
-					
6 7	During this tax year, did the corporation pay dividends (other than excess of the corporation's current and accumulated earnings and If "Yes," file Form 5452, Corporate Report of Nondividend Distribut If this is a consolidated return, answer here for the parent corporat At any time during the tax year, did one foreign person own, direct classes of the corporation's stock entitled to vote or (b) the total variable.	profits? (See sections 30 itions. ion and on Form 851 for e y or indirectly, at least 25%	1 and 316.) • • • • • • • • • • • • • • • • • • •	••••	x
8	For rules of attribution, see section 318. If "Yes," enter: (i) Percentage owned  (c) The corporation may have to file Form 5472, Information Retu Corporation Engaged in a U.S. Trade or Business. Enter the num Check this box if the corporation issued publicly offered debt instru-	n of a 25% Foreign-Owne per of Forms 5472 attache	ed 🌢 🔜 🚺	a Foreign	
9 0	If checked, the corporation may have to file Form 8281. Information Enter the amount of tax-exempt interest received or accrued during	g the tax year 🕨 S	ed Original Issue Disco	unt Instruments.	
1	Enter the number of shareholders at the end of the tax year (if 100 If the corporation has an NOL for the tax year and is electing to for If the corporation is filing a consolidated return, the statement requ the election will not be valid.	ego the carryback period.		·····▶□ t be attached or	
2 3	Enter the available NOL carryover from pnor tax years (do not redu Are the corporation's total receipts (line 1a plus lines 4 through 10 tax year less than \$250,000?	on page 1) for the tax yea	r and its total assets at	the end of the	
	If "Yes," the corporation is not required to complete Schedules L. N				

SCHEDU		l Info	ormation on Ce poration's Voti	rtain Perso	ons (	Owning the				OMB No. 1545-0123
(Form 11) Department of the Internal Revenue	ne Treasury	00	-	Attach to Forr						2009
Name						*****		Emplo	yer identificat	ion number (EIN)
	DINT D	EVELOPME	NT INC					26-	-35412	207
Part I	Complet any entition owns, di	te columns (i ty treated as rectly or indi	ning the Corporat ) through (v) below a partnership), trus rectly, 50% or more (see instructions).	for any foreig it, or tax-exem	n or d opt org	omestic corpo anization that	orati Low	on, p ns di	artnersh rectly 20	ip (including % or more, or
	(i) Name of En	lıty	(») Employer Identification Number (if any)	(c) Type of Ent	dy	(iv) Country of Org.	anizat	an	(v) Percent	äge Owned in Voting Stock
*****										
Part II	Questio or more	n 4b). Comp . or owns, di	and Estates Owni lete columns (i) thro rectly or indirectly, f entitled to vote (see	ough (iv) belo 50% or more (	w for .	any individual	or e	estate	that ow	ns directly 20%
			ividual or Estate			ii) Identifying lumber (if any)	Cat	Country zenship istruction	(588	(iv) Percentage Owned in Voting Stock
THOMAS	PICKEN	15					US	5	1	.00
							****			
******										
For Paperwo see the instr							EEA		S	ichedule G (Form 1120) 2009

Form <b>7004</b> (Rev December 2008) Department of the Treasul Internat Revenue Service	Business In ▶ Fil	come Tax, Ir e a separate app	Extension of Time To File Certain nformation, and Other Returns lication for each return. ate instructions.	OMB No. 1545-0233
	Name			Identifying number
Type or Print	BLUE POINT DEVELC	****		26-3541207
File by the due	Number, street, and room or suite no. (if P t	D. box, see instruction	S)STE 160	
date for the return for which an extension is	7373 PEAK DR			
requested. See instructions.	postal codej)	address, enter city, p	rovince or state, and country (follow the country's practice fi	or entening
Note See instructio	LAS VEGAS as before completing this form.		NV 89128	
	matic 5-Month Extension Complete	o d Filing Form 1	065 1041 or 9904	
	code for the return that this applicat			
Application	odde for the retain that this apprea	Form	Application	Form
Is For:		Code	Is For:	Code
Form 1065		09	Form 1041 (estate)	04
Form 8804	A second a second of the	31	Form 1041 (trust)	05
	matic 6-Month Extension Complete			i
	code for the return that this applicat			
Application		Form	Application	Form
Is For:		Code	Is For:	Code
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	22
Form 1041-QFT		07	Form 1120-RIC	24
Form 1042	an a	08		
Form 1065-B		10	Form 1120-S	25
******			Form 1120-SF	26
Form 1066	a and an a global and the state of the state	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 (secti		20		
check here • 3 If the organizat check here •	ion is a corporation and is the comm	non parent of a g	ice or place of business in the United States. roup that intends to file a consolidated return, over Identification Number (EIN) for each mem	ŕ 🖵
Part III All F	ilers Must Complete This Part			
			r Regulations section 1.6081-5, check here	
5a The application	n is for calendar year 20 09. or t	ax year beginnin	g, 20, and ending	. 20
				Anto-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
b Short tax year.	If this tax year is less than 12 month n Final return		_	d return to be filed
	ax • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	·····	6 0
6 Tentative total				
	and credits (see instructions)	•••••	· · · · · · · · · · · · · · · · · · ·	7 0
7 Total payments 8 Balance due. S	ubtract line 7 from line 6. Generally	, you must depo	sit this amount using the	7 0
<ul> <li>7 Total payments</li> <li>8 Balance due. S Electronic Fed</li> </ul>		, you must depo a Federal Tax De	sit this amount using the sposit (FTD) Coupon, or	7 0

.

Form 8879-C	IRS e-file Signature Authorizatio for Form 1120	n	OMB No. 1545-1864
			2009
Department of the Treasury Internal Revenue Service	For calendar year 2009, or tax year beginning 2009, ending 2009, ending2009, ending 2009, ending 2009, ending 2009, ending 2009, ending2009, ending		2009
Name of corporation		Employer identification number	L
	EVELOPMENT INC	26-3541207	1
	urn Information (Whole dollars only)	120 3341207	
	120. line 11) • • • • • • • • • • • • • • • • • •	1	19,764
2 Taxable income (For	m 1120, line 30)		(7,676)
3 Total tax (Form 1120)	line 31) •••••••••••••••••••••••••••••••••••		
4 Amount owed (Form	1120, line 34) •••••••••••••••••••••••••••••••••••		
5 Overpayment (Form	1120, iine 35) •••••••••••••••••••••••••••••••••••	5	
Part II Declara	tion and Signature Authorization of Officer (Be sure to g	et a copy of the corp	oration's return)
send the corporation's re transmission, (b) an indici any refund. If applicable. (direct debit) entry to the taxes owed on this return Treasury Financial Agent financial institutions invol answer inquiries and ress the corporation's electron Officer's PIN: check one I authorize on the corpor	ROBERT S SEMONIAN CPA         to enter my PIN         12           ERO firm name         do no           ration's 2009 electronically filed income tax return.         do no           of the corporation. I will enter my PIN as my signature on the corporation's 20	t or reason for rejection of t n or refund, and (d) the date electronic funds withdrawa tent of the corporation's fed- yment. I must contact the U ent) date. I also authorize t al information necessary to uniber (PIN) as my signatur funds withdrawal.	he e of eral S. he ≘ for
Officer's signature	Date ▶ 09-03-20	תדפיקססיא החוים או	ፍለጥ
		TO ME F INDID	<b></b>
Part III Certific	ation and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit EFIN followed by your five-digit self-selected PIN.	<u>950884 9876</u>	
1		do not ente	r all zeros
	meric entry is my PIN, which is my signature on the 2009 electronically filed in		
	above. I confirm that I am submitting this return in accordance with the requir in and Participation, and Pub. 4163, Modernized e-File (MeF) Information for		
Providers for Business Ri		Autonized IKS e-lile	
Contrartor Duameas M			
ERO's signature		Date Þ 09-16-2	018
	ERO Must Retain This Form - See Instructi Do Not Submit This Form to the IRS Unless Reques		
For Paperwork Reduction	n Act Notice, see instructions.	EEA	Form 8879-C (2009)

 $\left( \begin{array}{c} \end{array} \right)$ 

······································	orting Statements 2009 PG 1
Name(s) as shown on return BLUE POINT DEVELOPMENT INC	FEIN
2202 LOINI DEVELOCMENT INC	26-3541207
FORM 1120	PAGE 1 STATEMENT # 5
DESCRIPTION MEALS AND ENTERTAINMENT 50% LIMI OFFICE EXPENSE SUPPLIES TELEPHONE TRAVEL REIMBURSED COSTS TOTAL	AMOUNT 5,87 2,54 1,600 50 14,58 2,77 27,440
Schedule A	
DESCRIPTION OUTSIDE COSTS OUTSIDE CONSULTANTS DEV COSTS	<u>AMOUNT</u> 36,509 3,000 3,220
TOTAL:	

*******	120 (2009) BLUE POINT DEVE	******	oftowwoor		541207 Page
SCIII	edule L   Balance Sheets per Books		of tax year	End of ta	*****
1 (	Assets Cash · · · · · · · · · · · · · · · · · · ·	(a)	(b)	(c)	(d)
	Trade notes and accounts receivable		1,000	t sectors a sector sector sector	983
	Less allowance for bad debts ••••••	· · · · · · · · · · · · · · · · · · ·	n an an ann ann ann an thailte		
	aventories	( 			
				- 영화관광관 영지 하는 -	
	J.S. government obligations • • • • • • • •			-	
	Fax-exempt securities (see instructions) • • • •				
	Other current assets (attach schedule) ••••				
	oans to shareholders			- 5830 de la	
	Mortgage and real estate loans			1. S. S. S. L	
	Other investments (attach schedule) • • • • •			a travé se travel e 🖡	
	Buildings and other depreciable assets • • • •				
	Less accumulated depreciation • • • • • • • •	)		()	
	Depletable assets				
	ess accumulated depletion • • • • • • • • •	()		)	
	and (net of any amortization)				
	ntangible assets (amortizable only) •••••		1		
	ess accumulated amortization • • • • • • • •	()		()	
	Other assets (attach schedule) •••••••				
	fotal assets • • • • • • • • • • • • • • • • • • •		1,000		983
	_iabilities and Shareholders' Equity		n a stan an state an state de la state		
_	Accounts payable				
	lorigages, notes, bonds payable in less than 1 year				
	Other current liabilities (attach schedule) • • •			La constante de	
	oans from shareholders ••••••••				13,536
	Aortgages, notes, bonds payable in 1 year or more				
	Other liabilities (attach schedule)	and a state of the second			
2 (	Capital stock: a Preferred stock •••••				
	b Common stock	1,000	1,000	1,000	1,000
	Additional paid-in capital		······································		
	Refained earnings-Appropriated (attach schedule)				
	Retained earnings-Unappropriated •••••			L	(13,553)
	idjustments to shareholders' equity (attach schedule)				
	ess cost of treasury stock • • • • • • • • • • •		()	Ĺ	
	otal habilities and shareholders' equity		1,000		983
iche	edule M-1 Reconciliation of Incon	ne (Loss) per Bo	oks With Income p	per Return	
1 1	Note: Schedule M-3 required in				ons
	Vet income (loss) per books	(13,553)		on books this year not	
	ederal income tax per books		included on this n		
	excess of capital losses over capital gains • • •		Tax-exempt intere	est 5	
	ncome subject to tax not recorded on books			······································	
u	his year (itemize):	- SALANDA MARAN			
				s return not charged	
	xpenses recorded on books this year not			me this year (itemize):	
0	leducted on this return (itemize):		a Depreciation • •		
			<ul> <li>b Charitable contrib</li> </ul>	outions s	
аC	Depreciation • • • • • §				
a D b C	Chantable contributions • S				
a D b C				······································	
a D b C	Chantable contributions • S				
a E b C c T 	Chantable contributions - S ravel and entertainment S5,877	5,877	9 Add lines 7 and 8		
a E b C c T 	Chartable contributions       \$         ravel and entertainment       \$         \$       5,877         vdd lines 1 through 5       • • • • • • • • • • • • • • • • • • •	(7,676)	9 Add lines 7 and 8 10 Income (page 1, I	ine 28)-line 6 less line 9	
a E b C c T 6 A 6 A	Chantable contributions · S         ravel and entertainment s         S         S         Add lines 1 through 5         Edule M-2         Analysis of Unappropri	(7,676)	<ul> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1</li> <li>arnings per Books</li> </ul>	ine 28)-line 6 less line 9	
a E b C c T 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A	Chantable contributions • S ravel and entertainment § 5,877 add lines 1 through 5 • • • • • • • • • • • • • • • • • •	(7, 676) ated Retained Ea	9 Add lines 7 and 8 10 Income (page 1, 1 arnings per Books 5 Distributions: a	ine 28)-line 6 less line 9	
a E b C c T 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A	Chantable contributions • S ravel and entertainment §5,877 Add lines 1 through 5 adule M-2 Salance at beginning of year Jet income (loss) per books	(7,676)	9 Add lines 7 and 8 10 Income (page 1, 1 arnings per Books 5 Distributions: a 5	ine 28)-line 6 less line 9 (Line 25, Schedule Cash · · · · · · · · · · · · · · · · · · ·	
a E b C c T 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A	Chantable contributions · s           ravel and entertainment s           s           s           vdd lines 1 through 5           edule M-2           Analysis of Unappropri           Balance at beginning of year	(7, 676) ated Retained Ea	9 Add lines 7 and 8 10 Income (page 1, 1 arnings per Books 5 Distributions: a 5	ine 28)-line 6 less tine 9           (Line 25, Schedule           Cash           Stock           Property	
a E b C c T 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A	Chantable contributions • S ravel and entertainment §5,877 Add lines 1 through 5 adule M-2 Salance at beginning of year Jet income (loss) per books	(7, 676) ated Retained Ea	9 Add lines 7 and 8 10 Income (page 1, 1 arnings per Books 5 Distributions: a 6 Other decreases	ine 28)-line 6 less line 9 (Line 25, Schedule Cash	
a E b C c T <u>6 A</u> <u>6 A</u> <u>6 A</u> <u>6 A</u> <u>7 B</u> 2 N 3 C	Chantable contributions • S ravel and entertainment §5,877 Add lines 1 through 5 adule M-2 Salance at beginning of year Jet income (loss) per books	(7, 676) ated Retained Ea	<ul> <li>9 Add lines 7 and 8</li> <li>10 Income (page 1, 1</li> <li>arnings per Books</li> <li>5 Distributions: a</li> <li>6 Other decreases</li> <li>7 Add lines 5 and 6</li> </ul>	ine 28)-line 6 less tine 9           (Line 25, Schedule           Cash           Stock           Property	(7,676) L)

1120EF	EF Transmission	2010	
	(Keep for your reco	irds)	
1120EF     EF Transmission Status (Keep for your records)     2010       James(s) as shown on return     Year EIN       BLUE POINT DEVELOPMENT INC     26-3541207			
BLUE POINT DEVE	(Keep for your records)       Swn on return       OINT DEVELOPMENT INC       owing will be transmitted to the IRS       20     7004       Amended		26-3541207
1120 7004	Amended	·	

1120EFLD

	120 nt of the Treasury	For calendar	year 2010 or tax year be		, 2010, e			. 20	_	2010
A Check	evenue Service		lame	See sepa	rate instruction	5.		B.		dentification number
			BLUE POIN	T DEVELO	PMENT IN	С				-3541207
	Indated return > Form 851)	Print 🔥	lumber, street, and room			STI	E 160	C	)ata incon	
dated i Persor	return	or							09-	-23-2008
	nal holding co 1 Sch. PH) nal serv-ce corp	type	7373 PEAK	DR				D 1	iotai asset	s (see instructions)
(see in	istructions)	C	ity or town, state, and ZI							
Sched	vie M-3 attached		LAS VEGAS		N		128	<u>s</u>		2,26
	1a Gross receipts	E Check of	and the second	25 b Less ratums	nai return (3)	Name c		c Ball	iress char	2
			edule A. line 8) •					C Daller	1c 2	<u> </u>
			te 2 from line 1c +						3	27,85
			line 19) • • • • •						4	21,05
ome	5 Interest · ·			• • • • • • • • •					5	
one	6 Gross rents				• • • • • • • • •			• • •	6	
	7 Gross royalt	ies • • • •	• • • • • • • • • •	• • • • • • • • •			• • • • • •	• • •	7	
			(attach Schedule E				• • • • • •	• • •	8	
			Form 4797, Part II, I					• • •	9	
			actions - attach sch				••••	•••	10	
			s 3 through 10					••• 🖻	11	27,85
			s (Schedule E, line s employment cred					•• 🔊	12	
			3 cmproyment cred						13 14	
	15 Bad debts		* * * * * * * * * *						15	
duc-	16 Rents · ·								16	
ns	17 Taxes and li-	censes ••					AFT CFL		17	12
ee struc-	18 Interest · ·		• • • • • • • • • •						18	
ns	19 Charitable c	ontributions	••••					• • •	19	
			4562 not claimed o			turn (attac	h Form 4562	) ••	20	
nita-			•••••			••••	• • • • • •	• • •	21	
ns	4						• • • • • •	• • •	22	
	23 Pension, pro				• • • • • • • • •	• • • • •	••••	• • •	23	
duc-			ims • • • • • • •				• • • • • •	• • •	24	
ns.)			ivities deduction (a h schedule) •••				STATEMEN	тна	25	
			lines 12 through 2t						26 27	37,52
			net operating loss d						28	<u> </u>
			loss deduction (se			1 1				
	b S	pecial dedu	ctions (Schedule C	, line 20) • • • •		29b			29c	
(.	30 Taxable inc	ome, Subtr	act line 29c from lit	ne 28 (see instruc	rtions) • • • • •	• • • • •	• • • • • •		30	(9,79
fund-	31 Total tax (S	chedule J, li	ne 10) •••••	• • <u>.</u> • • • • • • •	••••	· · <i>· · ·</i>		• • •	31	
e			ted to 2010 • • 3							
edits,				2b						
a l	c 2010 refund			2c (		▶ 32d				
y.			7004 ••••			32e			· · ·	
nts	f Credits: (1)		Form 3800, line 19	(2) Form 4136	7 100 90	32f 32g			201	
	-		ee instructions). Ch			Lange and the second se		<u> </u>	32h 33	<u> </u>
			th is smaller than th					<u> </u>	34	
			h is larger than the						35	
			35 you want: Credit				Refunc	. 1	36	
1	Under penalties of perju	ry, i declare tha	Li have examined this re	turn, including accomp	anying schedules and	i stalements.	and to the best o	f my know		belief, it
ign	is true, correct, and com	piete. Declarati	on of preparer (other that	1 taxpayer) is based or	s all information of wh	sich preparer (	tas any knowled;	10 CONTRACTOR OF		
lere	1050							the prepa	iscuss this return rer shown below	
	Signature of officer			Date	Title				instructio	
	Print/Type prepar		1 1	arer's signature		Date		Check		TIN
aid			NIAN CP			109-1	<u>.6-2018</u>			00391972
repar				NIAN CPA				EIN 🕨	95	-4514704
lse Oi	nly Firm's address		<u>OX 5605</u>	0.05			Phone			CE0 5044
	1	vent	ura CA 93	005			1	(	805)	659-5344

Sc		NT DEVELOPMEN Sold (see instructions)					541207	Pa
	Inventory at beginning of year • • • •				1	T		
	Purchases				2	1	25,	60
	Cost of labor					1		
	Additional section 263A costs (attach	schedule) ••••••						
	Other costs (attach schedule) · · · ·			• STATEME		+	15,	6.
	Total. Add lines 1 through 5					+		31
	Inventory at end of year					+	<u></u>	<u></u>
	Cost of goods sold. Subtract line 7					+	41.	2.
1	Check all methods used for valuing cli		in page it into a			1	411	2
	(i) X Cost	iong monorj						
	(ii) Lower of cost or market							
	(ii) Other (Specify method used an	d attach explanation )						
,	Check if there was a writedown of sub							7
	Check if the LIFO inventory method w							J
	If the LIFO inventory method was use				um 970) • • •			1
	inventory computed under LIFO • • •				الما	1		
							[_]	<del></del>
	If property is produced or acquired for Was there any change in determining						Yes 🛛	No
	Was there any change in determining						()	<b>.</b>
_	attach explanation			• • • • • •	• • • • • • • •	· · · · ·	Yes	No
SC	hedule C Dividends and	Special Deductions	see instructions)	(i	a) Drvidends	(b) %	(c) Special dedu	
					received		(a) x (b)	)
	Dividends from less-than-20%-owned c							
	slock) • • • • • • • • • • • • • • • • • • •			··		70		
	Dividends from 20%-or-more-owned do	· · ·						
	stock) • • • • • • • • • • • • • • • • • • •			· ·		80		
	Dividends on debt-financed stock of do	5		· ·		see instructions		
	Dividends on certain preferred stock of	,		••		42		
	Dividends on certain preferred stock of			••		48		
	Dividends from less-than-20%-owned f			· ·		70		
5	Dividends from 20%-or-more-owned for	eign corporations and certai	nFSCs ••••	••		80		
C	Dividends from wholly owned foreign su	bsidiaries ••••••	• • • • • • • • • •	•••		100		
٦	Total. Add lines 1 through 8. See instr	uctions for limitation • • • •		• • <u>888</u> 8		All and the second		
Ę	Dividends from domestic corporations r	eceived by a small business	investment					
С	company operating under the Small Bu	siness Investment Act of 198	i8 • • • • • • •	••		100		
C	Dividends from affiliated group member	s • • • • • • • • • • • • • • • • • • •				100		
C	Dividends from certain FSCs • • • •					100		
Ĺ	Dividends from foreign corporations no	included on lines 3, 6, 7, 8,	11. or 12 • • • •					
ł	ncome from controlled foreign corporation	ions under subpart F (attach	Form(s) 5471) .					
F	Foreign dividend gross-up •••••			••		1		
ŀ	C-DISC and former DISC dividends no	t included on lines 1, 2, or 3				1		
¢	Other dividends					1999	1 전 전 전 관	
C	Deduction for dividends paid on certain	preferred stock of public utili	ties •••••	· • •		1		
٦	Fotal dividends. Add lines 1 through	7. Enter here and on page 1	. line 4 • • • • •	· •		1	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	Fotal special deductions. Add lines 9			6		••••	İ	
~~~~~		of Officers (see instructi						
		nedule E only if total receipts			on page 1) are	: \$500.000 n	more	
			(c) Percent of		corporation	T		
	(a) Name of officer	(b) Social security number	kme devoled to business	(d) Common	(e) Preferred	(I) Ano	unt of compensation	7
		-	245111655	(0) COMPORT		t		
		+	%	%		<b> </b>		
	······································	+	%			+		
			%			<u> </u>		
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>		
	Fotal componention of officers		%		1			
	Fotal compensation of officers • • • •							
C	Compensation of officers claimed on Se Subtract line 3 from line 2. Enter the res							
~								

Form	1120 (2010) BLUE POINT DEVELOPMENT	INC	26-354120	7 Page 3
Sc	hedule J Tax Computation (see instructions)			
1	Check if the corporation is a member of a controlled group (attac		ا استینا :	
2	Income tax. Check if a qualified personal service corporation (se			0
3	Alternative minimum tax (attach Form 4626) • • • • • • • • •			
4	Add lines 2 and 3 • • • • • • • • • • • • • • • • • •		4	0
5a	Foreign tax credit (attach Form 1118) •••••••••			
ь	Credit from Form 8834, line 29 · · · · · · · · · · · · · · · · · ·			
c	General business credit (attach Form 3800) • • • • • • • •			
d	Credit for prior year minimum tax (attach Form 8827) • • • •			
е	Bond credits from Form 8912 • • • • • • • • • • • • • • • • • • •	•••••• 5e		
6	Total credits. Add lines 5a through 5e			
7	Subtract line 6 from line 4 • • • • • • • • • • • • • • • • • •			0_
8	Personal holding company tax (attach Schedule PH (Form 1120			
9	Other taxes. Check if from. Form 4255 Form 1			
	Form 8866 Form 8			
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line	31 • • • • • • • • • • • • • • • • • • •	•••••• 10	0
	hedule K Other Information (see instructions)		*****	
1 2	Check accounting method: a Cash b X Accrual c See the instructions and enter the:	Uther (specity) P		Yes No
	Business activity code no. <b>531390</b>			268 일종로
	Business activity  REAL ESTATE		*******	-
	Product or service DEVELOPMENT			- [33]
3	Is the corporation a subsidiary in an affiliated group or a parent-s	subcidiary controlled group?		-
•	If "Yes," enter name and EIN of the parent corporation	subsidiary controlled groups		·     X
				- 193 See
4	At the end of the tax year:		·····	- Kalasa
а	Did any foreign or domestic corporation, partnership (including a	ny entity treated as a partnership).	irust or lax-exempt	승규는 것이라.
	organization own directly 20% or more, or own, directly or indirect			
	corporation's stock entitled to vote? If "Yes." complete Part I of S			· X
ь	Did any individual or estate own directly 20% or more, or own, di			
	classes of the corporation's stock entitled to vote? If "Yes", comp	blete Part II of Schedule G (Form 1	120) (attach Schedule G) · ·	· x
5	At the end of the tax year, did the corporation:			1000 2000
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total vol-	ing power of all classes of stock entitled to vo	ie of	
	any foreign or domestic corporation not included on Form 851. Affiliations Sch	edule? For rules of constructive ownership, s	ee instructions	.   X
	If "Yes," complete (i) through (iv).			2000 (2007)
	(i) Name of Corporation	(ii) Employer Identification Number		Percentage
	() water of conjunction	(if any)	Incorporation Own	ied in Voting Slock
		Į		
<u></u>		<u> </u>		
		I	l	
EEA			For	m 1120 (2010)

i~orn	1120 (2010) BLUE POINT DEVELOPMENT	<u>INC</u>	26-	-3541207	Pa	age 4
Sc	hedule K Continued					
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 5 (individing any entity reated as a partnership) or in the beneficial interest of a trust? F If "Yes," complete (i) through (iv).			Ye	*	Nio X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(N) Maximur Percentage Own Profit, Loss, or Cr	ed in	
6 7	During this tax year, did the corporation pay dividends (other than excess of the corporation's current and accumulated earnings an If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distrib If this is a consolidated return, answer here for the parent corpore At any time during the tax year, did one foreign person own, direct placement of the person with the parent does on the parent corpore.	d profits? (See sections 3) utions. ation and on Form 851 for tty or indirectly, at least 25	01 and 316.) • • • • • • • • • • • • • • • • • • •	ver of all		<u>x</u>
8	classes of the corporation's stock entitled to vote or (b) the total of For rules of attribution, see section 318. If "Yes," enter. (i) Percentage owned ▶ and (ii) Owner (c) The corporation may have to file Form 5472, Information Ret Corporation Engaged in a U.S. Trade or Business. Enter the num Check this box if the corporation issued publicly offered debt instr	's country ► aum of a 25% Foreign-Owr nber of Forms 5472 attach	ned U.S. Corporation or a Fo ned ▶0	reign		<u>x</u>
9	If checked, the corporation may have to file Form 8281, Informati Enter the amount of tax-exempt interest received or accrued during	ion Return for Publicly Offi				
10	Enter the number of shareholders at the end of the tax year (if 10					
11	If the corporation has an NOL for the tax year and is electing to for If the corporation is filing a consolidated return, the statement req or the election will not be valid.					
12	Enter the available NOL carryover from prior tax years (do not rec	luce it by any deduction or	1 line 29a.) 🕨 \$	7,676		
13	Are the corporation's total receipts (line 1a plus lines 4 through 10			end of	24	
	the tax year less than \$250,000?			L		
	If "Yes," the corporation is not required to complete Schedules L.			unt of cash		
14	distributions and the book value of property distributions (other the Is the corporation required to file Schedule UTP (Form 1120), Unit	-	······································	<sup>2</sup>		v
. 4	If "Yes," complete and attach Schedule UTP.	Certain Fax FUSHOR Stater	nem (see instructions)?			<u>X</u>
				- 19 P.A.		

Survey of the second

SCHEDULE G	Information or	n Certain Pe ration's Vol		the		OMB No. 1545-0123
Form 1120) Repartment of the Treasury Internet Revenue Service		Attach to Forn	n 1120.			2010
Name		p ote moted		Emplo	yer identificat	ion number (EIN)
BLUE POINT DE	VELOPMENT INC				:	26-3541207
columns (i) as a partner	ities Owning the Corporati through (v) below for any fore ship), trust, or tax-exempt or 0% or more of the total voting	eign or domest ganization that	tic corporation, part towns directly 20%	nership ( or more	including , or owns	any entity treated
(i) Name of Entity	(#) Employer Identification Number (if any)	(iii) Type of Entit	y (w) Country of Org	anzation	(v) Percent	age Owned in Voting Stock
						<u> </u>
*****						
Question 41 more, or ow	l dividuals and Estates Owni b). Complete columns (i) thro vns, directly or indirectly, 50% ed to vote (see instructions).	ough (iv) below	for any individual c	or estate	that own	s directly 20% or
	(i) Name of Individual or Estate		(a) identifying Number (d any)	(iii) Countr Citizenship instructio	(see	(iv) Percentage Owned in Voting Stock
HOMAS PICKENS				US	1	.00
						*****
For Paperwork Reduction A	ct Notice.		<u> </u>	EEA	l	Schedule G (Form 1120) 2010

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Form 8879-C	IRS e-file Signature Authorization for Form 1120		CMB No. 1545-1864
Department of the Treasury	2010		
Internal Revenue Service	For calendar year 2010, or tax year beginning 2010, ending	records.	
Name of corporation		Employer identification number	x
	EVELOPMENT INC	26-3541207	
	urn Information (Whole dollars only)		
	1120, line 11) • • • • • • • • • • • • • • • • • •		27,854
	m 1120. line 30) •••••••••••••••••••••••••••••••••••	2	
	line 31) • • • • • • • • • • • • • • • • • • •		
	1120, line 35)		
Part II Declara	ion and Signature Authorization of Officer (Be sure to get a	copy of the corpo	pration's return)
send the corporation's re transmission, (b) the rea- the U.S. Treasury and its institution account indica the financial institution to 1-888-353-4537 no later in the processing of the e issues related to the pay	Im. I consent to allow my electronic return originator (ERO), transmitter, or inte turn to the IRS and to receive from the IRS (a) an acknowledgement of receipt son for any delay in processing the return or retund. (c) the date of any refund, designated Financial Agent to initiate an electronic funds withdrawal (direct de ted in the tax preparation software for payment of the corporation's federal tax debit the entry to this account. To revoke a payment, i must contact the U.S. T than 2 business days prior to the payment (settlement) date. I also authorize th lectronic payment of taxes to receive confidential information necessary to ans ment. I have selected a personal identification number (PIN) as my signature for applicable, the corporation's consent to electronic funds withdrawai.	or reason for rejection o If applicable, I authorize bit) entry to the financial is owed on this return, a reasury Financial Ageni e financial institutions in wer inquiries and resolv	f fhe nd at volved e
on the corpo	ROBERT S SEMONIAN CPA         to enter my PIN 123           ERO firm name         do not en           ration's 2010 electronically filed income tax returm.         of the corporation, I will enter my PIN as my signature on the corporation's 201	ler all zeros	ature
Officer's signature	Date ▶ <u>10-03-201</u>	1 Title PRESID	ENT
Part III Certific	ation and Authentication		
ran in bernie			
ERO's EFIN/PIN. Entery	our six-digit EFIN followed by your five-digit self-selected PIN.	950884 9876 do not ente	
the corporation indicated	meric entry is my PIN, which is my signature on the 2010 electronically filed inc above. I confirm that I am submitting this return in accordance with the requirer on and Participation, and <b>Pub. 4163,</b> Modernized e-File (MeF) Information for A eturns.	ments of Pub.	
ERO's signature 🕨 <u>ROB</u>	ERT S SEMONIAN CPA	Date ▶ <u>09-16-2</u>	018
	ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requested		
For Paperwork Reducti	on Act Notice, see instructions.	EEA	Form 8879-C (2010)

	Supporting Statements	2010 <sub>PG 1</sub>
BILUE POINT DEVELOPMENT INC		FEIN 26-3541207
	1 1120 PAGE 1	STATEMENT # 5
DESCRIPTION MEALS AND ENTERTAINMENT 509 MISCELLANEOUS OFFICE EXPENSE TRAVEL REIMBURSED COSTS COMMUNICATIONS TOTAL	ł LIMIT	AMOUNT 387 3,589 20,386 6,651 6,329 37,526
	dule A Line 5	PG01 STATEMENT # 7
DESCRIPTION OUTSIDE COSTS		AMOUNT 15,672
TOTAL:		15,672

(

Form	1120 (2010) BLUE POINT DEVI	ELOPMENT IN	<u>C</u>	26-3	541207 Page 5
Sc	hedule L   Balance Sheets per Books	Beginning	g of tax year	End of	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash ••••••••••••••••	Alter Alter and Alter a	983	승규는 다 가슴 가지 가지 않는	2,263
	Trade notes and accounts receivable • • • • •				
	Less allowance for bad debts • • • • • • • •	(	)	()	
3	Inventories • • • • • • • • • • • • • • • • • • •		ļ		
4	U.S. government obligations • • • • • • •				
5	Tax-exempt securities (see instructions) • • • •				
6 7	Other current assets (attach schedule)			1949년 전문화	
, 8	Loans to shareholders ••••••••••••••••••••••••••••••••••••		L		
9	Other investments (attach schedule)				
	Buildings and other depreciable assets • • • •		1		N STATE AND A
	Less accumulated depreciation ••••••	/		(	
	Depletable assets	······································		1	And an an an an an an
	Less accumulated depletion • • • • • • • • • •	(		· · · · · · · · · · · · · · · · · · ·	
12	Land (net of any amortization)	<u>,                                     </u>		1	
	Intangible assets (amortizable only) • • • • •		and a second second		· · · · · · ·
	Less accumulated amortization	(		1	
14	Other assets (attach schedule) • • • • • • • •			<ul> <li>A state of the sta</li></ul>	
15	Total assets • • • • • • • • • • • • • • • • • • •		983		2,263
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, contris 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) • • • • • •			동안 정말 한 것 이 가지 않았다.	
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)		(10 550)		
25 26	Retained earnings-Unappropriated • • • • •	홍수, 방송 방법은 것	(13,553)		(23,737)
20	Adjustments to shareholders' equity (attach schedule)		/		
28	Total liabilities and shareholders' equity		002		)
	and the second		983	n an	2,263
000	nedule M-1 Reconciliation of Incor Note: Schedule M-3 required				ictions
1	Net income (loss) per books	(10,184)		on books this year	
2	Federal income tax per books • • • • • • • •			is return (itemize)	
3	Excess of capital losses over capital gains • • •		Tax-exempt intere		
4	Income subject to tax not recorded on books				
	this year (itemize).	derferente en	******		
			8 Deductions on this	s return not charged	
5	Expenses recorded on books this year not			me this year (itemize):	사실 위험 관계 전 전 전 전 전 전 전 전 1월 1995년 1월 1995년 1월 1997년 1월 19 1월 1997년 1월 19
	deducted on this return (itemize):		a Depreciation • •	· · · · ş	
	Depreciation ••••• \$		b Charitable contrib	utions §	
	Charitable contributions • §			·····	
¢	Travel and entertainment §387				
		장애 이 이 이 이 이 이 이 있었			
		387		• • • • • • • • • • •	
	Add lines 1 through 5	(9,797)		ine 28)-line 6 less line 9	(9,797)
	Palance of boginning of unappropri				L)
1	Balance at beginning of year • • • • • • • • • • • • • • • • • • •	(13, 553)		Cash • • • • • •	
2 3	Net income (loss) per books · · · · · · · · · Other increases (itemize):	(10,184)		Stock • • • • • • •	
3	Onio assesses (Renaze).			Property	
			<ol> <li>Other decreases (</li> <li>Add lines 5 and 6</li> </ol>		****
4	Add lines 1, 2, and 3 · · · · · · · · · · · · ·	(23,737)		year (line 4 less line 7)	(23,737)
EEA		[]	S Salarios at shu of	year (mie + 1635 mie 7)]	Form 1120 (2010)
					· · · · · · · · · · · · · · · · · · ·

1120EF		EF Transmission Status	2011
		(Keep for your records)	
Name(s) as shown on return BLUE POINT DEV	ELOPMENT INC		Your social security number 26-3541207
The following will be trans	mitted to the IRS.	1120 7004 Amended	
The following state returns	s will be transmitted:		
The following returns have		ot eligible and will NOT be transmitted.	
EF Notes			
Fed return h	as MESSAGE PAG	Ε.	

EFSTATUS.LD

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Form	1120		VICTOR	U.:	S. Corporati	ion Income	Tax	Retu	ırn		L	OMB No 1545-0123
Departme	ant of the T	reasury	For calendar year 2011 or tax year beginning , 2011, ending , 20						2011			
A Chec	Revenue S	ervice		IName	₽ See s	separate instruc	tions.				Employer	identification number
1a Cons (attac b Life/r detec 2 Perso (attac	olidated re ch Form 85 ionlife com f return • onal holdin ch Sch. PH	soli-	TYPE OR PRINT	BLUE P Number, street, an	OINT DEVE d room or suite no If a F EAK DR			STE	E 160		26 Date incor	-3541207
(see i		s) • • • 🛄		City or town, state	and ZIP code							
4 Sche	dule M-3 a	ttached		LAS VE			NV	891	CONTRACTORIZATION	3		27,967
<b>Para Automatica</b>	1a	Merchant ca	E Check		nitial return (2)	Final return		Name ch	ange		ddress char	ige
	1				on line 1a (see ins			1b	25			
	l c	Total. Add lin						1c		0,936 0,936		
					er adjustments (se			1d	231	0,930	니	
	e				•••••							250,936
	2	Cost of good	ts sold fro	m Form 1125-	A, line 8 (attach Fo	rm 1125-A)		• • • •		• • • •	2	166,343
	3				1e						3	84,593
Income	4				••••••••••						4	04, 393
	5										5	
	6										6	
	7	Gross royalt									7	
	8			ne (attach Sche	dule D (Form 1120				••••	• • • •	8	
	9				art II, line 17 (attac						9	
	10				ch schedule)						10	
	11			nes 3 through 1							- Incompany of the	84,593
	12	Compensati	on of offic	ers from Form	1125-E, line 4 (atta	ach Form 1125-E	)				12	
	13	Salaries and	alaries and wages (less employment credits)									
	14										14	******
Deduc-	15	Bad debts									15	
tions	16	Rents									16	
(See	17	Taxes and lie	censes								17	
instruc-	18	Interest									18	
tions	19	Charitable co	ontributior	ns							19	
for	20	Depreciation	from For	m 4562 not cla	imed on Form 112	5-A or elsewhere	on retu	rn (atta	ch Form 4	562) .	. 20	25,361
limita-	21	Depletion	• • • •								21	
tions	22	Advertising	• • • •								22	
on	23		-								23	
deduc-	24										24	
tions.)	25				tion (attach Form 8						25	
·····,	26		-	ich schedule)	• • • • • • • • •					JT # 5	26	30,137
	27				ugh 26					Þ	27	55,498
	28				loss deduction and			1			28	29,095
					tructions)			29a	17	1,473		
					20)			29b				<b>.</b>
		Add lines 29	a and 29b	· · · · · · · · · · · ·		•••••	<u>••••</u>	•••	<u></u>	<u></u>	29c	17,473
Тах,	30 31				rom line 28 (see in					• • • •	30	11,622
Refund-	31										31	1,743
able Credits	33				s (Schedule J, Par				• • • • •	••••	32	
and	34				ns). Check if Form an the total of line			••••			33	1 7 10
Pay- ments	35				n the total of lines :					• • • •	34	1,743
manta	36			9	Credited to 2012		amount	overpa	• •	••••	35	*****
		the state of the second se			this return, including acc		and state	ments an		of my knowl	36 edge and be	lief it
Sign	is true,	correct, and comp	olete. Declara	tion of preparer (of	ter than taxpayer) is bas	ed on all information of	which pri	eparer has	any knowler	dge.	cogo and be	andri n
Here	A TO	M PICK	ENG		1		FCT	DENT	I .	8		discuss this return
		ature of officer			Date	Title	1.01	ד אומים			ith the prepa ee instructio	nrer shown below
•••••••••••••••••••••••••••••••••••••••	<u> </u>	Print/Type prepare	er's name		Preparer's signature	<b>y</b>	Т	Date				
Paid				ONIAN C			1		6-201		14X	200391972
Prepa					EMONIAN C	PA	C	<u> </u>		n's EIN 🕨		5-4514704
Use O		Firm's address		BOX 560						mé no.		
				tura CA		********		*****			(805)	659-5344
For Pap	perwork	Reduction A		e, see separate		****		*****	EEA	****		Form 1120 (2011)

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Danka Michaels001356

-	m 1120 (2011) BLUE POINT DEVELOPMENT INC		26-35	41207 Page 2
	Chedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) × (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	1999/1011-101-101-101-101-101-101-101-101-10
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 10	Total. Add lines 1 through 8. See instructions for limitation			
	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 2	9b	>	
EEA				Form 1120 (2011)

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1 2 3 4 5a	- Tax Computation Check if the corporation is a member of a controlled group (attach Schedule O (Form 1 Income tax. Check if a qualified personal service corporation (see instructions)	120))		
2 3 4 5a		120))		
2 3 4 5a				
3 , 4 , 5a				1
4 , 5a	Alternative minimum tax (attach Form 4626)			#
5a	Add lines 2 and 3			1
	Foreign tax credit (attach Form 1118)	5a		<u>_</u>
	Credit from Form 8834, line 30 (attach Form 8834)	5b		
	General business credit (attach Form 3800)	50		
	Credit for prior year minimum tax (attach Form 8827)	5d		
	Bond credits from Form 8912	50 5e		
	Total credits. Add lines 5a through 5e	Lawrence of the second se	6	
	Subtract line 6 from line 4			1
	Personal holding company tax (attach Schedule PH (Form 1120))			1
	Recapture of investment credit (attach Form 4255)	9a	••••	
	Recapture of low-income housing credit (attach Form 8611)	9b		
	Interest due under the look-back method - completed long-term contracts (attach	30		
	Form 8697)	90		
	8866) Alternative tax on qualifying shipping activities (attach Form 8902)	9d		
		9e		
		9f		
Bart II	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31          - Payments and Refundable Credits		11	1
*****				
	2011 refund applied for on Form 4466			
			· · · · · · · · · · · · · · · · · · ·	
	Tax deposited with Form 7004			
	Total payments. Add lines 15, 16, and 17		18	
		19a		
		19b		
	Form 3800, line 17c and Form 8827, line 8c	19c		
	Other (attach schedule - see instructions)	19d		
	Total credits. Add lines 19a through 19d			
	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21	
Scn	Declule K         Other Information (see instructions)		······································	
	Check accounting method: a Cash b 🔀 Accrual c Other (specify)			Ľ
	See the instructions and enter the:			
	Business activity code no. > 531390			
	Business activity REAL ESTATE			
	Product or service DEVELOPMENT			
	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled gro	oup?		L
ł	f "Yes," enter name and EIN of the parent corporation 🕨			2.42
, <del>.</del>				
	At the end of the tax year:			
	Did any foreign or domestic corporation, partnership (including any entity treated as a p			
	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the			
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120			L
	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% classes of the corporation's stock entitled to vote? If "Yes", complete Part II of Schedule			100

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Scheo		POINT DEVELO		IC	2(	6-354120	7	Page
							Yes	No
	the end of the tax year, did							
	n directly 20% or more, or own, dire foreign or domestic corporation not							
	'es," complete (i) through (iv) below			or constructive ownershi	ip, see instructions. • • •	* * * * * * * *		
	(i) Name of	Corporation	icl	(ii) Employer entification Number	(iii) Country of Incorporation	(iv) Per Owned ir		1
	(i) Hane of			(if any)	incorporation.		ock	
		******		******				
b Our	directly on universities ( 200/ extension						1	
	n directly an interest of 20% or more utling any entity freated as a partne							0
	Yes," complete (i) through (					* * * * * * * *		
	(i) Nam	e of Entity	Id	(ii) Employer entification Number	(iii) Country of Organization	(iv) Ma Percentage		1
				(if any)		Profit, Loss.		
	······							
<b>c</b> D	ing this touries, did the se						·	r
					ributions in exchange for sto 301 and 316.)		]	v
	Yes," file Form 5452, Corp.							<u> </u>
	nis is a consolidated return,							
					5% of (a) the total voting po	ower of all		
	sses of the corporation's st rules of attribution, see se			f all classes of the	corporation's stock?			X
	Percentage owned	and		ntry 🕨				
		e to file Form 5472, Inform	mation Return of	a 25% Foreign-Ow	ned U.S. Corporation or a F	oreign		
	poration Engaged in a U.S							
	eck this box if the corporation management				e discount			
	er the amount of tax-exem				rered Original issue Discoul	it instruments.		
0 Ent	er the number of sharehold	ders at the end of the tax	year (if 100 or fe	wer) 🏲 🚺				
	e corporation has an NOL					▶□		
	ie corporation is filing a cor he election will not be valid		tement required b	y Regulations sect	tion 1.1502-21(b)(3) must be	e attached		
011	er the available NOL carryo		(do not reduce it	by any deduction o	n line 29a.) 🕨 S	17,473		
2 Ent	,			• •		e end of		
	the corporation's total rece	eipts (line 1c plus lines 4	through 10 on pa	ge 1) for the tax ye	ear and its total assets at the	0 0110 01		
3 Are the	tax year less than \$250,00	0?						X
3 Are the If "Y	tax year less than \$250,00 (es," the corporation is not	0?required to complete Sch	nedules L, M-1, a	nd M-2 on page 5.	Instead, enter the total am			<u>x</u>
3 Are the If "N dist	tax year less than \$250,00 /es," the corporation is not ributions and the book valu	0? required to complete Sch le of property distribution:	nedules L, M-1, a s (other than cas	nd M-2 on page 5. h) made during the	Instead, enter the total among tax year.	ount of cash		
<ul> <li>Are</li> <li>the</li> <li>If ")</li> <li>dist</li> <li>4 Is the</li> </ul>	tax year less than \$250,00 /es," the corporation is not ributions and the book valu	0? required to complete Sch le of property distribution: ille Schedule UTP (Form	nedules L, M-1, a s (other than cas	nd M-2 on page 5. h) made during the	Instead, enter the total am	ount of cash		
<ul> <li>3 Are the lf "Y dist</li> <li>4 Is the lf "Y</li> </ul>	tax year less than \$250,00 /es," the corporation is not ributions and the book valu- ne corporation required to f	10? required to complete Sch le of property distribution: ille Schedule UTP (Form Schedule UTP.	nedules L, M-1, a s (other than cas 1120), Uncertain	nd M-2 on page 5. h) made during the Tax Position Stater	Instead, enter the total among tax year. S s ment (see instructions)?	ount of cash		X X X

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Forr	m 4562		Depre	eciation an	d Amorti:	zation			OMB No. 1545-0172
-			(Including	Information	h on Listed	Property	r)		2011
Interr	rtment of the Treasury al Revenue Service (99) (s) shown on return		See separat	e instructions.	Attach to	your tax retu	m.		Attachment Sequence No. 179
		VELODM		Bus	,				Identifying number
	UE POINT DE			operty Under S	FORM 112 Section 179	0			26-3541207
				nplete Part V befor		art I.			
1	Maximum amount (s							1	
2	Total cost of section							2	1
3	Threshold cost of se							3	
4	Reduction in limitatio							4	
5	Dollar limitation for ta								
	separately, see instru							5	
	(a)	) Description of p	roperty	(b)	Cost (business use only	(c) El	ected cost		
			······						
7	Listed property. Ente	r the amount	from line 29			7			
, 8	Total elected cost of					1		1 0	aleh era minera i beledar era era
9	Tentative deduction.							8	
10	Carryover of disallow							10	
11	Business income lim							11	······
12	Section 179 expense							12	
13	Carryover of disallow						<u></u>		
Note	: Do not use Part II or				and the second				in a configuration of the configuration of the second states of the second states of the second states of the s
Pa	rt II Special D	epreciatio	n Allowance	and Other De	preciation (D	o not include	listed pro	perty.	) (See instructions.)
14	Special depreciation								
	during the tax year (s	ee instruction	ns)					14	25,361
15							15		
16	Other depreciation (ir							16	
Pa	rt III   MACRS [	Depreciati	on (Do not inc	clude listed propert		ins.)			
47				Sectio					
17 18	MACRS deductions f						• • •	17	
10	If you are electing to asset accounts, chec								
							progiatio		. to
	00011	011 D A3301	(b) Month and	(c) Basis for depreciat	inn		T	JII 3ys	
	(a) Classification of prop	erty	year placed in service	(business/investment u only-see instructions		(e) Convention	(f) Meth	lod	(g) Depreciation deduction
19a	3-year property				·		1		
b	5-year property					1	1		
с	7-year property					1	1		***************************************
d	10-year property								
e	15-year property								
f	20-year property								
	25-year property				25 yrs.		S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
<u> </u>	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property	n C Annata	Discord in Comul			MM	S/L		
20a		n u - Assets	Placed in Servi	ce During 2011 Ta	X Year Using the	Alternative L	7	r	ystem
	12-year				12 1/20		S/L		
	40-year				12 yrs. 40 yrs.	MM	S/L		
		/ (See instru	L	L	io yio.		L 3/L	l	
21	Listed property. Ente				••••		T	21	
22	Total. Add amounts f						er here		
	and on the appropriat							22	25,361
23	For assets shown abo	ove and place	ed in service duri	ing the current year	; enter the			1	
	portion of the basis at	ttributable to	section 263A cos	sts	2	3			
For F	aperwork Reduction				EEA			******	Form 4562 (2011)

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SCHEDULE G (Form 1120) (Rev December 2011) Department of the Treasury Internal Revenue Service Name	Information o Corpo	n Certain P Dration's Vo Attach to For See instruc	ting Stock	ing the		OMB No. 1545-0123
BLUE POINT D Part I Certain En columns (i as a partne	EVELOPMENT INC ntities Owning the Corporat ) through (v) below for any for ership), trust, or tax-exempt o 50% or more of the total votin s).	reign or domes rganization tha	tic corporation, it owns directly	partners 20% or r	edule K, ( ship (inclui nore, or o	ding any entity treated wns, directly or
(i) Name of Entity	(ii) Employer identification Number (if any)	(iii) Type of Enti	ty (iv) Country	of Organizati	on (v) Pe	rcentage Owned in Voling Stock
Question - more, or c	hdividuals and Estates Own 4b). Complete columns (i) thr owns, directly or indirectly, 50 <sup>c</sup> tled to vote (see instructions).	ough (iv) below	/ for any individ	ual or es	tate that c	wns directly 20% or
	(i) Name of Individual or Estate		(ii) Identifying Numbr (if any)	" Chi	Country of zenship (see structions)	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS	3				US	100
			-			

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Form 7004 (Rev. November 2011) Department of the Treasury Internal Revenue Service	Ý	Business Inc	ome Tax, Inf	tension of Time To File Certain formation, and Other Returns lication for each return. ate instructions.		OMB No. 1545-0233
	Name				Identifying	( number
Print		UE POINT DEVELO er. street, and room or suite no. (If P.O.			26-2	3541207
or		, , , , , , , , , , , , , , , , , , ,		SIE 100		
Type	73	73 PEAK DR				
	City, to		ldress, enter city, provi	nce or state, and country (follow the country's practice for	· entering	
		S VEGAS		NV 89128		
			the return for wi	hich the ext. is granted. See inst. before	completin	ıg this form.
		tic 5-Month Extension				
1a Enter the form	code	for the return that this applicat	ion is for (see be	low)		
Application			Form	Application		Form
Is For:			Code	ls For:		Code
Form 1065			09	Form 1041 (estates other than a bankru	ptcy estate	e) 04
Form 8804	vigo in		31	Form 1041 (trust)		05
		tic 6-Month Extension				
	code	or the return that this applicat	T	N N N N N N N N N N N N N N N N N N N	<u>••••</u>	12
Application			Form	Application		Form
Is For:			Code	Is For:		Code
Form 706-GS(D)			01	Form 1120-ND (section 4951 taxes)		20
Form 706-GS(T)			02	Form 1120-PC		21
Form 1041 (bankrup	tcy est	ate only)	03	Form 1120-POL		22
Form 1041-N			06	Form 1120-REIT		23
Form 1041-QFT			07	Form 1120-RIC	030383333	24
Form 1042 Form 1065-B	balene)e		08	Form 1120S	ana ang ang ang ang ang ang ang ang ang	25
Form 1065-B	Martana		10	Form 1120-SF		26
Form 1120			11 12	Form 3520-A		27
Form 1120-C	0000000		34	Form 8612	8-619-759-9-7-153, 	28
Form 1120-E	NACE (CARE)			Form 8725	a posta de la compañía	29
Form 1120-FSC	040364		16	Form 8831	<u>AN ANNA AN</u>	30
Form 1120-H	977.00 E 5 9 92		10	Form 8876	Najeraje je j	
Form 1120-L			18	Form 8924		33
Form 1120-ND			19	Form 8928		35
·····	tion is a	a foreign corporation that does		ce or place of business in the United States	S,	<u></u>
check here						▶□
				roup that intends to file a consolidated retur		5
check here						▶□
If checked, atta	ach a s	chedule, listing the name, add	fress, and Emplo	over Identification Number (EIN) for each m	ember	
covered by this						
		s Must Complete This I				
4 If the organizat	tion is a	a corporation or partnership th	at qualifies unde	r Regulations section 1.6081-5, check here	• • • •	▶□
5a The application	n is for	calendar year 20 <u>11</u> , or ta	ix year beginning	, 20, and ending		, 20
b Short tax year	. If this	s tax year is less than 12 mont	hs, check the re-	ason:		
Initial retur		Final return		accounting period	ed return to	be filed
6 Tentative total	tax .			····· L	6	1,743
7 Total payment	s and (	credits (see instructions)			7	0
		ct line 7 from line 6 (see instru				
		erwork Reduction Act Notice		nstructions. EEA	8   Eor	1,743 m 7004 (Rev. 11-2011)
			, oco ocparate i	non aonono, cem	E UIE	11 / UU4 (INEV. 11-2U[1])

Form 8879-C	IRS e-file Signature Authorization		OMB No. 1545-1864
	for Form 1120		rds.       2011         over identification number       6-3541207         6-3541207       1, 622          2          2          3          3          4          5          5          5          5          5          5
Department of the Treasury	For calendar year 2011, or tax year beginning, 2011, anding		2011
Internal Revenue Service	See instructions. Do not send to the IRS. Keep for your		
Name of corporation		Employer identification number	a N
	EVELOPMENT INC	26-3541207	
	Irn Information (Whole dollars only)		
<ol> <li>Total income (Form 1</li> </ol>	120, line 11)		84,593
2 Taxable income (For	n 1120, line 30)		11,622
3 Total tax (Form 1120	line 31)		
4 Amount owed (Form	1120, line 34)		
	1120, line 35)		
Part II Declarat	ion and Signature Authorization of Officer (Be sure to get	a copy of the corpo	
2011 electronic income ta true, correct, and comple electronic income tax retu- send the corporation's re- transmission, (b) the rea: the U.S. Treasury and its institution account indica- the financial institution to 1-888-353-4537 no later in the processing of the e- issues related to the payr income tax return and, if Officer's PIN: check on	ROBERT S SEMONIAN CPA to enter my PIN 123	knowledge and belief, it i on the copy of the corpora ermediate service provid- t or reason for rejection c fund. If applicable, I auth abit) entry to the financial es owed on this return, a Treasury Financial Agent he financial institutions in swer inquiries and resolv or the corporation's elect	s ation's er to of the orize i nd at at volved re ironic
As an officer income tax re	of the corporation. I will enter my PIN as my signature on the corporation's 20 eturn.	11 electronically filed	
Officer's signature	Date ▶ <u>08−27−20</u> 1	12 Title PRESI	DENT
Part III Certific	ation and Authentication		
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit self-selected PIN.	950884 9876 do not entr	55 er all zeros
the corporation indicated	meric entry is my PIN, which is my signature on the 2011 electronically filed in above. I confirm that I am submitting this return in accordance with the require on and Participation, and <b>Pub. 4163</b> , Modernized e-File (MeF) Information for eturns.	ements of Pub.	
ERO's signature 🕨 ROBI	ERT S SEMONIAN CPA	Date ▶ <u>09-16-2</u>	2018
	ERO Must Retain This Form - See Instructior Do Not Submit This Form to the IRS Unless Requester	-	
For Paperwork Reduction	on Act Notice, see instructions.	EEA	Form 8870 C (2011)
	.,		(2011)

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Federal Supporting Statements	
Name(s) as shown on return BLUE POINT DEVELOPMENT INC	26-3541207
Form 1120, Schedule L, Line 18	STATEMENT # 11
Description INCOME TAXES PAYABLE Total	Beg Of Year         End Of Year
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 TOTAL	AMOUNT 289 925 3,419 675 3,391 5,848 59 43 2,622 11,870 607 389 30,137
Schedule A Line 5 DESCRIPTION SUB CONTRACTOR FEES EQUIPMENT RENTAL FEES TOTAL:	PG01 STATEMENT # 7 <u>AMOUNT</u> 106, 129 1, 299 107, 428

STATMENT.LD

Sche	120 (2011)         BLUE         POINT         DEVE           dule L         Balance Sheets per Books		g of tax year		<b>3541207</b> Page f tax year
	Assets	(a)	(b)	(c)	(d)
1 C	ash	te e teatre	2,26		15,639
2a ⊺≀	rade notes and accounts receivable				13,03.
b Le	ess allowance for bad debts	(	-	(	1
	iventories		1		
U I	.S. government obligations		-		
	ax-exempt securities (see instructions)				·
	ther current assets (attach schedule)				3
	pans to shareholders				10 200
	lortgage and real estate loans				12,32
	ther investments (attach schedule)				
	uildings and other depreciable assets				
	ess accumulated depreciation	(	-	25,361	
	epletable assets	<u></u>		25,361	<u>//</u>
	ess accumulated depletion	(			
	and (net of any amortization)	<u>/</u> /			4
	tangible assets (amortizable only)		The second second second second		
	ess accumulated amortization	/		,	
		( )			2
-	,			<del>_</del>	
	iabilities and Sharabaldara' Emity		2,26	3	27,96
	iabilities and Shareholders' Equity		and the second second second second		
	ccounts payable				
	ortgages, notes, bonds payable in less than 1 year				
		STATEMENT # 11			1,74
	bans from shareholders				
	ortgages, notes, bonds payable in 1 year or more				
	ther liabilities (attach schedule)			및 가격한 관리에서 관계적 전체적 이 것이다. 	L
: Ca	apital stock: a Preferred stock				
	b Common stock	1,000	1,00	0 1,000	1,000
	dditional paid-in capital		25,00	0	25,000
	tained earnings-Appropriated (attach schedule)				
	etained earnings-Unappropriated		(23,73	<u>7)</u>	224
	justments to shareholders' equity (attach schedule)				
	ess cost of treasury stock		(	<u>)</u>	(
	tal liabilities and shareholders' equity		2,26	3	27,96
cheo	dule M-1 Reconciliation of Incon				
	Note: Schedule M-3 required in	nstead of Schedule M-	1 if total assets are 3	§10 million or more - see ins	tructions
	et income (loss) per books	23,961	7 Income record	ded on books this year	
	ederal income tax per books	1,743		on this return (itemize):	
	cess of capital losses over capital gains		Tax-exempt in	iterest \$	
	come subject to tax not recorded on books				國際國際的特別的自由
thi	is year (itemize):	SARAN SHARA			
				n this return not charged	
Ex	penses recorded on books this year not			income this year (itemize):	
	educted on this return (itemize):		a Depreciation	••••\$	
a De	epreciation s		b Charitable cor	ntributions s	
h Ch	naritable contributions s				
	avel and entertainment S 3, 391				
			9 Add lines 7 ar	nd 8	
		3,391		4 Kan 20) Kan C lass Kan 0	20 000
с Тга 	id lines 1 through 5	<u>3,391</u> 29,095	10 Income (page	1, line 28)-line 6 less line 9	29.09
c Tra		29,095			
c Tra		29,095 ated Retained Ea		ks (Line 25, Schedule	
c Tra Ad chec Ba	dule M-2 Analysis of Unappropri alance at beginning of year	29,095 ated Retained Ea (23,737)	rnings per Boo	ks (Line 25, Schedule a Cash	
c Tra Ad chec Ba Ne	Analysis of Unappropriation           alance at beginning of year           et income (loss) per books	29,095 ated Retained Ea	rnings per Boo	ks (Line 25, Schedule a Cash b Stock	
c Tra Ad chec Ba Ne	dule M-2 Analysis of Unappropri alance at beginning of year	29,095 ated Retained Ea (23,737)	s Distributions:	ks (Line 25, Schedule a Cash b Stock c Property	
c Tra a Ad chec Ba Ne	Analysis of Unappropriation           alance at beginning of year           et income (loss) per books	29,095 ated Retained Ea (23,737)	for the second sec	ks (Line 25, Schedule a Cash b Stock c Property ses (itemize):	
c Tra Ad Chec Ba Ne Ot	Analysis of Unappropriation           alance at beginning of year           et income (loss) per books	29,095 ated Retained Ea (23,737)	for the second sec	ks (Line 25, Schedule a Cash b Stock c Property ses (itemize):	

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## Form 1125-A

(December 2011) Department of the Treasury Internal Revenue Service

## Cost of Goods Sold

OMB No. 1545-2225

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

Name			Employer identification number
BL	JE 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)	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:	L	
	() 🔀 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		► □
с	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	
е	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?		
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory		· · · · · · · · · · · · · · · · · · ·
	attach explanation		

BLUE POINT DEVELOPMENT INC Description Date Cost Salvage Bu TRUCK 20110501 16,000 pertonent 20110401 9,361	Business Section Dep percentage 179 100.00 100.00	Deprectation Basis 0 5					Social	social security number/EIN	
Date         Date         Cost         Salvage         B           20110501         16,000         pe         pe         pe           FQUIPMENT         20110401         9,361         pe         pe	Section 179	0 0						26-3541207	
20110501 16,000 9,361	100.00	000	fe Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
		n 	хн л/с			1 e, 000 9, 3 e1 9, 3 e1		CY 16,000 CY 9,361	9, 361
Totals 25,361 25,361						25,361		CY 25,361	361

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Danka Michaels001367

AA03148

	Federal Filing Instructions	2011
Name(s) as shown on return BLUE POINT DEVELOPME		Your Social Security Number
		26-3541207
Date to file by:	9-17-2012	
Form to be filed:	Form 1120 and supplemental forms an	nd 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 Payr (EFTPS) to make federal tax deposit payments directly to an IRS office.	ts. Do not send

1120EF		EF Transmission Status	2012
		(Keep for your records)	
Name(s) as shown on return BLUE POINT DEV	ELOPMENT INC		Your social security number 26-3541207
The following will be transm	nitted to the IRS.	1120 🗍 7004 🗍 Amended	
The following state returns	will be transmitted:		
The following returns have I	been suppressed or are n	not eligible and will NOT be transmitted.	
		······	
F Notes			

EFSTATUS.LD

 $\left( \begin{array}{c} \end{array} \right)$ 

Form 1	120			U.S	S. Corporati	ion Incol	me Tax	Return		L	OMB No. 1545-0123
Departme			For calend	ar year 2012 or tax y			_, 2012, endin			20	2012
Internal Re		ervice		Information Name	about Form 1120 and i	ts separate instri	uctions is at w	/ww.irs.gov/form	1120.		
A Check	k if:										r identification number
1a Consc	bidated re	turn 🗂	TYPE			LOPMENT					-3541207
	n Form 85 onlife cons		TYPE	Number, street, and	i room or suite no. If a P.	O. box, see instru	ictions.	STE 20	)8	C Date inco	
	return nal holdini		OR	0.000 11		··· · ·				B	-23-2008
(attact	n Sch. PH nal service	· · · · 🗋 🕴	PRINT	City or town, state, a	BUFFALO I	JR				U lotal ass	ets (see instructions)
(see ir	nstructions			-				00100			
4 Sched	lule M-3 a	ttached	-	LAS VEC			NV	89129		S	50,553
-	1 10	Gross receip	E Check		tial return (2)	Final return	(3)	Name change	(4)		ange I
	b	Returns and				••••			168,65	8	
	с С			1b from line 1a	• • • • • • • • • •			1b			100 000
	2				•••••			• • • • • •			168,658
	3			ach Form 1125-/				• • • • • • •		. 2	103,892
<u>م</u>	4			ne 2 from line 10		• • • • • • • •				. 3	64,766
Income	5	Dividends (S							• • • • • •	4	
- Luc	6							• • • • • • •		5	
		Gross rents			• • • • • • • • • •			• • • • • • •		6	
	7	Gross royaltie			• • • • • • • • • •			• • • • • •		7	
	8				ile D (Form 1120))		••••	•••••	••••	· <u>8</u>	
	9				t II, line 17 (attach	,			• • • • •	. 9	
	10			ructions - attach	,						
<del></del>	11									▶ 11	64,766
ns.	12				ons - attach Form 1			•••••		▶ 12	
ctio	13		5 .	ss employment o	,	<i></i> .					
que	14	Repairs and i	maintenar	ice • • • • •	• • • • • • • • •			• • • • • •			
de	15	Bad debts			••••••••	• • • • • • •		• • • • • • •		15	
Цо	16	Rents ·	• • • • •	• • • • • • • •	• • • • • • • • •			• • • • • • •	• • • • •	16	
suc	17	Taxes and lic	enses		• • • • • • • • •	• • • • • •		• • • • • •		17	
uctions (See instructions for limitations on deductions.)	18	Interest			· · · · · · · · · ·			• • <i>• •</i> • • •		18	
цţ	19	Charitable co	intributions	3		• • • • • •				19	
- -	20	Depreciation	from Forn	n 4562 not claim	ed on Form 1125-/	A or elsewhere	e on return (	attach Form 4	562)	. 20	39,938
ę	21	Depletion			· · · · · <i>· · · · ·</i>					21	
ilo	22	Advertising	••••		· · · · · · <i>· · · ·</i>	• • • • • •				22	
lcti	23	Pension, prof	it-sharing,	etc., plans	• • • • • • • • •					23	
stri	24	Employee be	nefit progr	ams		· · · <i>·</i> · ·		• • • • • • •		24	
Ë.	25				n (attach Form 890					. 25	
See	26	Other deduct	ions (attac	ch statement)			<i></i> .	• • ·State	ment #5	5 26	24,828
5 ()	27	Total deduct	tions. Ad	d lines 12 throug	gh 26 · · · · ·	· · <i>·</i> · · · ·	• • • • • •			▶ 27	64,766
ion	28	Taxable incor	ne before	net operating los	ss deduction and s	pecial deducti	ons. Subtra	ct line 27 from	1 line 11	28	0
uct	29a	Net operating	loss dedu	uction (see instru	ictions) · · ·			29a			
Ded	b	Special dedu	ctions (Sc	hedule C, line 20	)) • • • • • •			29b			
	с	Add lines 29a	and 29b				· · · · · ·	· · · · · · ·	• • • • •	29c	
ax, Refundable Credits, and Payments	30	Taxable inco	ome. Sub	tract line 29c fro	m line 28 (see inst	ructions)				. 30	0
dits	31	Total tax (Sch	nedule J, F	Part I, line 11)	· · · · <i>·</i> · · · ·	· · · · · ·				31	0
nts Inte	32	Total paymen	ts and refu	undable credits (	Schedule J, Part II	, line 21)				. 32	
able /mei	33	Estimated tax	c penalty (s	see instructions)	. Check if Form 22	20 is attached	•••	<i></i>	. 🕨 🗌	33	
bund	34	Amount owe	ed. If line 3	32 is smaller tha	n the total of lines	31 and 33, en	ter amount	owed	• • • • <i>•</i>	• 34	
Ref	35	Overpaymen	nt. If line 3	2 is larger than t	he total of lines 31	and 33, enter	r amount ov	verpaid		. 35	
, tax	36	Enter amoun	t from line	35 you want: Ci	redited to 2013 es	timated tax	₽		Refunded	▶ 36	
<u>o</u> .	Under	penalties of perjury	, I declare th	at I have examined th	is return, including acco	mpanying schedu	iles and statem	ients, and to the b	est of my know	vledge and bel	ief. it
Sign	is uue,	concor, and comp	iele. Deciara	nou or brebater (othe	r than taxpayer) is base	u un an intermatio	er or which bret	Jarer nas any kno	wedge.	Maythe IDC	discuss this alway
Here	TC	M PICKE	ENS			<b>N</b> P_	RESIDE	ENT			discuss this return parer shown below
***********	Sign	ature of officer			Date	2	îtle			(see instruct	
	1	Print/Type prepare	r's name		Preparer's signature			Date	Che	eck 🛛 if	PTIN
Paid		OBERT S	SEM0	<u>onian cp</u>	L			<u> </u>	018 self	-employed	<u>200391972</u>
Prepa		Firm's name	ROB		MONIAN CE	ΡA			Firm's EIN	▶ 9 <u>9</u>	5-4514704
Use O	nly 🔤	Firm's address		<u>BOX 5605</u>					Phone no.		
			Ven	tura CA	93005					(805)	659-5344
For Pap	erwork	Reduction Ac	ct Notice,	see separate in	structions.						Form 1120 (2012)

, see separate i EEA

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	m 1120 (2012) BLUE POINT DEVELOPMENT INC		26-35	41207	Page 2
8	chedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special de (a) × i	ductions
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		🕨		
EEA				Form 11:	20 (2012)

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h	chedule 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))	. > 🗖	T	
2	Income tax. Check if a qualified personal service corporation (see instructions)	. ▶ 🗍	2	
3	Alternative minimum tax (attach Form 4626)	_	3	
4	Add lines 2 and 3		4	
5a	Foreign tax credit (attach Form 1118)			
b	Credit from Form 8834, line 30 (attach Form 8834)		-	
С	General business credit (attach Form 3800)		-	
ď			-	
			- 1	
е 6	Bond credits from Form 8912		-	
	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)			
b	Recapture of low-income housing credit (attach Form 8611) •••••••••••••••••••••••••••••••••••			
с	Interest due under the look-back method - completed long-term contracts (attach			
	Form 8697) · · · · · · · · · · · · · · · · · · ·			
d	Interest due under the look-back method - income forecast method (attach Form			
	8866) · · · · · · · · · · · · · · · · · ·			
е	Alternative tax on qualifying shipping activities (attach Form 8902) 9e		] [	
f	Other (see instructions - attach statement)			
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	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		}	
19	Refundable credits from:		18	
a				
			4	
u	Form 4136		4 1	
C	Form 8827, line 8c · · · · · · · · · · · · · · · · · ·		4	
	Other (attach statement - see instructions) 19d			
	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	
	chedule K Other Information (see instructions)			
1	Check accounting method: a 🗌 Cash b 🖾 Accrual c 🗌 Other (specify) 🕨			
2	See the instructions and enter the:			ſ
а	Business activity code no.  • 236200			
b	Business activity 🕨 REAL ESTATE			
с	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			F
4	At the end of the tax year:			
	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax	ovomat		
u	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of a		e the o	
		n classes (	n me	
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total vo	•	• • • • • • • • •	
5				

Forn	1120 (2012) BLUE POINT DEVELOPMENT	F INC	26-	3541207		Page 4
Sc	hedule K Other Information continued (see instructions)			****		
					Yes	No
5	At the end of the tax year, did the corporation:					
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the					
	any foreign or domestic corporation not included on Form 851, Affiliations	s Schedule? For rules of constru	ctive ownership, see instructions	• • • • •		X
*********	If "Yes," complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(in) Deep	oniano	<u> </u>
	(i) Name of Corporation	identification Number	Incorporation	(iv) Perc Owned in	Voting	
		(if any)		Sto	ck	
d	Own directly an interest of 20% or more, or own, directly or indirectly, an int	terest of 50% or more in any fore	eign or domestic partnership			
	(including any entity treated as a partnership) or in the beneficial interest of					X
	If "Yes," complete (i) through (iv) below.					1
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Country of Organization	(iv) Max		
	(i) Name of Entry	(if any)	Organization	Percentage Profit, Loss. c		
6	During this tay year did the correction pay dividends (ather then			l		T
0	During this tax year, did the corporation pay dividends (other than s excess of the corporation's current and accumulated earnings and					12
	If "Yes," file Form 5452, Corporate Report of Nondividend Distribu		nu 510.) ••••••			X
	If this is a consolidated return, answer here for the parent corporati		h subsidiary			
7	At any time during the tax year, did one foreign person own, direct		*	fall		
	classes of the corporation's stock entitled to vote or (b) the total va					X
	For rules of attribution, see section 318. If "Yes," enter:					
	(i) Percentage owned 🕨 and (ii) Owne	er's country 🕨				
	(c) The corporation may have to file Form 5472, Information Retu	urn of a 25% Foreign-Owned	U.S. Corporation or a Foreig	n		
	Corporation Engaged in a U.S. Trade or Business. Enter the numb	per of Forms 5472 attached	▶			
8	Check this box if the corporation issued publicly offered debt instru-					
	If checked, the corporation may have to file Form 8281, Information	on Return for Publicly Offere	d Original Issue Discount Inst	ruments.		
9	Enter the amount of tax-exempt interest received or accrued during	· · · · · · · · · · · · · · · · · · ·				
10	Enter the number of shareholders at the end of the tax year (if 100					
71	If the corporation has an NOL for the tax year and is electing to fore					
	If the corporation is filing a consolidated return, the statement requi	ired by Regulations section 1	.1502-21(b)(3) must be attach	ed		
12	or the election will not be valid. Enter the available NOL carryover from prior tax years (do not redu	ion it hu onu doduction ou line	- 20- V 🍋 C			
13	Are the corporation's total receipts (line 1c plus lines 4 through 10		· · · · · · · · · · · · · · · · · · ·			
15					х	
	If "Yes," the corporation is not required to complete Schedules L. M			Ļ	<u>^</u>	
	distributions and the book value of property distributions (other than			20311		
14	Is the corporation required to file Schedule UTP (Form 1120), Unce					Х
	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 ?				Х
b		, ,				
16	During this tax year, did the corporation have an 80% or more chan	nge in ownership, including a	change due to redemption of i	its		
	own stock? ••••••••••••••••••••••••••••••••••••					Х
17	During or subsequent to this tax year, but before the filing of this ret	turn, did the corporation dispo	ose of more then 65% (by valu	e)		
	of its assets in a taxable, non-taxable, or tax deferred transaction?		<i></i>			X
18	Did the corporation receive assets in a section 351 transfer in which	h any of the transferred asse	ts had a fair market basis or fa	ir [		
	market value of more than \$1 million?			<u></u>		Х
EEA				Form	1120	(2012)

Form 1120 (2012)

Form	4562 l		Depre	ciation	and A	\morti	zatio	n			OMB No. 1545-0172
1 0111			(Including	Informat	ion or	Listed	Pror	ertv	)		2012
	ment of the Treasury						•	-			Attachment
	I Revenue Service (99) s) shown on return		See separate	e instructions.		Attach to			•		Sequence No. 179 Identifying number
BLU	E POINT DEV	ZELOPME	NT INC			M 112		raidida			26-3541207
Pa			e Certain Pro	operty Und			<u> </u>		******		20 30 1207
	Note: If you	have any liste	d property, comp	olete Part V bef	ore you co	mplete Par	t I.				
1	Maximum amount (se		·			<i>.</i>		· · · ·	••	1	500,000
2	Total cost of section 1		,		,	• • • • •		• • •		2	46,000
3 4	Threshold cost of sec		•			· · · ·				3	2,000,000
4 5	Reduction in limitation Dollar limitation for tax						· · · · · ·	· · ·		4	0
5	separately, see instruc	•					-			5	500,000
6		Description of pr	MA.1.11		(	isiness use on	·1		cted cost	L	500,000
0	ONSTRUCTION					46,00			46,0	00	
7	Listed property. Enter	the amount fro	om line 29 🕠			[	7				
8	Total elected cost of s									8	46,000
9	Tentative deduction. I								• •	9	46,000
10	Carryover of disallowe		,					• • • •		10	
11	Business income limit			*		'		(see instr		11	39,938
12 13	Section 179 expense Carryover of disallowe							•••	6,0	12	39,938
********	Do not use Part II or				*****	<u> </u>	13		6,0	02	
Par						iation (	Do not in	clude li	sted pror	herty)	(See instructions.)
14	Special depreciation a								sted prop		
	during the tax year (se					/ 1				14	
15	Property subject to se	ction 168(f)(1)	election · ·							15	
16	Other depreciation (in									16	
Par	t III MACRS I	Depreciati	on (Do not inc	ude listed prop	perty.) (Se	e instructio	ns.)				
				Se	ection A						
17	MACRS deductions for				0					17	
18	If you are electing to g				•		9				
	asset accounts, check										
	3000	JII D - Assels	Placed in Servic (b) Month and year	(c) Basis for depr		[	1	Deprec	lation S	ystem	
	(a) Classification of prop	erty	placed in service	(business/investm only-see instruct	ent use	<ul><li>(d) Recovery period</li></ul>	(e) Com	vention	(f) Meth	lod	(g) Depreciation deduction
19a	3-year property										
b	5-year property		]								
C	7-year property										
d	10-year property	••••••••••••••••••••••••••••••••••••••		<u> </u>							
	15-year property	****									
f	20-year property										
<u>g</u>	25-year property					25 yrs.			S/L		
n	Residential rental				······	27.5 yrs.	M		S/L		
i	property Nonresidential real					27.5 yrs.	M		S/L		
1	property					39 yrs.	M		S/L S/L		
		n C Assets F	l Placed in Service	During 2012	Tax Year I	lsing the 4				Syster	171
20a	Class life				Tax Tear e	Joing the P			S/L	Gyster	**1
b	12-year	*****				12 yrs.			S/L		
c	40-year					40 yrs.	M	И	S/L		
Par		(See instruc	ctions.)	*******							
21	Listed property. Enter			• • • • • • • • •	• • • • •					21	
22	Total. Add amounts fr		-					Enter			
	here and on the appro						tructions			22	39,938
23	For assets shown abo										
	portion of the basis att	Inbutable to se	ection 263A costs			· · ·   :	23				_

For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2012)

SCHEDULE G (Form 1120) (Rev December 2011) Department of the Treasury Internal Revenue Service		Certain Po ration's Vo Attach to Form See instruct	ting Stock	g the	OMB No 1545-0123
columns (i) th as a partners	ELOPMENT INC ties Owning the Corporation nrough (v) below for any for whip), trust, or tax-exempt or % or more of the total voting	eign or domes ganization tha	stic corporation, pa at owns directly 20	), Schedule irtnership (in % or more, c	cluding any entity treated or owns, directly or
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entit	y (iv) Country of Or	ganization (v	r) Percentage Owned in Voting Stock
Question 4b more, or own	viduals and Estates Owni ). Complete columns (i) thro ns, directly or indirectly, 50% d to vote (see instructions).	ough (iv) belov	v for any individua	l or estate th	at owns directly 20% or
	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
or Paperwork Reduction Act	Notice.		1	L	chedule G (Form 1120) (Rev. 12-2012)

ног гарегwork Reduction Act Notic see the Instructions for Form 1120. EEA

<b>7004</b> Form (Rev. December 2012)	Business Inc	come Tax, Info	tension of Time To File Certain ormation, and Other Returns cation for each return.		OMB No. 1545-0233
Department of the Treasur Internal Revenue Service	V 1		rate instructions is at www.irs.gov/form70	04.	
	Name			Identifying (	number
<b>_</b>	BLUE POINT DEVELO			26-3	541207
Print	Number, street, and room or suite no. (If P.O.	box, see instructions.)	STE 208		
or Tuno					
Туре	3320 N BUFFALO DR				
	postal code)).	dréss, enter city, provinc	e or state, and country (follow the country's practice for er	itering	
	LAS VEGAS		NV 89129		
Note. File reques		e return for which	the ext. is granted. See inst. before comp	leting this	form.
	tomatic 5-Month Extension				
1a Enter the form	code for the return that this application	n is for (see below)	· · · · · · · · · · · · · · · · · · ·		
Application		Form	Application		Form
Is For:		Code	Is For:		Code
Form 1065		09	Form 1041 (estate other than a bankrupto	y estate)	04
Form 8804		31	Form 1041 (trust)		05
Lauran	tomatic 6-Month Extension				
	code for the return that this application	T		<u></u>	<u>····· [1 [2 ]</u>
Application		Form	Application		Form
Is For:		Code	ls For:		Code
Form 706-GS(D)		01	Form 1120-ND (section 4951 taxes)		20
Form 706-GS(T)	ter entete entri	02	Form 1120-PC		21
Form 1041 (bankrup) Form 1041-N	icy estate only)	03	Form 1120-POL		22
Form 1041-QFT		07	Form 1120-REIT Form 1120-RIC		23
Form 1042		08	Form 1120-Ric		24
Form 1065-B		10	Form 1120-SF		25
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 organizat	tion is a foreign corporation that does r	not have an office o	r place of business in the United States,		_
			• • • • • • • • • • • • • • • • • • • •		. 🕨 🗌
	tion is a corporation and is the commo	n parent of a group	that intends to file a consolidated return,		
check here	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			. ▶[]
		ress, and Employer	Identification Number (EIN) for each membe	er	
covered by this Part III All	Filers Must Complete This	Part			
			gulations section 1.6081-5, check here		▶□
-			, 20, and ending		
ou me application		ix year beginning	, 20, and ending	******	, 20
	r. If this tax year is less than 12 month accounting period	is, check the reaso fated return to be fi		xplanation)	
6 Tentative total	tax			6	0
7 Total payment	ts and credits (see instructions)	· · · · · · · · · ·		7	0
8 Balance due.	Subtract line 7 from line 6 (see instruc	tions) · · ·		8	0
	Paperwork Reduction Act Notice, s			Form	7004 (Rev. 12-2012)
EEA					

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	For calendar year 2012, or lax year beginning	, 2012, ending		2012
Department of the Treasury		he IRS. Keep for your records.		
Internal Revenue Service	Information about Form 8879-C and	d its instructions is at www.irs.go	ov/form1120.	
Name of corporation			Employer identification nur	nber
	EVELOPMENT INC		26-3541207	
	urn Information (Whole dollars only)			
1 Total income (Form 1	120, line 11) • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •		1 64,766
2 Taxable income (Forr	n 1120, line 30) • • • • • • • • • • • • • • • • • • •			2
3 Total tax (Form 1120,	line 31) • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · ·	3
4 Amount owed (Form	1120, line 34) • • • • • • • • • • • • • • • • • • •	•••••		4
	1120, line 35) • • • • • • • • • • • • • • • • • • •			5
Part II Declara	tion and Signature Authorization of	of Officer (Be sure to get	a copy of the corp	oration's return
2012 electronic income ta rue, correct, and complet electronic income tax retu- send the corporation's rel transmission, (b) the reas the U.S. Treasury and its institution account indicate the financial institution to or <b>1-888-353-4537</b> no later to in the processing of the el ssues related to the payn income tax return and, if a <b>Difficer's PIN: check on</b> X I authorize	A declare that I am an officer of the above corport x return and accompanying schedules and stat e. I further declare that the amounts in Part I at rm. I consent to allow my electronic return origin urn to the IRS and to receive from the IRS (a) ison for any delay in processing the return or re- designated Financial Agent to initiate an electron ad in the tax preparation software for payment of debit the entry to this account. To revoke a payr han 2 business days prior to the payment (setti- ectronic payment of taxes to receive confidentia- tent. I have selected a personal identification mo- pplicable, the corporation's consent to electron a box only <u>ROBERT S SEMONIAN CPA</u> <u>ERO firm name</u> ration's 2012 electronically filed income tax retu	tements and to the best of my know bove are the amounts shown on the nator (ERO), transmitter, or interme an acknowledgement of receipt or fund, and (c) the date of any refund onic funds withdrawal (direct debit) e of the corporation's federal taxes ow ment, I must contact the U.S. Treas tlement) date. I also authorize the f al information necessary to answer umber (PIN) as my signature for the ic funds withdrawal.	ledge and belief, it is copy of the corporation' diate service provider to reason for rejection of th d. If applicable, I authoriz entry to the financial ved on this return, and ury Financial Agent at inancial institutions invol inquiries and resolve e corporation's electronic	s ne te
As an officer return.	of the corporation, I will enter my PIN as my sig	gnature on the corporation's 2012 el	ectronically filed income	tax
		no 10 001	) <b>b</b>	י א ד א ד
Micer's signature		Date ► <u>08-15-201</u>	J Title F FKESIL	JEN I
Part III Certific	ation and Authentication			
I				
RO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit set	If-selected PIN.	950884 9876	55
certify that the above nur orporation indicated abo	neric entry is my PIN, which is my signature on ve. I confirm that I am submitting this return in ion, and <b>Pub. 4163,</b> Modernized e-File (MeF) I	the 2012 electronically filed income accordance with the requirements	do not er e tax return for the of <b>Pub.3112</b> , IRS e-file	iter all zeros
RO's signature 🕨 <u>ROB</u> I	ERT S SEMONIAN CPA		Date ▶ <u>09-16-2</u>	2018
	Do Not Submit This Form to	his Form - See Instructior the IRS Unless Requeste		
or Paperwork Reductic	n Act Notice, see instructions.			Form 8879-C (201

IRS e-file Signature Authorization for Form 1120

For Paperwork Reduction Act Notice, see instructions.

Form 8879-C

OMB No. 1545-1864

	deral Supporting Statements	2012 PG01
Name(s) as shown on return BLUE POINT DEVELOPMENT I	NC	FEIN 26-3541207
	Schedule M-1 Line 5C	Statement #1
DESCRIPTION		
PENALTIES		AMOUNT
TOTAL:		S
		PG01
Form 1120,	Schedule L, Line 18	Statement #11
Description INCOME TAXES PAYABLE		Beg Of Year End Of Y
Total		
TOCUL		1,743
DESCRIPTION BANK CHARGES LEGAL AND PROFESSIONAL MEALS AND ENTERTAINMENT OFFICE EXPENSE TELEPHONE TRAVEL TRUCK AND AUTO	50% LIMIT	AMOUNT 20 67 4,35 2,61 2,56 14,35
TOTAL		24,82

STATMENT.LD

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	Federal Supporting Statements	2012 PG01
Name(s) as shown on return <u>BLUE POINT DEVELOPMEN</u>	IT INC	FEIN 26-3541207
	1125-A Line 5	Statement #7
DESCRIPTION		AMOUNT
SUB CONTRACTOR FEES		20,13
SUPPLIES		44
ARCHITECT FEES		5,31
TOTAL:		25,89
		ANNUE VIENDE APART AND IN COMM. ALLOW AND ALLOW AND ALLOW AND ALLOW AND ALLOW AND

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Form	1120 (2012) BLUE POINT DEVE		2		26-3	541207	Page 5
Sc	hedule L Balance Sheets per Books	Beginning	g of tax	year		tax year	
	Assets	(a)		(b)	(c)	(d)	
1	Cash • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	-	15,639			,553
2a	Trade notes and accounts receivable			~~/~~~			1000
b	Less allowance for bad debts	1	1		(		
3	Inventories	<u>`</u>	1		/	·	******
4	U.S. government obligations					h	
5	Tax-exempt securities (see instructions)						·····
6	Other current assets (attach statement)						
7	Loans to shareholders			12,328			••••••••
8	Mortgage and real estate loans			12,320			
9	Other investments (attach statement)						
	Buildings and other depreciable assets	25 261			71 2/1		
	Less accumulated depreciation	<u>25,361</u> (25,361)	-		71,361	4	
		( 20,001)	4		( 71,361)	<b> </b>	
	•		-				
	Less accumulated depletion	()	4		()		
12	Land (net of any amortization)						
	Intangible assets (amortizable only)		-				
	Less accumulated amortization	<u>()</u>	)		()		
14	Other assets (attach statement)		ļ				
15	Total assets	4	ļ	27,967		50	,553
	Liabilities and Shareholders' Equity						
16	Accounts payable • • • • • • • • • • • • • • • • • • •		ļ				
17	Mortgages, notes, bonds payable in less than 1 year · ·						
18	Other current liabilities (attach statement) .	Statement #11		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 ,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
Scl	nedule M-1 Reconciliation of Incor	ne (Loss) per Bo	oks \	Nith Income p	er Return		
	Note: Schedule M-3 required in	nstead of Schedule M-1	l if tota	assets are \$10 mil	lion or more - see instruc	tions	
1	Net income (loss) per books	(10,511)	7	Income recorded of	on books this year		*******
2	Federal income tax per books		]	not included on this	s return (itemize):		
3	Excess of capital losses over capital gains		1	Tax-exempt interes	st S		
4	Income subject to tax not recorded on books		1				
	this year (itemize):						
			8	Deductions on this	return not charged		
5	Expenses recorded on books this year not		1		ne this year (itemize):		
	deducted on this return (itemize):		a		· · · · §		
а	Depreciation § 6,062		b		itions		
	Charitable contributions \$						
с	Travel and entertainment s 4,358		·	· · · · · · · · · · · · · · · · · · ·			
	····· • • ····························		1				
S	tatement #16 91	10,511	9	Add lines 7 and 8			
6	Add lines 1 through 5		10		ne 28)-line 6 less line 9		0
	nedule M-2 Analysis of Unappropr	iated Retained Ea		as per Books	(Line 25. Schedule	e L)	<u> </u>
1	Balance at beginning of year	224	5		Cash		
2	Net income (loss) per books	(10,511)	1		Stock		
3	Other increases (itemize):		1		Property		
-			6	Other decreases (il	· · · •		
			7	Add lines 5 and 6			
Δ	Add lines 1, 2, and 3	(10,287)	8		vear (line 4 less line 7)	(10	2971
EEA			1 3	Calance at end of y			<u>, 287)</u> 20 (2012)
has my f							

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Form 1120 (2012)

Form	home	1	2	5	-A

## Cost of Goods Sold

OMB No. 1545-2225

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

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.

Name			Employer identification number
BL	JE 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) I Cost         (ii) I Cover of cost or market         (iii) Other (Specify method used and attach explanation.)		
b	Check if there was a writedown of subnormal goods		
С	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	
е	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 " attach explanation ••••••••••••••••••••••••••••••••••••		🗋 Yes 🗌 No

t transit
Social security number/EIN 26–3541207
Bonus AMT depreciation Current
e, 000 9, 361
46,000

Danka Michaels001382

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	Federal Filing Instructions	2012
Name(s) as shown on return BLUE POINT DEVELOPM	ENT INC	Your Social Security Number 26-3541207
Date to file by:	9-16-2013	
Form to be filed:	Form 1120 and supplemental forms an	nd 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	

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1120EF		EF Transmission Status	2013
Name(s) as shown on return BLUE POINT DEV	LOPMENT INC	(Keep for your records)	Your social security number 26-3541207
The following will be transm	nitted to the IRS.	1120 7004 Amended	
The following state returns will be transmitted:			
The following returns have	been suppressed or are not el	ligible and will NOT be transmitted.	
EF Notes Fed return has MESSAGE PAGE.			

EFSTATUS.LD

	Federal Filing Instructions	2013
Name(s) as shown on return <u>BLUE POINT DEVELOPME</u>	NT INC	Your Social Security Number 26-3541207
Date to file by:	9-15-2014	
Form to be filed:	Form 1120 and supplemental forms and	d schedules
Sign and date:	An officer must sign and date Form 1	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 Payme (EFTPS) to make federal tax deposits payments directly to an IRS office.	ent System s. Do not send

Form	1120		U.S. Corporation Income Tax Return							F	OMB No 1545-0123
Departme			For calend						, 2	°	2013
A Chec		ervice		Nante Informatio	n about Form 1120	and its separate in	structions is at	www.irs.gov/for	m1120.	B Employe	r identification number
A check	кп.			1	OINT DE	VELOPMET	ит тыс				-3541207
1a Const (attact	olidated re h Form 85		TYPE		nd room or suite no.			STE 2	0.8	C Date inco	
D Life/n	onlife.com return	soli 🔲	OR					دى قىلغان	.00		-23-2008
2 Perso	nal holdin	5 [ ]	PRINT	3320 N	BUFFAL	) DR					ets (see instructions)
់ Perso	nal servic nstruction	e corp. 🗖		City or town, state	. or province, counti	ry and ZIP or foreig	n postal code				
4 Sched	íule M-3 a	ittached		LAS VE	GAS		NV	89129		S	50,019
	-		E Check	if. (1)	nilial return	(2) 🗌 Final retu	m (3)	Name change	(4)	Address cha	
	1a	Gross receip	ts or sales					1a	792,362	2	
	b					••••••		1b			
	C C	Balance, Sub	stract line	1b from line 1a						1c	792,362
	2	-		ach Form 1125			· · · · · ·			2	136,681
a	3			ne 2 from line					• • • • • • •	3	655,681
Income	4				• • • • • • • •					4	
luc	5									5	
	6								• • • • • • •	6	
	7	Gross royalti			• • • • • • • • •				· · · · · .	7	
	8			,	iule D (Form 11	,,,	• • • • • • • •		•••••	8	
	9			Form 4797, Pa ructions - attac	irt II, line 17 (att		·			9	
	11				,					10	<u> </u>
	12			es 3 through 1	ions - attach Fo	· · · · · · · · ·	*****			▶ 11 ▶ 12	655,681
suo	13			ss employmen		,				13	152,308
licti	14	Repairs and	о .	, ,						14	5,748
edt	15	Bad debts								14	J, /40
n d	16	Rents .								16	54,461
so	17	Taxes and lic	enses					••• <b>ኦ</b> ጥም••	OTLAND	17	21,436
ctions (See instructions for limitations on deductions.)	18								- 	18	21,100
litat	19	Charitable co	ntributions	;						19	······································
iii.	20	Depreciation	from Form	n 4562 not clair	ned on Form 11	25-A or elsewh	iere on return	(attach Form	4562)	20	235,785
for	21									21	
suc	22	Advertising								22	
ctic	23	Pension, prof	it-sharing,	etc., plans	· · · · · · ·					23	
stru	24	Employee be	nefit progr	ams •••						24	6,192
, i	25	Domestic pro	duction ac	ctivities deducti	on (attach Forn-	,				25	
See	26	Other deduct	ions (attac	h statement)	· · · · · · ·			···Stat	ement #5	26	60,603
i) si	27			d lines 12 throi	2					▶ 27	645,687
tior	28			_	oss deduction a			1 1		28	9,994
	1	Net operating					· · · · · ·	29a	4,449		
Ded		Special dedu	,				• • • • • •	29b			
	<u> </u>	*********								29c	4,449
ax, Refundable Credits, and Payments	30				om line 28 (see		• • • • •	· <i>·</i> · · · · ·		30	5,545
redit	31	Total tax (Sch		,		••••••••	* * • • • • •			31	832
le Ci ients	33				(Schedule J, P. s). Check if Forr		• • • •			32	
aym	34				an the total of li			•••••	▶∐	33	000
P	35				the total of line					34	832
X, R	36				Credited to 201			verpaid	Refunded		
	L				this return, including			pents, and to the			of it
Sign	is true.	correct, and comp	lete, Declaral	ion of preparer (ot	her than taxpayer) is	based on all inform	ation of which pre	parer has any kr	nowledge.	-	
Here	⊾ TF	HOMAS PI	CKEN	S	1	•	PRESID	ENT			discuss this return
	Sec.	nature of officer		********	Date		fitle			(see instruction	arer shown below ons)? Yes X No
	<del>- 4</del> T	Pnnt/Type prepare	r's name		Preparer's signa	ture		Date	Chec	k 🛛 if	PTIN
Paid		ROBERT S		DNIAN C				09-16-	0.000	- 1	200391972
Prepa		Firm's name	▶ ROBI	ERT S S	EMONIAN	CPA			Firm's EIN		5-4514704
Use O	niy [	Firm's address	PO I	BOX 560.					Phone no.		
-			Ven	tura CA	93005					(805)	659-5344
For Pap	erwork	Reduction Ac	t Notice,	see separate	nstructions.						Form 1120 (2013)

For Paperwork Reduction Act Notice, see separate instructions. EEA

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	m 1120 (2013) BLUE POINT DEVELOPMENT INC		26-35	41207 Page <b>2</b>
8	ichedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) × (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		🕨	
EEA				Form 1120 (2013)



1	m 1120 (2013) BLUE POINT DEVELOPMENT INC 26-3	35412	07 F
Ľ	Schedule J Tax Computation and Payment (see instructions)		
-	rt I - Tax Computation		
	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
	Income tax. Check if a qualified personal service corporation (see instructions)	2	8
	Alternative minimum tax (attach Form 4626)	3	
	Add lines 2 and 3	4	8
	Foreign tax credit (attach Form 1118)		
	Credit from Form 8834 (see instructions)		
	General business credit (attach Form 3800)		
	Credit for prior year minimum tax (attach Form 8827)		
	Bond credits from Form 8912		
1	Total credits. Add lines 5a through 5e	6	
	Subtract line 6 from line 4	7	8
1	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9	Recapture of investment credit (attach Form 4255)		
	Recapture of low-income housing credit (attach Form 8611)     · · · · · · · · · · · · · · · · ·		
	Interest due under the look-back method - completed long-term contracts (attach		
	Form 8697) • • • • • • • • • • • • • • • • • • •		
	Interest due under the look-back method - income forecast method (attach Form		
	8866) · · · · · · · · · · · · · · · · · ·		
	Alternative tax on qualifying shipping activities (attach Form 8902) 9e		
	Other (see instructions - attach statement)		
	Total. Add lines 9a through 9f	10	
	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	8
Р	t II - Payments and Refundable Credits		
1	2012 overpayment credited to 2013	12	
1	2013 estimated tax payments	13	
1	2013 refund applied for on Form 4466 · · · · · · · · · · · · · · · · ·	14 (	
1	Combine lines 12, 13, and 14	15	
1	Tax deposited with Form 7004	16	
1	Withholding (see instructions)	17	
1	Total payments. Add lines 15, 16, and 17	18	
1	Refundable credits from:		
	a Form 2439		
	b Form 4136 19b		
	C Form 8827, line 8c · · · · · · · · · · · · · · · · · ·		
	d Other (attach statement - see instructions)		
2		20	
2		21	
Γ	chedule K Other Information (see instructions)		***
	Check accounting method: a Cash b 🖾 Accrual c 🗌 Other (specify) 🕨		Yes
1	See the instructions and enter the:		
1			
	Business activity code no 🕨 23.620.0		
	a Business activity code no. ▶ 236200 Business activity ▶ REAL ESTATE		
	Business activity   REAL ESTATE		
2	Business activity     REAL ESTATE     Product or service     DEVELOPMENT AND CONSTRUCTION		
	Business activity   REAL ESTATE		
2	Business activity       REAL ESTATE         Product or service       DEVELOPMENT AND CONSTRUCTION         Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	• • • • •	
3	Business activity       REAL ESTATE         Product or service       DEVELOPMENT AND CONSTRUCTION         Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	• • • • •	
3	Business activity       REAL ESTATE         Product or service       DEVELOPMENT AND CONSTRUCTION         Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
3	Business activity       REAL ESTATE         Product or service       DEVELOPMENT AND CONSTRUCTION         Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		· · · ·
3	Business activity       REAL ESTATE         Product or service       DEVELOPMENT AND CONSTRUCTION         Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		· · ·

[ ]

Forr	1120 (2013) BLUE POINT DEVELOPMEN	IT INC	26-	-3541207		Page 4
Sc	hedule K Other Information continued (see instru	uctions)				¥
					Yes	No
5	At the end of the tax year, did the corporation:					ļ
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the					
	any foreign or domestic corporation not included on Form 851, Affiliatio	ins Schedule? For rules of construct	ctive ownership, see instructions			X
	If "Yes," complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Perci	entage	1
	(i) Name of Corporation	Identification Number (if any)	Incorporation	Owned in Sto	Voting	
		(a usy)		310		
				<u> </u>		
D	Own directly an interest of 20% or more, or own, directly or indirectly, an					
	(including an entity treated as a partnership) or in the beneficial interest of If "Yes," complete (i) through (iv) below.	of a trust? For rules of constructive	ownership, see instructions			X
	in res, complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Maxi	0.00	L
	(i) Name of Entity	Identification Number	Organization	Percentage (	Dwned in	
		(if any)		Profit, Loss, o	r Capital	
6	During this tax year, did the corporation pay dividends (other than					
	excess of the corporation's current and accumulated earnings an		nd 316.) • • • • • • • •			X
	If "Yes," file Form 5452, Corporate Report of Nondividend Distri					
-	If this is a consolidated return, answer here for the parent corpora					
7	At any time during the tax year, did one foreign person own, dire			ofall		
	classes of the corporation's stock entitled to vote or (b) the total For rules of attribution, see section 318. If "Yes," enter:	value of all classes of the corp	oration's stock? · · ·	···· -		X
		ner's country 🕨				
	(c) The corporation may have to file Form 5472, Information Re		U.S. Cornoration or a Foreir			
	Corporation Engaged in a U.S. Trade or Business. Enter the num		<ul> <li>Operation of a rotely</li> <li>Operation of a rotely</li> </ul>	, i i		
8	Check this box if the corporation issued publicly offered debt instr		ount	· · · ▶□		
	If checked, the corporation may have to file Form 8281, Informa					
9	Enter the amount of tax-exempt interest received or accrued durin		-			
10	Enter the number of shareholders at the end of the tax year (if 10					
11	If the corporation has an NOL for the tax year and is electing to for					
	If the corporation is filing a consolidated return, the statement req	uired by Regulations section 1.	1502-21(b)(3) must be attach	ned		
40	or the election will not be valid.					
12	Enter the available NOL carryover from prior tax years (do not red			4,449		
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 total tax year less than \$250,000?	through 10) for the tax year and				.,
	If "Yes," the corporation is not required to complete Schedules L,					X
	and the book value of property distributions (other than cash) mar		* \$	luuons		
14	Is the corporation required to file Schedule UTP (Form 1120), Und	0 ,				Х
	If "Yes," complete and attach Schedule UTP.	oortain fax i oshion olaloment				<u></u>
15a	Did the corporation make any payments in 2013 that would requir	re 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 cha					
	own stock?					Х
17	During or subsequent to this tax year, but before the filing of this r	eturn, did the corporation dispo	se of more than 65% (by val	Je)		
	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 whi	•		1		
	market value of more than \$1 million?			· · · · · .		X
EEA				Form	1120 (	2013

Form 1120 (2013)

	m 1120 (2013) BLUE POINT DEVE			26-	3541207 Page 5
S	chedule L   Balance Sheets per Books	Beginning	of tax year		of tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		50,5		50,019
2	a Trade notes and accounts receivable			~~~	
	b Less allowance for bad debts	(	1	(	1
3	Inventories	È	1	<u>π</u>	1
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)				· · · · · · · · · · · · · · · · · · ·
	a Buildings and other depreciable assets	71,361		301 004	
	b Less accumulated depreciation	( 71,361		<u> </u>	-
	a Depletable assets	12,001			-1
	b Less accumulated depletion		-	/	-
12	Land (net of any amortization)	<u> </u>			1
	a Intangible assets (amortizable only)				
	Less accumulated amortization     · · · · ·	/	•		-
		<u> </u>		(	<u>) </u>
14	Other assets (attach statement)				
15	Total assets		50,5	53	50,019
40					
16	Accounts payable · · · · · · · · · · · · · · · · · · ·				
17	Mortgages, notes, bonds payable in less than 1 year · ·				3,019
18		Statement #11			832
19	Loans from shareholders • • • • • • • • • • • • • • • • • • •		34,8	40	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	1,0	00 1,000	1,000
23	Additional paid-in capital		25,0	00	25,000
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated · · · · ·		(10,2)	87)	1,328
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		(	)	( )
28	Total liabilities and shareholders' equity		50,5	53	50,019
Sc	hedule M-1 Reconciliation of Incor	ne (Loss) per Bo	oks With Incor	me per Return	
	Note: Schedule M-3 required in	stead of Schedule M-1	if total assets are \$	610 million or more - see instru	ictions
1	Net income (loss) per books	11,615	7 Income reco	orded on books this year	
2	Federal income tax per books	832	not included	on this return (itemize):	
3	Excess of capital losses over capital gains		Tax-exempt	interest \$	
4	Income subject to tax not recorded on books				
	this year (itemize):				
			8 Deductions	on this return not charged	
5	Expenses recorded on books this year not		against bool	k income this year (itemize):	
	deducted on this return (itemize):		a Depreciation	1 · · · · · <u>s 6,062</u>	
i	Depreciation · · · · · \$			ontributions s	
i	Charitable contributions			· · · · · · · · · · · · · · · · · · ·	
(	Travel and entertainment \$3,609			·····	
					6,062
		3,609	9 Add lines 7 a	and 8	6,062
6	Add lines 1 through 5	16,056		ge 1, line 28)-line 6 less line 9	9,994
Sc	hedule M-2 Analysis of Unappropr		arnings per Bo	ooks (Line 25. Schedul	le L)
1	Balance at beginning of year	(10,287)	5 Distributions		
2	Net income (loss) per books	11,615	2.50.2000	b Stock	
3	Other increases (itemize):	± ± ; 0 ± 0		c Property	
			6 Other decrea	ases (itemize):	
			7 Add lines 5 a	***************************************	
4	Add lines 1, 2, and 3	1,328		and of year (line 4 less line 7)	1,328
EEA				ine or your time + reso inte / j	Form <b>1120</b> (2013)

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Form 1120 (2013)

#### 1125-E Form

# **Compensation of Officers**

Department of the Treasury Internal Revenue Service Name

(Rev. December 2013)

## 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.

BLUE POINT DEVELOPMENT INC

Employer identification number 26-3541207

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer		(b) Social security number	(c) Percent of	Percent of sto	ock owned	(f) Amount of	
	(A) Harris Cristinger	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation	
<u>1 TI</u>	HOMAS PICKENS		40 %	100 %	%	152,308	
			%	3%	%		
			%	%	%		
			%	%	%		
			%	%			
					%		
			%	%	%		
			%	%	%		
			%	%	%		
<u></u>			%	%	%		
			%	%	%	*****	
			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
			%	2%	%		
			%	%	%		
			%	%	%		
• • • • • • • • • • • • • • • • • • • •			%	%	%		
			%	%	%		
			%	%	%		
2	Total compensation of officers		•••••		2	152,308	
3 (	Compensation of officers claimed on Form 1125	A or elsewhere on return	• • • • • • • •		3		
4 :	Subtract line 3 from line 2. Enter the result here a	and on Form 1120, page 1, line	e 12 or the				
	appropriate line of your tax return	structions.		• • • • • • • • •		<b>152 , 308</b> <b>5-E</b> (Rev. 12-2013)	

EEA

Form <b>1125-A</b>	Cost of
(Rev. December 2012)	Attach to Form 1120 11

# Goods Sold

OMB No. 1545-2225

Department of the Treasury Internal Revenue Service Name

### 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.

Employer identification number

BLU	JE POINT DEVELOPMENT INC		26-3541207
1	Inventory at beginning of year	1	20 00 1120
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:	<b>L</b>	
	(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		· · · · · · · · · · • 🕥
С	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	
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?		· · · · Yes X No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If ">	′es,"	
	attach explanation		· · · · 🗋 Yes 🖾 No

SCHEDULE G (Form 1120) (Rev. December 2011) Department of the Treasury Internal Revenue Service		-	Certain P ration's Vo ▶ Attach to Forr ▶ See instruct	ting Stock	g the		OMB No. 1545-0123
Part I Certain columns as a part	(i) through ( tnership), tru v, 50% or mo	ning the Corporat	eign or domes ganization tha	stic corporation, pa at owns directly 20	0, Scheo artnershi 0% or mo	lule K, C p (includ pre, or ov	26-3541207 Puestion 4a). Complete ing any entity treated vns, directly or entitled to vote (see
(i) Name of Entit	ty	(ii) Employer Identification Number (if any)	(iii) Type of Enti	y (iv) Country of O	rganization	(v) Perce	entage Owned in Voting Stock
					1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19		
Question more, or	n 4b). Comp <sup>-</sup> owns, direc	and Estates Owni lete columns (i) thro tly or indirectly, 50% (see instructions).	ough (iv) belov	v for any individua	l or esta	te that o	wns directly 20% or
	(i) Name of Indi	vidual or Estate		(ii) Identifying Number (if any)	(iii) Cou Citizens instrue	nip (see	(iv) Percentage Owned in Voting Stock
THOMAS PICKEN	IS				<u>U</u>	5	100
For Paperwork Reduction	Act Notice						e G (Form 1120) (Rev. 12-2013)

( )

Form **4562** 

# **Depreciation and Amortization**

(Including	Information	on Listed	Property)
------------	-------------	-----------	-----------

	rtment of the Treasury al Revenue Service (99)		See separate	e instructions.		Attach to	your tax return	้ำ.		Attachment Sequence No.	179
Name	e(s) shown on return			<u></u>			h this form relates			Identifying number	
BL	UE POINT DEV	/ELOPME	INT INC		FOR	M 1120	)			26-35412	207
Pa			se Certain Pr	operty Und	er Sect	ion 179		*****			
	Note: If you	have any list	ed property, com	plete Part V bef	fore you co	mplete Part	1.				
1	Maximum amount (se								1	500,	000
2	Total cost of section 1	79 property p	laced in service (	see instructions	s)				2	229,	
3	Threshold cost of sect	tion 179 prop	erty before reduct	lion in limitation	(see instru	uctions)			3	2,000,	000
4	Reduction in limitation					· · · · ·			4		0
5	Dollar limitation for tax	k year. Subtra	ict line 4 from line	1. If zero or les	is, enter -0	If married	filing				
	separately, see instruc	ctions · · ·	• • • • • • • • •		<u></u>		• • • • • • •	• • •	5	500,	000
6	(a)	Description of p	roperty			isiness use only		octed cost			
	Statement #50				2	<u>29,723</u>	2	29,7	23		
					L						
7	Listed property. Enter			• • • • • • •	••••	· · · L					
8	Total elected cost of se				c), lines 6 a	and 7 •	• • • • • • •	• • •	8	229,	
9	Tentative deduction. E								9	229,	
10	Carryover of disallowe					• • • • • •		•••	10		062
11 12	Business income limita							tructions)		245,	
12	Section 179 expense of					·····	<u> </u>	• • •	12	235,	/85
	Carryover of disallowe : Do not use Part II or I					▶   1	3				
A						iation (p	a			(See instructions.)	
14	Special depreciation a	llowance for	qualified property	(other than lists	Deprec		o not include i	isted proj	perty.)	(See instructions.)	)
	during the tax year (se								14		
15	Property subject to see		1						14		
16	Other depreciation (inc								16		
Pa	rt III   MACRS E			clude listed prop							
•					ection A		,				
17	MACRS deductions for	r assets plac	ed in service in ta			2013 •	• • • • • • • •		17		
18	If you are electing to gr						e general		1		
	asset accounts, check	here · ·						· 🗖 🛛			
	Sectio	on B - Assets	Placed in Servi	ce During 2013	3 Tax Year	Using the C	General Depre	ciation S	ystem		
	(a) Classification of prope	a eta u	(b) Month and year placed in	(c) Basis for depr (business/investm		(d) Recovery					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) classification of prope	3NY	service	only-see instruc		period	(e) Convention	(f) Meth	od	(g) Depreciation dedu	uction
19a	3-year property		4								
b	5-year property		4		+						
	7-year property		4								
d	10-year property		4	ļ							
e	15-year property		4					ļ			
f	20-year property		4					ļ			
	25-year property		+			25 yrs.	L	S/			
n	Residential rental		ļ			27.5 yrs.	MM	S/			
	property Neorogidantial and					27.5 yrs.	MM	S/			
i	Nonresidential real					39 yrs.	MM	S/I			
	property	C Acceta	l Placed in Servic				MM	S/			
20a		I C - ASSelS			Tax Tear C	Ising the Al	lernative Depr	1	T	m	
<u>202</u> b	12-year		1			12		S/I			
 	40-year	••••				12 yrs. 40 yrs.	MM	S/I			
-	rt IV Summary	(See instru	L	L				S/I			
21	Listed property. Enter				• • • •				21		
22	Total. Add amounts fro			7. lines 19 and 3	20 in colur	n (a), and li	ne 21. Enter				
	here and on the approp								22	235,	785
23	For assets shown abov						1			<u> </u>	
	portion of the basis attr						3				
Ean D	Innorwork Body stion A					t <u>-</u> -		ł			

For Paperwork Reduction Act Notice, see separate instructions. EEA

Form 4562 (2013)

OMB No. 1545-0172

2013

Form (Rev. December 2012) Department of the Treat Internal Revenue Servi	Business In ▶ File	come Tax, Info e a separate applic	tension of Time To File Certain ormation, and Other Returns cation for each return. rate instructions is at www.irs.gov/form7	20.4	OMB No. 1545-0233
memar Revenue Servi	Name	roo4 and its separ	ate instructions is at www.irs.gov/form/	Identifying I	number
Print	BLUE POINT DEVELC			26-3	541207
or	Number, street, and room or suite no. (If P.O.	box, see instructions.)	STE 208		
Туре	3320 N BUFFALO DR				
2.	City, town, state, and ZIP code (If a foreign ac	*****	e or state, and country (follow the country's practice for o	intering	••••••••••••••••••••••••••••••••••••••
	postal code)).				
bl - 6	LAS VEGAS		NV 89129		
			the ext. is granted. See inst. before com	pleting this	form.
	Automatic 5-Month Extension				
Application	rm code for the return that this applicatio	Form	Application	• • • • • •	······
ls For:		Code	Is For:		Form Code
Form 1065		09	Form 1041 (estate other than a bankrupt	cv estate)	04
Form 8804		31	Form 1041 (trust)	<u> </u>	05
Part II A	Automatic 6-Month Extension	······································			
b Enter the fo	rm code for the return that this applicatio	n is for (see below)			12
Application		Form	Application		Form
Is For:		Code	ls For:		Code
Form 706-GS(D)		01	Form 1120-ND (section 4951 taxes)		20
Form 706-GS(T)		02	Form 1120-PC		21
Form 1041 (bankr	uptcy estate only)	03	Form 1120-POL		22
Form 1041-N Form 1041-QFT		06	Form 1120-REIT		23
Form 1041-QF1		07	Form 1120-RIC		24
Form 1065-B		10	Form 1120S Form 1120-SF		25
Form 1066		11	Form 3520-A		26
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 organi	zation is a foreign corporation that does	not have an office o	r place of business in the United States,		_
check here			• • • • • • • • • • • • • • • • • • • •		. ▶□
			that intends to file a consolidated return,		. —
check here					. ▶
	this application.	ress, and Employer	Identification Number (EIN) for each memb	er	
FROM THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE PA	Il Filers Must Complete This	Part			
have been and the second			gulations section 1.6081-5, check here		
			, 20, and ending		<u> </u>
	-	, , , ,			
pinter and a second	ear. If this tax year is less than 12 month in accounting period Consolid	ns, check the reaso dated return to be fil		explanation)	
6 Tentative tot	al tax • • • • • • • • • • • • • • • • • • •			6	832
7 Total payme	ents and credits (see instructions)		· · · · · · · · · · · · · · · · · · ·	7	0
	e. Subtract line 7 from line 6 (see instruction of Paperwork Reduction Act Notice, s			8 Form	832 7004 (Rev. 12-2012)
EEA			· · ·	i onn	100+ (101. 12-2012)

( )

Form 8879-C

# IRS e-file Signature Authorization for Form 1120

	For calendar year 2013, or tax year beginning	, 2013. ending	_ 2013
Department of the Treasury	Do not send to the IRS	5. Keep for your records.	- 2013
Internal Revenue Service	Information about Form 8879-C and its in	nstructions is at www.irs.gov/form8879c.	
Name of corporation		Employer identification n	umber
BLUE POINT D	EVELOPMENT INC	26-3541207	7
Part I Tax Ret	urn Information (Whole dollars only)		
1 Total income (Form 1	1120, line 11) • • • • • • • • • • • • • • • • • •		1 655,681
2 Taxable income (For	m 1120, line 30) · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	2 5,545
3 Total tax (Form 1120,	, line 31)   • • • • • • • • • • • • • • • • • •	••••••••••••	<b>3</b> 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

X I authorize	ROBERT	S	SEMONIAN	CPA	to enter my PIN	12345	as my signature
on the corpor	ation's 2013 e	electi	ERO firm name ronically filed incom	ie tax return,		do not enter all zeros	

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 ▶ <u>04-03-2014</u> Title ▶ PRESIDENT

### Part III Certification and Authentication

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

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

EEA

Date 
 09-16-2018

950884 98765

do not enter all zeros

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 (2013)

	orting Statements	2013 PG01
Name(s) as shown on return <u>BLUE POINT DEVELOPMENT</u> INC		FEIN 26-3541207
Form 1120, Schedule	L, Line 18	Statement #11
Description	Bec	Of Year End Of Y
INCOME TAXES PAYABLE		
Total		
		PG 1
FORM 1120	PAGE 1	Statement #5
DESCRIPTION BANK CHARGES LIABILITY INSURANCE JANITORIAL LEGAL AND PROFESSIONAL MEALS AND ENTERTAINMENT 50% LIMI	Т	<u>AMOUNT</u> 68 7,28 20 1,80 3,60
OFFICE EXPENSE OUTSIDE SERVICES AND INDEPENDENT PAYROLL PROCESSING EXPENSES TRAVEL UTILITIES WASTE REMOVAL	CONTRACTORS	13,29 9,21 1,16 12,28 2,20 31
TRUCK AND AUTO		8,55
TOTAL		60,60
<u>1125-a Li</u>	ne 5	PG01 Statement #7
DESCRIPTION		AMOUNT
SUB CONTRACTOR FEES TENANT REPAIRS		14,46 5,49
OTHER CONSTRUCTION COSTS PERMITS AND TAXES		5,49 3,16 25,27
TOTAL:		48,39

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Federal Supporting	Statements	<b>2013</b> PG01
Name(s) as shown on return		FEIN
BLUE POINT DEVELOPMENT INC		26-3541207
FORM 4562 - LIN	Еб	Statement #50
DESCRIPTION OF PROPERTY	COST	ELECTED COS
FURN	7,633	7,633 134,878 68,222
FIXTURES EQUIPMENT	134,878 68,222	134,878 68,222
OFFICE EQUIPMENT	COST 7,633 134,878 68,222 18,990	18,990
TOTAL	229,723	
		229,723

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2013 PAGE 1		AMT		229,723
2013 PAGE 1	Social security number/EIN 26-3541207	Bonus	PY 16,000	
	Social s	Prior	46,000	46,000
		Accumulated	16,000 46,000 134,633 68,222 18,990 18,990	301,084
		Current	9 8 9 3 9 7 3 3 9 7 2 8	229,723
bu		Rate	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Depreclation Detail Listing FORM 1120 For vour records only		Method	SL HY SL HY 200 DB HY 200 DB HY 200 DB HY 200 DB HY	
CIATION DETAIL FORM 1120 For vour records only		Life	000000 000000	
epreciat For vo		Depreciation		
ב		Section 170	46,000 134,61 68,222 18,990	275,723
		Business	100.00 100.00 100.00 100.00 100.00 100.00	
		Salvage		
		Cost	16,000 9,361 7,633 134,87 68,222 18,990 18,990	301, 08 <b>4</b>
<del></del>	r inc	Date	20110501 20110401 20121220 20130701 20130701 20130701 20130701	
<ul> <li>Item was disposed of during current year.</li> </ul>	Name(s) as shown on return BLUE POINT DEVELOPMENT INC	Description	TRUCK 20110501 OFFICE EQUIPMENT 20110401 CONSTRUCTION VEHICLE 20121220 FUN FIXUNES 20130701 EQUIPMENT 20130701 OFFICE EQUIPMENT 20130701	Totals
* Iten of dur	Name(: BJ	Ŷ	ユ 2 頁 4 写 の 7 〒 2 0 - - - - - - - - - - - - - - - - - -	

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ame(s) as shown on return			2014
	<u>L</u>	(Keep for your records)	Your social security number
LUE POINT DEV	ELOPMENT INC		26-3541207
·····			
he following will be trans	nitted to the IRS.	1120 7004 Amended	
he following state returns	will be transmitted:		
			**********************
	_		
ne following returns have	been suppressed or are no	t eligible and will NOT be transmitted.	
	***********************		
			**************************************
**************************************			
- Notes			*******
Pod roturn -	MPOORCE Pro	10	
rea return n	as MESSAGE PAG	<u>ت</u> .	

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Form 1	120	ł		U.	S. Corpo	oration I	Income <sup>·</sup>	Tax I	Retu	rn		ļ	OMB	No. 1545-0120	3
Departmer			For calend	ar year 2014 or ta	-		A DESCRIPTION OF A DESC	1, ending			. 20	° —		2014	
A Check		ervice		Informatio Name	n about Form 112	0 and its separ	ate instructions	is at ww	w.irs.gov	v/form1120	j	BEnslau	oridantii	ication numbe	
A Check	sn:				OINT DE	NET OP	MENT IN	10						41207	21
1a Consc (attack	hdated re 5 Form 85	nule	ТҮРЕ		nd room or suite n				ਵਧਾਸ਼	208		C Date inc			
b Life/no	return	,;,, ,:01:	OR						a Lo	200				-2008	
2 Persor (attact	nal holdin 1 Sch. PH	g co 🗍	PRINT	3320 N	BUFFAI	LO DR					l			nstructions)	
<b>់</b> Persor	nal servic istruction	e corp. 🗂			, or province, cou		oreign postal cod	ie	*********						
4 Sched	iule M-3 a	ittached		LAS VE	GAS		Į	NV	8912	29		S		144,1	L 8 3
	·		E Check		nitial return	(2) Fina	l return (	(3) [1	Name cha		(4)	Address ch	ange		
		Gross receip					• • • • • •			2,720	5 <u>,28</u> 4	1			
	b				•••••		· · · · · ·	L	1b						
	2 C			1b from line 1a			••••						2	<u>,726,2</u>	
	3		,	ach Form 1125 ine 2 from line	,		• • • • • • •	• • •			• • • •	2	<u> </u>	<u>,441,8</u>	****
e	4			line 19)				• • •	• • • •	• • • •	· · · <i>·</i>	3	+	,284,4	441
Income	5			· · · · · · · · ·								5	+		
Inc	6											6	+		
	7	Gross royalti										7	+		
	8			e (attach Scheo								8	+		
	9			Form 4797, Pa	-	.,						9	+		
	10			ructions - attac	•		· · · · · · · ·					10	+		<u> </u>
	11			es 3 through 1								▶ 11	1	.284,4	141
s.)	12	Compensatio	n of office	rs (see instruc	ions - attach f	orm 1125-E	)					▶ 12			)77
tion	13	Salaries and	wages (le	ss employmen	t credits)							13		444,7	70
luct	14	Repairs and	maintenar	nce · · · ·								14			134
ded	15	Bad debts										15	1		
ч	16	Rents .										16		77,4	154
ns	17	Taxes and lic	enses						· ·AT	TOTL		17	1	52,7	
atio	18	Interest										18			
Deductions (See instructions for limitations on deductions.)	19	Charitable co	ntributions	s								19			
÷	20	Depreciation	from Forn	n 4562 not claii	med on Form	1125-A or els	sewhere on re	eturn (al	ttach Fo	orm 4562	2) •	20		56,1	.21
ç,	21	Depletion	• • • • • •			• • • • • •	• • • • • •		• • •			21			
úo	22	9							• • •			22			
ucti	23	Pension, prof	+	-			• • • • • •					23	ļ		
str	24	Employee be					• • • • • •	• • • •				24	ļ	40,3	<u>;62</u>
e in	25			ctivities deducti		,				• • • •		25	ļ		
(Se	26			ch statement)			• • • • • •					26	ļ	83,0	
us	27			d lines 12 thro	0							▶ 27	1		) 3 9
ctio	28			net operating I				1	1	from line	ə 11	28		49,4	02
onp		Net operating			-				29a						
De		Special dedu Add lines 29a					••••		29b						
P	30			tract line 29c fi								290		<u> </u>	0.2
ïax. Refundable Credits, and Payments	31	Total tax (Sch				• • • • • • • •			• • • •		· · · ·	30	<u> </u>	<u>49,4</u> 7 4	110
s	32			undable credits								32	<u>+</u>		10
ole C nent	33			see instruction:			,				▶ □	33			
ndal Payn	34			32 is smaller th				nount o	wed			34		7,4	10
njaz	35			2 is larger thar								35	<u>†</u>		
ax, I	36			35 you want: (						Ref	unded I		+		
		penalties of perjury										edge and be	lief, it		
Sign	is true.	, correct, and comp	lete. Declara	tion of preparer (ot	ter than taxpayer)	is based on all i	information of whi	ich prepar	rer has ar	ny knowledy	F				ginemotric g
Here	N TH	HOMAS PI	CKEN	S			PRES	SIDE	ΝT			May the IR9 with the pre			
	/ Bigr	nature of officer			Date		Title					(see instruc			No
<b>.</b>		Pnnt/Type prepare			Preparer's sig	nature			ate			k 🛛 if	PTIN		
Paid		ROBERT S		ONIAN C				þ	<u>9-16</u>	<u>5-201</u>				91972	
Prepa		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ROB	*****	EMONIAN	CPA					m's EIN 🖡	• 9	5-45	14704	
Use O	my	Firm's address		<u>BOX 560</u>						Ph	оле по.				
Cor Do				tura CA							-	(805		-5344	
гог мар	erwork	Reduction Ac	a notice,	see separate	instructions.								Fo	rm 1120 (2	:014)

For Paperwork Reduction Act Notice, see separate instructions.

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	m 1120 (2014) BLUE POINT DEVELOPMENT INC		26-35	41207 Page 2
5	chedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed		1	
	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)		4	
15	Foreign dividend gross-up		4	
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		<u> </u>	
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		>	
EEA				Form <b>1120</b> (2014)

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	hedule J Tax Computation and Payment (see instructions)		
Part	- Tax Computation	······	
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)		7
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		7
5a	Foreign tax credit (attach Form 1118)		
b	Credit from Form 8834 (see instructions)		
с	General business credit (attach Form 3800)		
d	Credit for prior year minimum tax (attach Form 8827)		
e	Bond credits from Form 8912 · · · · · · · · · · · · · · · · · · ·		
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4		
8	Personal holding company tax (attach Schedule PH (Form 1120))		7
9a			
b			
	Recapture of low-income housing credit (attach Form 8611)		
С	Interest due under the look-back method - completed long-term contracts (attach		
4	Form 8697)		
d	Interest due under the look-back method - income forecast method (attach Form		
	8866) · · · · · · · · · · · · · · · · · ·		
e	Alternative tax on qualifying shipping activities (attach Form 8902)		
f	Other (see instructions - attach statement)		
10	Total. Add lines 9a through 9f		
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	· · ·   11	7
	I - Payments and Refundable Credits		
	2013 overpayment credited to 2014		
13	2014 estimated tax payments		
14	2014 refund applied for on Form 4466	• • • 14 (	
15	Combine lines 12, 13, and 14		
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:		
а	Form 2439		
b	Form 4136 • • • • • • • • • • • • • • • • • • •		
С	Form 8827, line 8c · · · · · · · · · · · · · · · · · ·		
d	Other (attach statement - see instructions)		
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	
Sc	hedule K Other Information (see instructions)		
1	Check accounting method: a 🗌 Cash b 🔀 Accrual c 🗌 Other (specify) 🕨		
2	See the instructions and enter the:		
а	Business activity code no. 🕨 236200		
b	Business activity 🕨 REAL ESTATE		-
С	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		F
			-
4	At the end of the tax year:		-
а	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-e	exempt	
	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all		
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		.
			· 1
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total votir	na nower of all	1

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Forn	1120 (2014) BLUE POINT DEVELOPMENT	T INC	26-	-3541207		Page 4
Sc	hedule K Other Information continued (see instruct	ctions)				
					Yes	No
5	At the end of the tax year, did the corporation:					L
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the					
	any foreign or domestic corporation not included on Form 851, Affiliations	s Schedule? For rules of constru	ctive ownership, see instructions			<u>X</u>
	If "Yes," complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Perc	antago	L
	(i) Name of Corporation	Identification Number	Incorporation	Owned in	Voting	
		(if any)		Sto	eck	
				1		
b	Own directly an interest of 20% or more, or own, directly or indirectly, an in	terest of 50% or more in any fore	ign or domestic partnership	_d		T
	(including an entity treated as a partnership) or in the beneficial interest of	a trust? For rules of constructive	ownership, see instructions			Х
	If "Yes," complete (i) through (iv) below.					
	(i) Nama of Carlin	(ii) Employer Identification Number	(iii) Country of Organization	(iv) Max		
	(i) Name of Entity	(if any)	Organization	Percentage Profit, Loss, c		
*********						
6	During this tay year did the corporation pay dividende (other than	المرابعة المعام والمرابعة المرابع		1		1
U	During this tax year, did the corporation pay dividends (other than a		- · · · ·			
	excess of the corporation's current and accumulated earnings and If "Yes," file Form 5452, Corporate Report of Nondividend Distribution		na sib.) · · · · · ·			X
	If this is a consolidated return, answer here for the parent corporat		h cubeidiary			
7	At any time during the tax year, did one foreign person own, direc		,	vf all		
	classes of the corporation's stock entitled to vote or (b) the total v					х
	For rules of attribution, see section 318. If "Yes," enter:	· · · · · · · · · · · · · · · · · · ·				
	(i) Percentage owned 🕨 and (ii) Owne	er's country 🕨				
	(c) The corporation may have to file Form 5472, Information Ret	urn of a 25% Foreign-Owned	U.S. Corporation or a Foreig	yn		
	Corporation Engaged in a U.S. Trade or Business. Enter the numb	ber of Forms 5472 attached	▶ 0			
8	Check this box if the corporation issued publicly offered debt instru	ments with original issue disc	count	· · · ▶		
	If checked, the corporation may have to file Form 8281, Information	on Return for Publicly Offere	d Original Issue Discount Insl	truments.		
9	Enter the amount of tax-exempt interest received or accrued during	g the tax year 🔹 🏲 💲				
10	Enter the number of shareholders at the end of the tax year (if 100	/				
11	If the corporation has an NOL for the tax year and is electing to for			(		
	If the corporation is filing a consolidated return, the statement requ	ired by Regulations section 1	.1502-21(b)(3) must be attach	ned		
40	or the election will not be valid.					
12	Enter the available NOL carryover from prior tax years (do not redu					
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 th tax year less than \$250,000?					
	If "Yes," the corporation is not required to complete Schedules L, N			1		<u>X</u>
	and the book value of property distributions (other than cash) made			utions		
14	Is the corporation required to file Schedule UTP (Form 1120), Unce	* /				X
	If "Yes," complete and attach Schedule UTP.	shain fax'r osilion olalenen	(acc matricetonay: •••			
15a	Did the corporation make any payments in 2014 that would require	it to file Form(s) 1099?				Х
b				L	Х	
16	During this tax year, did the corporation have an 80% or more char			L		
	own stock?	* 0	о ,	1	Х	
17	During or subsequent to this tax year, but before the filing of this re	turn, did the corporation dispo	ose of more than 65% (by val	ue)		
	of its assets in a taxable, non-taxable, or tax deferred transaction?					Х
18	Did the corporation receive assets in a section 351 transfer in which	h any of the transferred asse	ts had a fair market basis or f	air		
	market value of more than \$1 million?			<u></u>		Х
EEA		· · · ·		Form	1 1120	(2014)

Form 1120 (2014)

# **Alternative Minimum Tax - Corporations**

10	4626	Alternative Minimum Tax - Corpo	orations		0	//B No. 1545-0123
Form	4020	Attach to the corporation's tax return.				2014
	nent of the Treasury Revenue Service	<ul> <li>Information about Form 4626 and its separate instructions is at ww</li> </ul>	wire goulform 1626			
Name				oyer identifi	cation	number
ΒL	UE POINT DE	EVELOPMENT INC	2	6-35	412	07
	Note: See the instruct	tions to find out if the corporation is a small corporation exempt from the		T	T	
	alternative minimum ta	ax (AMT) under section 55(e).				
1	Taxable income or (los	ss) before net operating loss deduction			1	49,40
	Adjustments and pre					
	Depreciation of post-1				2a	
		d pollution control facilities			2b	
		exploration and development costs			2c	
		tion expenditures (personal holding companies only)			2d	
		· · · · · · · · · · · · · · · · · · ·			2e	
	-				2f	
		ial construction funds			2g	
		ion (Blue Cross, Blue Shield, and similar type organizations only)			2h 2i	
		sely held corporations and oersonal service corporations only)			21 2j	
					l k	
				( ~	. <u>n</u> 21	
		come from specified private activity bonds			 2m	
		······		}	2n	
		1 preferences			20	
3	Pre-adjustment alterna	ative minimum taxable income (AMTI). Combine lines 1 through 20		· [	3	49,40
4	Adjusted current ear	nings (ACE) adjustment:				
		e ACE worksheet in the instructions	<b>4a</b> 49,	402		
		he 4a. If line 3 exceeds line 4a, enter the difference as a		102		
		instructions)	46	0		
	-	6 (.75). Enter the result as a positive amount	4c	0		
		y, of the corporation's total increases in AMTI from prior				
		over its total reductions in AMTI from prior year ACE				
	adjustments (see insti	ructions). Note: You must enter an amount on line 4d				
	(even if line 4b is posit	ive) • • • • • • • • • • • • • • • • • • •	4d	0		
е	ACE adjustment.		Lannan			
	If line 4b is zero or	more, enter the amount from line 4c	3		le	(
		an zero, enter the smaller of line 4c or line 4d as a negative amount	1			
5	Combine lines 3 and 4	le. If zero or less, stop here; the corporation does not owe any AMT		· •	5	49,402
6	Alternative tax net ope	erating loss deduction (see instructions)		•	6	
7	Altornativo minimum	n taxable income. Subtract line 6 from line 5. If the corporation held a resi	-1			
	interest in a REMIC, s				7	40 401
	anterest ar a related, s			· -	<u></u>	49,40
		tt (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8	Bc):			
		m line 7 (if completing this line for a member of a		_		
		nstructions). If zero or less, enter -0-	8a	0		
		6 (.25) · · · · · · · · · · · · · · · · · · ·	86			
		ne 8b from \$40,000 (if completing this line for a member of a controlled grou ro or less, enter -0-				40 00
	see instructions). If zer Subtract line &c from li	ro or less, enter -0-				40,000
		(.20) · · · · · · · · · · · · · · · · · · ·		1	9	9,402
		ax foreign tax credit (AMTFTC) (see instructions)			1	1,00V
		K. Subtract line 11 from line 10			2	1,880
		fore applying all credits except the foreign tax credit			3	7,41(
		tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and		·  -'	Ť	1, 410
				. 1	4	ſ
		Act Notice, see separate instructions.				Form 4626 (2014

For Paperwork Reduction Act Notice, see separate instructions.

Form	4562		eciation and a				OMB No. 1545-0172 2014
Denad	ment of the Treasury		Attach to your tag	ax return.			
	Revenue Service (99)	▶ Information about Form 45	562 and its separate ins	tructions is a	t www.irs.gov	/form4562.	Attachment Sequence No. 179
Name(	s) shown on return		Business	or activity to whic	h this form relates		Identifying number
BLU	E POINT D	SVELOPMENT INC	FO	RM 1120	)		26-3541207
Pa	tl Election	To Expense Certain Pr	roperty Under Sec	tion 179			
	Note: If yo	u have any listed property, com	plete Part V before you o	complete Part	۱.		
1	Maximum amount (	see instructions)					1 500,000
2	Total cost of section	179 property placed in service (	(see instructions)				2 89,565
3		ection 179 property before reduc		ructions)			3 2,000,000
4		on. Subtract line 3 from line 2, If		,			4 0
5		ax year. Subtract line 4 from line					
		ructions			0		5 500,000
6		(a) Description of property	1				3 500,000
	OMPUTER E		(D) Cost (	10 201	·	icted cost 10,36	
	ONSTRUCTION			10,361			
			L	44,000		44,00	<u>v</u>
7					<u>l</u>		
8		section 179 property. Add amou			• • • • • • •		8 54,361
9		. Enter the smaller of line 5 or i					9 54,361
10		wed deduction from line 13 of yo					10
11		nitation. Enter the smaller of bus	1	,	e 5 (see inst	ructions)	11 103,763
12	Section 179 expens	e deduction. Add lines 9 and 10,	but do not enter more th	an line 11		<u>···  </u>	<b>12</b> 54,361
13	Carryover of disallo	wed deduction to 2015. Add lines	s 9 and 10, less line 12	▶ 1	3		
		or Part III below for listed proper					
Par		Depreciation Allowance				isted prope	rty.) (See instructions.)
14	Special depreciation	allowance for qualified property	(other than listed proper	ty) placed in s	ervice		
	during the tax year i	see instructions)					14 0
15	Property subject to	section 168(f)(1) election				🗖	15
16	Other depreciation (	including ACRS)				🗖	16
Par	t III MACRS	Depreciation (Do not in	clude listed property.) (S	ee instruction	s.)		
6			Section A		<u></u>		
17	MACRS deductions	for assets placed in service in ta	ax years beginning before	2014 ,			17
18		group any assets placed in serv	, , ,		e general		
	asset accounts, che		••••••••••••••		-	· □	
		tion B - Assets Placed in Servi	****			ciation Sve	tem
		(b) Month and year		1	T		
	(a) Classification of pr	operty placed in	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
 19a	3 year property	service	only-see instructions)	ponod	+		
b	3-year property				+	<u> </u>	
	5-year property						
	7-year property		25.001	+	1		
d	10-year property		35,204	10	HY	SL	1,760
	15-year property						
f	20-year property				<u> </u>		
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
	property		T	1	MM	S/L	
	********	on C - Assets Placed in Servic	e During 2014 Tax Year	Using the Al			/stem
20 a	Class life		]	1		S/L	1
b	12-year		*****	12 yrs.		S/L	
	40-year		+	40 yrs.	MM	S/L	
Par		ry (See instructions.)	1	1 40 yrs.	1 1/11/1	J JIL	I
21							54
22						·· 1-	21
~~		from line 12, lines 14 through 1				.	
0.7		ropriate lines of your return. Part			ructions	·· / 2	2 56,121
23		bove and placed in service during	. ,	1			
	portion of the basis	attributable to section 263A costs	5 • • • • • • • • • •	2	5		

For Paperwork Reduction Act Notice, see separate instructions.

(

Form 4562 (2014)

SCHEDULE G (Form 1120) (Rev. December 2011) Department of the Treasury Internal Revenue Service	Information or Corpo	Certain Pe Dration's Vo ▶ Attach to Form ▶ See instruct	ting Stock	g the		OMB No. 1545-0123
BLUE POINT DEVE Part I Certain Entiti columns (i) thr	LOPMENT INC es Owning the Corporat rough (v) below for any for	ion's Voting S	Stock. (Form 1120	), Schedu	2 Ile K. Que	ion number (EIN) 6 – 3 5 4 1 2 0 7 estion 4a). Comple
as a partnersh	hip), trust, or tax-exempt o	rganization the	at owns directly 20	% or more	e, or own	s, directly or
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entit	y (iv) Country of Or	ganization	(v) Percenta	ge Owned in Voting Stock
					1	
Question 4b). more, or owns	riduals and Estates Own Complete columns (i) thro s, directly or indirectly, 50% to vote (see instructions).	ough (iv) belov	v for any individual e total voting pow	l or estate	that owr lasses of	is directly 20% or the corporation's
(i) N	ame of Individual or Estate		(ii) Identifying Number (if any)	Citizenship instructio	(see	(iv) Percentage Owned in Voting Stock
THOMAS PICKENS				US	Ī_	0.0

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

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Form 8879-C

# IRS e-file Signature Authorization for Form 1120

OMB No. 1545-0123

	For calendar year 2014, or tax year beginning	. 2014, ending	2014
Department of the Treasury	Do not send to the IRS. Ke	ep for your records.	2014
nternal Revenue Service	Information about Form 8879-C and its instru	ctions is at www.irs.gov/form8879c.	
Name of corporation		Employer identification nur	nber
BLUE POINT D	EVELOPMENT INC	26-3541207	
Part I Tax Ret	urn Information (Whole dollars only)	***************************************	***************************************
1 Total income (Form	120, line 11) • • • • • • • • • • • • • • • • • •		1 1,284,441
2 Taxable income (For	m 1120, line 30)	· · · · · · · · · · · · · · · · · · ·	2 49,402
3 Total tax (Form 1120	line 31) $\cdots$		3 7,410
4 Amount owed (Form	1120, line 34) • • • • • • • • • • • • • • • • • • •		4 7,410
	1120, line 35) • • • • • • • • • • • • • • • • • • •		5
Part II Declara	tion and Signature Authorization of Office	r (Be sure to get a copy of the corr	oration'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

X I authorize <u>ROBERT S SEMONIAN CPA</u> ERO firm name on the corporation's 2014 electronically filed income tax return.	to enter my PIN <u>12345</u> as my signature do not enter all zeros	
As an officer of the corporation, I will enter my PIN as my signature or return.	the corporation's 2014 electronically filed income tax	
Officer's signature	ate ▶ <u>05-21-2015</u> title ▶ <u>PRESIDEN</u>	Vine a constant of the second se
Part III Certification and Authentication		****
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		
	do not enter all z	eros:
I certify that the above numeric entry is my PIN, which is my signature on the 201	electronically filed income tax return for the	
corporation indicated above. I confirm that I am submitting this return in accorda	nce with the requirements of Pub. 3112, IRS e-file	
Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information	on for Authorized IRS e-file Providers for Business	
Returns.		
ERO's signature 🛛 🕭	Date ▶ <u>09-16-2018</u>	3

# 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)

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 COMPUTER	6,173
LIABILITY INSURANCE	7,174
JANITORIAL	1,52(
LEGAL AND PROFESSIONAL	30,409
MEALS AND ENTERTAINMENT 50% LIMIT OFFICE EXPENSE	5,742 2,150
OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS	2,130
PAYROLL PROCESSING EXPENSES	777
SECURITY	391
TRAVEL UTILITIES	1,888 4,639
TRUCK AND AUTO	4,035 11,874
STORAGE	25(
TOTAL	
IOTAL	83,031
Form 1120, Schedule L, Line 18	PG01 Statement #11
Description Be	eg Of Year End Of Ye
Description Be INCOME TAXES PAYABLE	eg Of Year End Of Year
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE	eg Of Year         End Of Year           832         7,4           832         7,4
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE	832 7,4
INCOME TAXES PAYABLE Fotal	832 7,4 832 7,4 PG01 Statement #7
INCOME TAXES PAYABLE Fotal <u>1125-A Line 5</u> DESCRIPTION	832 7,4 832 7,4 PG01 Statement #7 AMOUNT
INCOME TAXES PAYABLE Fotal	832 7,4 832 7,4 PG01 Statement #7 <u>AMOUNT</u> 493,841
INCOME TAXES PAYABLE Fotal <u>1125-A Line 5</u> <u>DESCRIPTION</u> SUB CONTRACTOR FEES WORKERS COMP INSURANCE OTHER CONSTRUCTION COSTS	832 7,4 832 7,4 PG01 Statement #7 AMOUNT
INCOME TAXES PAYABLE Fotal <u>DESCRIPTION</u> SUB CONTRACTOR FEES WORKERS COMP INSURANCE OTHER CONSTRUCTION COSTS PERMITS AND TAXES	832 7,4 832 7,4 9G01 Statement #7 <u>AMOUNT</u> 493,841 2,797 750,247 5,949
INCOME TAXES PAYABLE Fotal <u>DESCRIPTION</u> SUB CONTRACTOR FEES WORKERS COMP INSURANCE OTHER CONSTRUCTION COSTS PERMITS AND TAXES BLUE PRINTS	B32       7,2         832       7,4         832       7,4         Statement #7         AMOUNT         493,841         2,797         750,247         5,949         2,000
INCOME TAXES PAYABLE Fotal <u>DESCRIPTION</u> SUB CONTRACTOR FEES WORKERS COMP INSURANCE OTHER CONSTRUCTION COSTS PERMITS AND TAXES	832 7,4 832 7,4 9G01 Statement #7 <u>AMOUNT</u> 493,841 2,797 750,247 5,949
INCOME TAXES PAYABLE Fotal <u>DESCRIPTION</u> SUB CONTRACTOR FEES WORKERS COMP INSURANCE OTHER CONSTRUCTION COSTS PERMITS AND TAXES BLUE PRINTS	B32       7,2         832       7,4         832       7,4         Statement #7         AMOUNT         493,841         2,797         750,247         5,949         2,000

STATMENT.LD

	1120 (2014) BLUE POINT DEVE	LOPMENT INC		26-3	541207 Page 5
Sc	hedule L   Balance Sheets per Books	Beginning	of tax year		tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		50,019	······	110,739
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	(	)	( )	
3	Inventories	<u></u>	·	,	
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)				
	Buildings and other depreciable assets	301,084		200 640	
	Less accumulated depreciation	( 301,084 )	-	<u> </u>	AAA CC
	Depletable assets	<u> </u>		( 337,2037	33,444
	Less accumulated depletion		-		
		<u></u>		()	······································
12	Land (net of any amortization) · · · · · ·				
	Intangible assets (amortizable only)		-		
	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15			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		Statement #11	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
Sc	nedule M-1 Reconciliation of Incor	ne (Loss) per Bo	oks With Income pe	er Return	
	Note: The corporation may be	required to file Schedul	e M-3 (see instructions).		
1	Net income (loss) per books	36,250	7 Income recorded o	n books this year	
2	Federal income tax per books	7,410	not included on this	s return (itemize):	
3	Excess of capital losses over capital gains		Tax-exempt interes		
4	Income subject to tax not recorded on books		1		
	this year (itemize):				
			8 Deductions on this	return not charged	
5	Expenses recorded on books this year not		1	ne this year (itemize):	
	deducted on this return (itemize):			· · · · s	
а	Depreciation · · · · · §		<ul> <li>b Charitable contribution</li> </ul>	tions s	
	Charitable contributions \$		S Onanabio contribu	aona a [	
	The should be that a set of the s				
5	Travel and entertainment §5, 742				
		5,742	9 Add lines 7 and 8		
6	Add lines 1 through 5 · · · · · · · · · ·	49,402	1	ŀ	10 100
	nedule M-2 Analysis of Unappropri			e 28)-line 6 less line 9	49,402
1	Balance at beginning of year	1,328			·/
2		36,250		Cash	
2	(	30,230		Stock · · · · · ·	
Ĵ	Other increases (itemize):			Property · · · ·	
			6 Other decreases (it		
4		27 570	7 Add lines 5 and 6		
4	Add lines 1, 2, and 3	37,578	8 Balance at end of y	ear (line 4 less line 7)	37,578
EEA					Form <b>1120</b> (2014)

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Form 1120 (2014)

Form	1125-A	Cost of Goods Sold				5 0005
	lecember 2012) ment of the Treasury I Revenue Service	Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.	25.		OMB No. 154	-9-2229
Name	Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form11		Employe	r identification nu	mher
BLU	E POINT DEV	ELOPMENT INC	1	. ,	3541207	
1		of year ••••••••••••••••••••••••••••••••••••	1		JJ71207	
2	Purchases	· · · · · · · · · · · · · · · · · · ·	2			
3			3			
4	Additional section 263A	costs (attach schedule)	4			
5	Other costs (attach sch	edule) ·····Statement #7	5		1,441,	843
6	Total. Add lines 1 thro	ugh 5 •••••••••••	6		1,441,	
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	_	d for valuing closing inventory:				
	(i) 🔟 Cost					
	(ii) Lower of cost or					
		nethod used and attach explanation.)				
b		itedown of subnormal goods				
С	Check if the LIFO inver	tory method was adopted this tax year for any goods (if checked, attach Form 970)	· · ·		>	
d	-	ethod was used for this tax year, enter amount of closing inventory computed	,			
		• • • • • • • • • • • • • • • • • • • •	9d			
e		or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?			Yes	X No
f		in determining quantities, cost, or valuations between opening and closing inventory? If "Yo	· · · ·		_	_
	attach explanation •	• • • • • • • • • • • • • • • • • • • •	••••	• • •	Yes	X No

Form 1125-E	Compensation of Officers		
(Rev. December 2013)	Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.		OMB No. 1545-2225
Department of the Treasury Internal Revenue Service	<ul> <li>Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.</li> </ul>		
Name		Employ	yer identification number
BLUE POINT D	EVELOPMENT INC	26.	-3541207

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to	Percent of s	tock owned	(f) Amount of
	(a) wante of onder	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation
1 1	THOMAS PICKENS		40 %	100 %	%	473,07
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
						· · · · · · · · · · · · · · · · · · ·
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	**************************************
			%	%	%	
			%	%	%	
2	Total compensation of officers			<i></i>	2	473,077
3	Compensation of officers claimed on Form 1125-A c	or elsewhere on return			3	
4	Subtract line 3 from line 2. Enter the result here and	on Form 1120, page 1, line	12 or the			
					4	473,077

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	AMT Current	10,361 1,760 1,760	56,121
nber/EIN 207	Borus ectation	16,000 361 9,361	
iat security nur 26-3541		ха а 00 00 00 00 00 00 00 00 00 00 00 00 00	<u>س</u>
s.	Prior expense		275,723
	Accumulated Depreciation		357,205
	Current depr.		56,121
	Rate	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
	Method	ST нү SL нү SL нү 200 DB нү SL нү SL нү HY SL нү	
	Life		
	Depreciation Basis	92. 20 20 20 20 20 20 20 20 20 20 20 20 20	35,204
	Section 179	46,000 7,633 134,87E 68,222 10,361 44,000	330,088
	Business percentage	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	
	Salvage		
	Cost	16,000 9,361 7,633 134,878 18,990 10,361 35,204 35,204	390 , 649
r inc	Date	05012011 12202012 09012013 07012013 07012014 07012014 07012014	
as shown on return UE POINT DEVELOPMENT	Description	E EQUIPMENT AUCTION VEHICLE LES LENT DER EQUIP RER EQUIP AUCTION VEHICLE I IMP	Totals
	Name(s) as shown on return Social security number/EIN BLUE POINT DEVELOPMENT INC 26-3541207	ELOPMENT INC Sclore Business Section Depreciation Life Mathod Rate Current Accumutated Prior Borus Borus Date Prior Borus Current Accumutated Prior Borus Contraction Contract	State of the second sec

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Danka Michaels001413

AA03194

	Federal Filing Instructions	2014
Name(s) as shown on return BLUE POINT DEVELOPME	NT INC	Your Social Security Number 26-3541207
Date to file by:	03-16-2015	
Form to be filed:	Form 1120 and supplemental forms and	d 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 Payme (EFTPS) to make federal tax deposit: payments directly to an IRS office.	ent System s. Do not send

FILEINST.LD

Name(s) as shown on return	Bonus Depreciation Statement	<b>2014</b> PG01
BLUE POINT DEVEL	OPMENT INC	Employer Identification Number 26-3541207
THE TAXPAYER MAK BONUS DEPRECIATI	ES THE FOLLOWING ELECTIONS RELATED T ON FOR THE 2014 TAX YEAR.	0
I ELECT OUT OF A	LL BONUS DEPRECIATION FOR ALL CLASSE	S OF PROPERTY.

	Federal Filing Instructions	2015
Name(s) as shown on return BLUE POINT DEVELOPM	ENT 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 Fo	rm 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 du	le

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Form <b>1120</b>		U.S. Corporation Income Tax Return				OMB No. 1545-0123				
Department of the Treasury Internal Revenue Service			For calendar year 2015 or tax year beginning, 2015, ending, 20  Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.				<sup>20</sup> — 2015			
A Check		ervice		Name	bout Form 1120 and its s	eparate instructions is at v	vww.irs.gov/form	1120.	B Employ	er identification number
				BLUE PC	INT DEVELC	PMENT INC				-3541207
1a Conso (attach	i Form 85	51) •••[]	TYPE	Number, street, and	room or suite no. If a P.O. t		STE 20	) 8	C Date inc	
	return	•••••	OR						0.9	-23-2008
(attach	hal holdir h Sch. PH	6 · · · []	PRINT		BUFFALO DR				D Total ass	ets (see instructions)
(see in	nal servic struction	s) · · · · 🛏			r province, country and ZIP	or foreign postal code				
4 Sched	ule M-3 a	ittached		LAS VEG	a a subsection of the second secon	NV	89129		\$	76,502
	1 1 2	Gross receip	E Check		ial return (2)	Final return (3)	Name change	(4) 582,32	Address ch	ange 1
	b	•					1a 1, (	302,32		
	c			1b from line 1a						1,682,322
	2	Cost of good	s sold (atta	ach Form 1125-A					2	455,998
	3	Gross profit.	Subtract li	ne 2 from line 1c	· · · · · · · · · ·				3	1,226,324
me	4								4	
Income	5	Interest		<i>.</i>	••••••••••				5	
	6	Gross rents			• • • • • • • • • •		• • • • • •		6	
	7	Gross royalti							7	
	8				le D (Form 1120))	• • • • • • • • •			8	······································
	9 10				II, line 17 (attach For	'			9	
	11			ructions - attach es 3 through 10					► 10 11	1,226,324
	12				ns - attach Form 112	5.F\	· · · <i>·</i> · · · ·			1,226,324
suc	13			ss employment c		····			13	693,019
ctio	14	Repairs and			,				14	90
edt	15	Bad debts							15	
pu	16	Rents -							16	33,301
o st	17	Taxes and lic	enses				$\cdot \cdot \cdot ATT \cdot C$	etter v v v	17	84,798
ctions (See instructions for limitations on deductions.)	18	Interest .						••••	18	4,910
nita	19	Charitable co							19	
r lir	20		from Form			elsewhere on return		· ·	· 20	39,300
s fo	21 22	Depletion Advertising							21	
ion	23	Pension, prof				<i>.</i>			22	
.nct	24	Employee be	0.	,					24	58,128
nstr	25		, ,		(attach Form 8903)				25	
ee ii	26	Other deduct					· · ·S·tate	ment #5	26	150,773
(Se	27	Total deduc	tions. Ad	d lines 12 throug		• • • • • • • • • • • •			▶ 27	1,237,396
ous	28	Taxable incor	me before	net operating los	s deduction and spec	cial deductions. Subtra	act line 27 fron	n line 11	28	(11,072)
ucti		• •	·	rction (see instru	,		29a			
Deduc				hedule C, line 20		•••••	29b			
	с 30	Add lines 29a				· · · · · · · · · · · · · · · · · · ·		• • • • •	29c	(31 070)
lits, c	31	Total tax (Sch			n line 28 (see instruc	,		• • • • • • •	30	(11,072)
S	32	,			Schedule J, Part II, lir			 	32	0
able nent	33				Check if Form 2220	,		[]	33	
Tax, Refundable Credits, & Payments	34			,		and 33, enter amount	owed	لسا ۰۰۰۰۰	34	
Ref	35					id 33, enter amount o			. 35	
Tax	36	Enter amoun	t from line	35 you want: Cr	edited to 2016 estin	nated tax 🕨		Refunded	▶ 36	
Sign	Under is true	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						ledge and be	lief, it	
	۰. ۱	See					May the IRS	discuss this return		
Here	Contract of Contract	OMAS_PICKEN nature of officer	is			PRESIDES	17			parer shown below
	P Pigi	Print/Type prepare	r's name	*****	Date Preparatis signature	Title	Date			IIONS)? Yes X No
Paid				. 002	Preparer's signature		09-16-201	Che	employed	
Prepa	rer			UFA UT S SEMONIAN	L CPL		<u>. 02-10-201</u>	1		<u>200391972</u> 4784
Use O		Heather of Banavarian Office				Phone no.	N ▶95-4514704 o.			
				ca CA 93005				(805)	659-534	4

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2015)

	120 (2015)         BLUE         POINT         DEVELOPMENT         INC           Dividends and Special Deductions (see instructions)         Dividends         Dividends         Dividends	26-3541207 Page:		
		(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
	ividends from less-than-20%-owned domestic corporations (other than debt-financed			
	ock) · · · · · · · · · · · · · · · · · · ·		70	
	ividends from 20%-or-more-owned domestic corporations (other than debt-financed			
St	ock) • • • • • • • • • • • • • • • • • • •		80	,,,,,,, _
3 Di	ividends on debt-financed stock of domestic and foreign corporations		see instructions	
	Ŭ I			
4 Di	ividends on certain preferred stock of less-than-20%-owned public utilities		42	
<b>r</b> ~				
5 Di	ividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Di	ividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Di	ividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Di	ividends from wholly owned foreign subsidiaries		100	
9 To	otal. Add lines 1 through 8. See instructions for limitation			
	ividends from domestic corporations received by a small business investment			
	ompany operating under the Small Business Investment Act of 1958		100	
	Ĩ	***************************************		
1 Di	vidends from affiliated group members		100	
<b>2</b> Di	vidends from certain FSCs		100	
<b>L</b> U(			100	
3 Di	vidends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
4 Inc	come from controlled foreign corporations under subpart F (attach Form(s) 5471)			
5 Fc	preian dividend aross-uo			
<b>3</b> FC	preign dividend gross-up		_	
6 IC	-DISC and former DISC dividends not included on lines 1, 2, or 3			
7 Ot	ther dividends $\cdots$			
8 De	eduction for dividends paid on certain preferred stock of public utilities			
19 To	otal dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
			P	
0 To	tal special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		🔈	
EA				Form 1120 (201



3	Tax Computation and Payment (see instructions)	26-354120	
Part	I - Tax Computation		
1			
2	Income tax. Check if a qualified personal service corporation (see instructions)		
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		
5а			
b			
c	General business credit (attach Form 3800)		
d	Credit for prior year minimum tax (attach Form 8827)		
e	Bond credits from Form 8912		
6 ≁	Total credits. Add lines 5a through 5e		
7	Subtract line 6 from line 4		
8	Personal holding company tax (attach Schedule PH (Form 1120))		
9a	Recapture of investment credit (attach Form 4255) • • • • • • • • • • • • • • • • • •		
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)		
d	Interest due under the look-back method - income forecast method (attach Form		
	8866) · · · · · · · · · · · · · · · · · ·		
е	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	
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		
15	Combine lines 12, 13, and 14	hanne han	
16	Tax deposited with Form 7004		*******
17	Withholding (see instructions)		
18	Total payments. Add lines 15, 16, and 17		
19	Refundable credits from:		
а	Form 2439		
b	Form 4136 19b		
c	Form 8827, line 8c · · · · · · · · · · · · · · · · · ·		
d			
20 21	Total credits. Add lines 19a through 19d		
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32           Other Information (see instructions)	21	
1	Check accounting method: a Cash b X Accrual c Other (specify)		-
2	See the instructions and enter the:		
a	Business activity code no. ► 236200		- 1
b	Business activity   REAL ESTATE		- 18
С	Product or service  DEVELOPMENT AND CONSTRUCTION		_ 8
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		_
			_
4	At the end of the tax year:		
	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or		
а	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of	of all classes of the	
а			
а	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G		
a b		G)	

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Forn	1120 (2015) BLUE POINT DEVELOPMEN	IT INC	26-	3541207	Page 4
Sc	hedule K Other Information continued (see instru	uctions)			
				Ye	es No
5	At the end of the tax year, did the corporation:				
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the	he total voting power of all classes	of stock entitled to vote of		
	any foreign or domestic corporation not included on Form 851, Affiliation	ns Schedule? For rules of construc	tive ownership, see instructions		X
	If "Yes," complete (i) through (iv) below.				
	(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of	(iv) Percentag	
		(if any)	Incorporation	Owned in Votin Stock	ıg
b	Own directly an interest of 20% or more, or own, directly or indirectly, an i	nterest of 50% or more in any forei	gn or domestic partnership		
	(including an entity treated as a partnership) or in the beneficial interest o	f a trust? For rules of constructive of	ownership, see instructions		X
	If "Yes," complete (i) through (iv) below.				
		(ii) Employer	(iii) Country of	(iv) Maximum	
	(i) Name of Entity	Identification Number (if any)	Organization	Percentage Owne Profit, Loss, or Ca	
_					
6	During this tax year, did the corporation pay dividends (other than	stock dividends and distributio	ins in exchange for stock) in		
	excess of the corporation's current and accumulated earnings an		÷ /		X
	If "Yes," file Form 5452, Corporate Report of Nondividend Distrit	outions.	,		
	If this is a consolidated return, answer here for the parent corpora		subsidiary.		
7	At any time during the tax year, did one foreign person own, dire			fall	
	classes of the corporation's stock entitled to vote or (b) the total				X
	For rules of attribution, see section 318. If "Yes," enter:				
		ner's country 🕨		******	
	(c) The corporation may have to file Form 5472, Information Re		U.S. Corporation or a Enreig		
	Corporation Engaged in a U.S. Trade or Business. Enter the num		<ul> <li>Composition of a noncella</li> <li>Composition of a noncella</li> </ul>		
8	Check this box if the corporation issued publicly offered debt instru-		ount		
	If checked, the corporation may have to file Form 8281, Informat				
9	Enter the amount of tax-exempt interest received or accrued durin		r onginar issue biscount insu	uments.	
10	Enter the number of shareholders at the end of the tax year (if 100	· · · · · · · · · · · · · · · · · · ·			
11	If the corporation has an NOL for the tax year and is electing to fo		rk bere		
	If the corporation is filing a consolidated return, the statement requ				
	or the election will not be valid.	and by regulations section 1.	1002-2 ((b)(0) must be attach	eu	
12	Enter the available NOL carryover from prior tax years (do not red	luce it by any deduction on line	29a.) 🍽 S		
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 ti			the	
	If "Yes," the corporation is not required to complete Schedules L, I				X
	and the book value of property distributions (other than cash) mad			Juons	
14	Is the corporation required to file Schedule UTP (Form 1120), Unc		· §		
1-4	If "Yes," complete and attach Schedule UTP.	certain rax Position Statement (	(see instructions)?		X
15-		o it to filo Econo(a) 10000			
15a	Did the corporation make any payments in 2015 that would require	e it to file Form(s) 1099?		L 2 2	
	If "Yes," did or will the corporation file required Forms 1099?			1 1	
16	During this tax year, did the corporation have an 80% or more cha				
17	own stock?				<u> </u>
17	During or subsequent to this tax year, but before the filing of this re				
4.5	of its assets in a taxable, non-taxable, or tax deferred transaction?			L	<u> </u>
18	Did the corporation receive assets in a section 351 transfer in whi				
	market value of more than \$1 million?	<i></i>			X

Form 1120 (2015)

Danka Michaels001420



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Form 1120 (2015)

	1120 (2015) BLUE POINT DEVE	LOPMENT INC		26-3	541207 Page 5
Se	hedute Balance Sheets per Books	Beginning	of tax year		tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		110,739		11,283
	Trade notes and accounts receivable				
b		()		(	
3					
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) • • • • •				
	Buildings and other depreciable assets	390,649		457,833	<u> </u>
	Less accumulated depreciation	( <u>357,205</u> )	33,444	( 396,505)	61,328
	Depletable assets				
	Less accumulated depletion	)		( )	
12	Land (net of any amortization) · · · · ·				
	Intangible assets (amortizable only)				
	Less accumulated amortization · · · · · ·	()		)	
14 15	Other assets (attach statement) · · · · · ·		2.4.4.200		
15	Total assets Liabilities and Shareholders' Equity		144,183		76,502
16					
17			22 055		
18	Mortgages, notes, bonds payable in less than 1 year · ·		33,055		25,452
19	Other current liabilities (attach statement)	Statement #11	7,410		
20			40,140		
21	Mongages, notes, bonds payable in 1 year or more · · ·				
22	Other liabilities (attach statement) · · · · ·				
22	Capital stock: a Preferred stock	1 000	1 0 0 0	2 0 0 0	1 0 0 0
23	b Common stock · · · ·	1,000	1,000	1,000	1,000
23 24	Additional paid-in capital		25,000		25,000
24 25	Retained earnings-Appropriated (attach statement) • • •		37,578		
25 26	Retained earnings-Unappropriated		<u> </u>		25,050
27	Adjustments to shareholders' equity (attach statement) · · · Less cost of treasury stock · · · · · · · · · · · · · · · · · · ·		/		
28	Total liabilities and shareholders' equity		144,183		76,502
	Reconciliation of Incon	ne (Loss) ner Bo		er Refurn	10,002
	Note: The corporation may be r		•		
1	Net income (loss) per books	(12,528)	7 Income recorded	on books this year	
2	Federal income tax per books		not included on thi		
3	Excess of capital losses over capital gains		Tax-exempt intere	. ,	
4	Income subject to tax not recorded on books				
	this year (itemize):				
			8 Deductions on this	s return not charged	
5	Expenses recorded on books this year not			me this year (itemize):	
	deducted on this return (itemize):		-	· · · · · s	
а	Depreciation · · · · S		b Charitable contribution		
b	Charitable contributions \$			<i>Q</i>	
С	Travel and entertainment s 1,243				
s	tatement #16 213	1,456	9 Add lines 7 and 8		
6	Add lines 1 through 5 · · · · · · · · · · · · · · · · · ·	(11,072)		ne 28)-line 6 less line 9	(11,072)
Sel	nedule M-2 Analysis of Unappropri	ated Retained Ea			e L)
1	Balance at beginning of year	37,578	5 Distributions: a	a Cash • • • • • •	
2	Net income (loss) per books	(12,528)	H	o 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
EEA					Form 1120 (2015)

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Form **1120** (20**1**5) Danka Michaels001421

# Form **1125-E**

# **Compensation of Officers**

OMB No. 1545-2225

(Rev. December 2013) Department of the Treasury Internal Revenue Service

Name

# 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.

26-3541207

## BLUE POINT DEVELOPMENT INC

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(-) Norm of oligon	(b) Social security number	(c) Percent of time devoted to	Percent of st	ock owned	(f) Amount of
(a) Name of officer	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation
1 THOMAS PICKENS		40 %	100 %	%	173,077
		%	%	%	
		0(		24	
		%	%	%	
		%	%	%	
		/0	/0	/0	
		%	%	%	
		1			
		%	%	%	
		%	%	%	
N		%	%	%	
		%	%	%	
		%	%	%	
***************************************		/0		/0	
		%	%	%	
		1			·····
		%	%	%	
		%	%	%	
······································		%	%	%	
		0(	04		
		%	%	%	
		%	%	%	
		/	70		********
		%	%	%	
		%	%	%	
				%	
		%	%		
		%	%	%	
2 Total compensation of officers			· · · <i>·</i> · · · · ·	2	173,077
3 Compensation of officers claimed on Form 1125-				3	
Compensation of oncers claimed of FOHIT123					********
4 Subtract line 3 from line 2. Enter the result here a	nd on Form 1120, page 1, line	e 12 or the			
appropriate line of your tax return				4	173,077
For Paperwork Reduction Act Notice, see separate in	structions.			Form 11	25-E (Rev. 12-2013)



Depart	1125-A December 2012) ment of the Treasury Revenue Service	<ul> <li>Cost of Goods Sold</li> <li>▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.</li> <li>▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1</li> </ul>	<b>125</b> a.	OMB No. 1545-2225
Name				Employer identification number
BLU	J <u>e point dev</u>	ELOPMENT INC		26-3541207
1	Inventory at beginning of	vf year ••••••••••••••••••••••••••••••••••••	1	
2	Purchases		2	
3	Cost of labor		3	
4	Additional section 263A	costs (attach schedule)	4	
5	Other costs (attach sch	edule)Statement #7	5	455,998
6	Total. Add lines 1 thro	ugh 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	(i)         ∑         Cost           (ii)         ☐         Lower of cost or           (iii)         ☐         Other (Specify not)	nethod used and attach explanation.)		
b		itedown of subnormal goods		
C		tory method was adopted this tax year for any goods (if checked, attach Form 970)		
d e f	under LIFO	thod was used for this tax year, enter amount of closing inventory computed or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? In determining quantities, cost, or valuations between opening and closing inventory? If "	9d	••••• Yes 🔀 No
	attach explanation .			· · · 🔲 Yes 🔣 No

OMB No 1545-0123
yer identification number (EIN)
06 0540007
<u>26-3541207</u> e K, Question 4a). Comple
(including any entity treated , or owns, directly or stock entitled to vote (see
(v) Percentage Owned in Voting Stock
ана на оказания и стали
m 1120, Schedule K, that owns directly 20% or asses of the corporation's
of (iv) Percentage Owned see in Voting Stock
100

Danka Michaels001424

AA03205

	4562			ciation and g Information o ▶ Attach to your	n Listed F				OMB No. 1545-0172 2015 Attachment
		formation	about Form 45	62 and its separate in	*****	······	/form450	52.	Sequence No. 179
	s) shown on return				s or activity to whic				Identifying number
	JE POINT DEVEI			operty Under Se	)RM 112(	)			26-3541207
		-							
1	Maximum amount (see ins			ete Part V before you					T
2	Total cost of section 179 p								
3	Threshold cost of section 7		,	· · · · ·		· · · · · · · · ·		2	
4	Reduction in limitation. Sul		-	,	,			4	
5	Dollar limitation for tax yea						• • •		
-	separately, see instruction					0		5	
6		cription of pro			(business use only		ected cost		
	147 1900		opany.	(0) 0000	ferances rac only		cieu cosi		
7	Listed property. Enter the a	amount fro	om line 29 ·	· · · · · · · · · · · · · ·		7			
8	Total elected cost of sectio	on 179 pro	perty. Add amou	nts in column (c), lines	6 and 7 .	· · · · · · · ·		8	
9	Tentative deduction. Enter	r the smal	ller of line 5 or lin	ne 8 • • • • • • • • •				9	
10	Carryover of disallowed de	eduction fr	om line 13 of you	ır 2014 Form 4562				10	
11	Business income limitation	n. Enter the	e smaller of busir	ness income (not less t	han zero) or lin	e 5 (see instruc	ctions)	11	
12	Section 179 expense dedu							12	
13	Carryover of disallowed de	eduction to	2016. Add lines	9 and 10, less line 12	▶ 1	3			
Note	Do not use Part II or Part								
Rai	tite: Special Depr	eciatio	n Allowance	and Other Depre	eciation (D	o not include l	isted pro	perty.)	(See instructions.)
14	Special depreciation allows			(other than listed prope	erty) pla <b>c</b> ed in s	ervice			
	during the tax year (see ins	structions)					•••	14	33,593
15	Property subject to section							15	
16	Other depreciation (includi			<u></u>				16	3,520
n ai	till MACRS Dep	reciatio	On (Do not inc	lude listed property.) (S		s.)			
47				Section A					F
17 18	MACRS deductions for ass							17	
10	If you are electing to group	-		• •		5	<b></b>		
	asset accounts, check here			ce During 2015 Tax Ye					
	Jection D		(b) Month and year	(c) Basis for depreciation		Jeneral Depred	lation S	ystem	
	(a) Classification of property		placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	iod	(g) Depreciation deduction
19 a	3-year property		36, VICE	13,316		MQ	SL		1,665
b	5-year property			10/010	<u> </u>				.,000
c		tement	*69			1	1		522
d	10-year property					1	1		
	15-year property								
f	20-year property						1		······································
g	25-year property				25 yrs.		S/	_	
h	Residential rental				27.5 yrs.	MM	S/	_	
	property				27.5 yrs.	MM	S/	L	
i	Nonresidential real				39 yrs.	MM	S/	-	
	property					MM	S/		
	Section C -	Assets P	laced in Service	e During 2015 Tax Yea	r Using the Al	ternative Depr	eciation	Syste	m
20a	Class life						S/	-	
	12-year				12 yrs.		S/	-	
	40-year				40 yrs.	MM	S/	]	
Par									
21	Listed property. Enter amo			• • • • • • • • • • • •			••	21	
22	Total. Add amounts from li								
	here and on the appropriate					ructions	<u>···</u>	22	39,300
23	For assets shown above an				1				
Ear D	portion of the basis attribute				2	5			<b>F</b>
I UT P	aperwork Reduction Act N	vouce, se	e separaté instr	uctions.					Form <b>4562</b> (2015)

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EEA

Form 8879-C	IRS e-file Signature Authorization for Fo	orm 1120	OMB No. 1545-0123
Department of the Treasury	For calendar year 2015, or tax year beginning 2015, ending 2015, ending		2015
Internal Revenue Service	Information about Form 8879-C and its instructions is at www.irs.go		
Name of corporation		Employer identification nu	mber
	EVELOPMENT INC	26-3541207	
	urn Information (Whole dollars only)	······································	
	120, line 11) • • • • • • • • • • • • • • • • • •		1 1,226,324
	1 1120, line 30) · · · · · · · · · · · · · · · · · · ·		2 (11,072)
	line 31) •••••••••••••••••••••••••••••••••••		3
	1120, line 34) · · · · · · · · · · · · · · · · · · ·		4
	120, line 35)	1	5
Part II Declara	tion and Signature Authorization of Officer (Be sure to get a	a copy of the corp	poration's return)
send the corporation's ref transmission, (b) the reas the U.S. Treasury and its institution account indicate the financial institution to of 1-888-353-4537 no later t in the processing of the el issues related to the payn income tax return and, if a Officer's PIN: check one X I authorize on the corpora	ROBERT S SEMONIAN CPA to enter my PIN 123	reason for rejection of t I. If applicable, Lauthori: entry to the financial red on this return, and ury Financial Agent at nancial institutions invo- inquiries and resolve a corporation's electronic 4 5 as my sig- nter all zeros	ze Ived : nature
Officer's signature	Date ▶ <u>0</u> 7-08-201	6 - <b>N</b> DDECT	
onice a signature	Uate P 07-08-201	U HIE F FREDI.	UUN 1
Part Itl Certific	ation and Authentication		
ERO's EFIN/PIN. Enter ye	our six-digit EFIN followed by your five-digit self-selected PIN.	950884 987	
corporation indicated abo	neric entry is my PIN, which is my signature on the 2015 electronically filed income re. I confirm that I am submitting this return in accordance with the requirements on, and <b>Pub. 4163,</b> Modernized e-File (MeF) Information for Authorized IRS e-file	tax return for the of <b>Pub. 3112</b> , IRS e-file	
ERO's signature		Date ▶ <u>09-16-</u>	2018
	ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requested		
For Paperwork Reductio	n Act Notice, see instructions.		Form 8879-C (2015)

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Danka Michaels001426

AA03207

Federal Supporting Statements	2015 PG01
Name(s) as shown on return BLUE POINT DEVELOPMENT INC	FEIN 26-354120
FORM 1120 - LINE 26 - OTHER DEDU	CTIONS Statement #5
DESCRIPTION	AMOU
AUTOMOBILE AND TRUCK EXPENSES BANK CHARGES	1 <mark>6,80</mark> 44
LIABILITY INSURANCE	25,631
WORKERS COMP INSURANCE JANITORIAL	6,15 67
LEGAL AND PROFESSIONAL	21,291
MEALS AND ENTERTAINMENT 50% LIMIT OFFICE EXPENSE	1,243 20,522
OUTSIDE SERVICES AND INDEPENDENT CONTRACTORS	24,423
PAYROLL PROCESSING EXPENSES SECURITY	1,948 39(
TRAVEL	27,142
UTILITIES STORAGE	1,339 2,750
TOTAL	150,773
<u>SCHEDULE L - LINE 18</u>	Statement ≢11
DESCRIPTION Income taxes payable	G OF YEAR END OF YE
	G OF YEAR END OF YE
DESCRIPTION INCOME TAXES PAYABLE TOTAL	<u>G OF YEAR</u> END OF YE 7,410 7,410 PG01
DESCRIPTION BE INCOME TAXES PAYABLE	CG OF YEAR END OF YE 7,410 7,410 7,410
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION	<u>G OF YEAR</u> END OF YE 7,410 7,410 PG01 Statement #16 <u>AMOUN</u> T
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION PENALTIES	CG OF YEAR END OF YE 7,410 7,410 7,410 PG01 Statement #16
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION	SG OF YEAR         END OF YEAR           7,410         7,410           7,410         9601           Statement #16         AMOUNT           21.3         21.3
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION PENALTIES	<u>SG OF YEAR</u> END OF YEAR 7,410 7,410 PG01 Statement #16 <u>AMOUNT</u> 213
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION PENALTIES	<u>G OF YEAR</u> END OF YE 7,410 7,410 PG01 Statement #16 <u>AMOUNT</u> 213 213
DESCRIPTION INCOME TAXES PAYABLE TOTAL SCHEDULE M-1 LINE 5C EXPENSES RECORDED ON BOOKS DESCRIPTION PENALTIES	<u>G OF YEAR</u> END OF YE 7,410 7,410 PG01 Statement #16 <u>AMOUNT</u> 213 213

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DESCRIPTIONAMOUSUB CONTRACTOR FEES113,0CONSTRUCTION MATERIALS21,0PROJECT MANAGEMENT CCOSTS321,9TOTAL455,9			Federal Supporting S	tatements	2015 PG01
FORM 1125A - LINE 5 - OTHER COST     Statement #7       DESCRIPTION     AMOU       SUB CONTRACTOR FEES     113,0       CONSTRUCTION MATERIALS     21,0       PROJECT MANAGEMENT CCOSTS     321,9       TOTAL     455,9       FORM 4562 - LINE 19C     PG01       Statement #6       BASIS     RP       4,484     7       7     MQ       SL     240       15,791     7       TOTAL     522			TNC		1
DESCRIPTION SUB CONTRACTOR FEES CONSTRUCTION MATERIALS PROJECT MANAGEMENT CCOSTSAMOU 113,0 21,0 321,9TOTAL455,9FORM 4562 - LINE 19CPG01 Statement #6EASIS 4,484 15,791RP 7CV MQMETHOD SLDEDUCTION 240 240 282TOTAL522	<u>DIOU 101101</u>				20-334120
SUB_CONTRACTOR FEES     113,0       CONSTRUCTION MATERIALS     21,0       PROJECT MANAGEMENT CCOSTS     321,9       TOTAL     455,9       FORM 4562 - LINE 19C     Statement #6       BASIS     RP     CV       4,484     7     MQ       15,791     7     MQ       TOTAL     240       SL     282		FORM	1125A - LINE 5 -	OTHER COST	Statement #7
CONSTRUCTION MATERIALS PROJECT MANAGEMENT CCOSTS TOTAL FORM 4562 - LINE 19C PG01 Statement #6 PG01 Statement #6 PG01 Statement #6 DEDUCTION A,484 7 MQ SL 240 240 240 242 TOTAL TOTAL S22					AMOU
PROJECT MANAGEMENT CCOSTS       321,9         TOTAL       455,9         FORM 4562 - LINE 19C       PG01 Statement #6         BASIS 4,484 7,791 15,791       RP 7       CV MQ       METHOD SL       DEDUCTION 240 240 SL         TOTAL       7       MQ       SL       240 282	CONSTRUCTI	ON MATERIALS			21,0
FORM 4562 - LINE 19C         PG01 Statement #6           BASIS         RP         CV         METHOD         DEDUCTION           4,484         7         MQ         SL         240           15,791         7         MQ         SL         282           TOTAL         522	PROJECT MA	NAGEMENT CCOS	STS		321,90
EASIS         RP         CV         METHOD         DEDUCTION           4,484         7         MQ         SL         240           15,791         7         MQ         SL         282	TOTAL				455,9
EASIS         RP         CV         METHOD         DEDUCTION           4,484         7         MQ         SL         240           15,791         7         MQ         SL         282           TOTAL         522					2001
15,791 7 MQ SL 282 TOTAL 522			FORM 4562 - LINE	<u>19C</u>	PG01 Statement #6
15,791 7 MQ SL 282 TOTAL 522		RP 7			
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	TOTAL				522
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mo			GE NOL DEDUCTION			ATT_NOL
BLU	E POINT DEVEI	OPMENT INC	<b>4</b>		EIN 26-	-3541207
	Loss Carryover/	IG Sec 170(d1(2)(B)	Loss			Urursed
Year	Carryback	Contribution Reduction	Applied to 2015	Unu	sed Loss	Sec :170(d)(2)(B)
1995					oiring s year	Expiring this year
1996						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						******
2005						
2006						
2007				A The defense of the second second second		
2008						
2009						
2010						
2011						
2012						
2013						
2014						
	Current year NOL		Applied to Prior Years		nmg 2016 uryover	
2015	11,072				11,072	
	Funixe years NCI.		Applied to 2015			
ure Years						

\* 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\_NOLLD

	Federal Filing Instructions	2016
Name(s) as shown on return BLUE POINT DEVELOPME	NT INC	Your Social Security Number 26-3541207
Date to file by:	04-18-2017	
Form to be filed:	Form 1120 and supplemental forms and	d 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 Payme (EFTPS) to make federal tax deposits payments directly to an IRS office.	ent System s. Do not send

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Dependence of the second sec	Form	112	0				n Income Tax			Ļ	OMB No. 1545-0123
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4         Sounder KD auscurst         Image: Sounder KD auscurst <th></th> <td></td> <td></td> <td></td> <td>City or town, state, o</td> <td>r province, country and ZII</td> <td>or foreign postal code</td> <td></td> <td></td> <td></td> <td></td>					City or town, state, o	r province, country and ZII	or foreign postal code				
1a       Gross recepts or sales       1a       1, 423, 259         b       Returns and allowances       1a       1, 423, 259         c       Blance, Suthact like 16 from line 1a       1       1, 423, 259         2       Cost of goods sable (lattach Ferm 1125A)       2       2, 27, 12.00         3       Gross responds. Suthact like 2 form line 1a       2       2, 27, 12.00         4       Duvidents (Schedule C, line 19)       4       1, 1, 65, 139         5       Gross rests       5       6         6       Gross rests       5       7         7       Gross rests       6       7         8       Geods list list list of form 1120)       8       9         9       Net gain of (loss) from Form 4797, Part II, line 17 (lattach Form 4797)       9         10       Total income, Add lines 3 through 10       11       1, 1, 1, 1, 65, 139         11       Total income (attach statement)       10       11       1, 1, 65, 239         12       13       53, 2, 235       13       53, 2, 235         13       53, 2, 235       13       53, 2, 235       13       53, 2, 235         14       Repairs and maintenance       14       5, 4, 425       14       5,							NV	89129		\$	162,996
b       Returns and allowances       10       17       10       17       10       17       10       17       14       23       2, 2, 2, 7, 1, 20         2       Costs of goods sold (attach from 112s A)       3       1, 165, 139       3       1, 165, 139         4       Dividents (Sheetlack (ine 19)       5       5       5       5       5         6       Gross profile       5       6       6       6       6         7       Gross profile       5       6       7       6       6       7         8       Gross profile       5       6       7       7       9       10       0       11       1, 166, 139         10       Other income (see instructions - statch statement)       10       11       1, 166, 139       12       100, 0100         11       Compensation of officers (see andivations - statch statement)       10       13       533, 197       14       533, 197       14       533, 285       14       5, 482       15       16       53, 285       12       100, 0100       12       17, 469       20       77, 469       20       77, 469       20       77, 469       20       77, 469       23       24       64,	*********	4-					an a				ange
c       Balance Subtract line to from tine 1a       1c       1, 4.2.3, 2.5.9         2       Cast of goublis sold (study Form 1(25:A)       2       2.5.7, 1.2.0         3       Gross profil. Subtract line 2 from line 1c       3, 1, 0.6.7, 1.2.0         4       Dividents (Schedule C, line 19)       4         5       Interest.       5         6       Gross profil. Subtract line 7 form form 197. Part II.line 17 (status Form 1727)       9         10       Unit of the form form 197. Part II.line 17 (status Form 1727)       9         11       Total income (attact Schedule D (Form 1120))       8         9       Nit gain or (loss) from Form 197. Part II.line 17 (status Form 1727)       9         10       Unit origons (attact form form 197. Part II.line 17 (status Form 172-E)       11       1,16.6,13.9         11       Total income (attact of form form 4797)       9       11       1,16.6,13.9         12       Comensation of form form 4562       13       5.3.2.8       14         13       5.3.2.8       14       5.4.82       15       16         14       5.4.82       14       5.4.82       15       17       15.6,2.6.7         14       5.4.82       13       5.4.82       14       5.4.82       12       14 </th <th></th> <th></th> <th>1</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>23,25</th> <th>9</th> <th></th>			1						23,25	9	
2       Cost of goods add (mitch Form 1125-A)       2       2       2       2       2       2       3       1, 166, 139         4       Dividends (Schedule C, Ina 18)       4       1, 166, 139       4       1, 166, 139         5       Interest       5       5       5       5       5         6       Crass rents       6       7								C			1 403 050
3       Gress profit. Subtract line 2 from line 1c											
4       Dividents (Schedule C, line 19)       4         5       6       Gross renals       5         6       Gross renals       7         7       Gross renals       7         8       Capital gain net income (attach Schedule D (Form 112D))       8         9       Net gain or (loss) (form Form 4727, Pert II, line 17 (attach Form 477)       9         10       Other econors (see instructions - attach statement)       10         11       Total income. Add lines 3 through 10       11       1, 1, 166, 139         12       Compensation of officers (see sent)orment credits)       13       3, 259, 197         13       Batches and wages (see sent)orment credits)       14       5, 422         16       Faxes and iscenses       ATT_C77       16       5, 2, 267         18       Interest       16       53, 2, 285       17       56, 2, 267         19       Chantable contributions       18       12       20, 0, 00       20       7, 7, 4, 65         14       Statement +#55       16       53, 2, 285       17       56, 2, 267       18         19       Chantable contributions       18       12       20, 0, 00       20       27, 7, 4, 65       21       24, 64, 9, 10			-								
6       Gross rents       6         7       Gross royalities       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 isse instructions - attach Statement)       10         11       Total income. Add lines 3 through 10       11         12       Compension of officers (see instructions - attach Form 1125-E)       12         13       Salaries and maintenance       14       5,482         16       Rents       16       Salaries and maintenance       14       5,482         16       Rents       16       Salaries and maintenance       14       5,482         17       Totase and incomes       14       5,482       15       16         18       Interest       16       Salaries       17       7,463         19       Deprication from Form 4582 not claimed on Form 125-A or elsewhere on return (attach Form 4562)       20       77,469         21       Deprication from Form 4582 not claimed on form 303)       23       24       64,810         22       Other deductions attaline deduction (attach Form 3903)       24       27       1,1,0,72       23	ne										1,100,100
6       Gross rents       6         7       Gross royalities       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 isse instructions - attach Statement)       10         11       Total income. Add lines 3 through 10       11         12       Compension of officers (see instructions - attach Form 1125-E)       12         13       Salaries and maintenance       14       5,482         16       Rents       16       Salaries and maintenance       14       5,482         16       Rents       16       Salaries and maintenance       14       5,482         17       Totase and incomes       14       5,482       15       16         18       Interest       16       Salaries       17       7,463         19       Deprication from Form 4582 not claimed on Form 125-A or elsewhere on return (attach Form 4562)       20       77,469         21       Deprication from Form 4582 not claimed on form 303)       23       24       64,810         22       Other deductions attaline deduction (attach Form 3903)       24       27       1,1,0,72       23	COL										
8       Capital gain net income (attach Schedule D (Form 1120))       8       9         9       Net gain or (loss) from Form 4797, Part II, Ine 17 (attach Form 4797)       9       10         10       Other income (see instructions - attach statement)       11       1, 1, 1, 6, 6, 1, 33         11       Total income. Add lines 3 inrough 10       11       1, 1, 1, 6, 6, 1, 33         11       Total income. Add lines 3 inrough 10       11       1, 2, 0, 6, 1, 33         12       Componsation of officers (see anstructions - attach Form 1125-E)       11       1, 3, 0, 19, 7         13       Statifies and vages (less emptyoment credits)       13       13, 3, 19, 19         14       5, 4, 482       15       16         15       Bad dobbs       16       5, 4, 282         16       Renis       11       5, 6, 2, 267         18       Interest       18       19         20       Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)       20       77, 4, 69         21       Depletion       22       24       64, 8, 10       25         22       Deroschaton form 500 attach statement)       22       27       1, 1, 14, 3, 33       24         23       Deroschaton form 500 and claich form	-	6	Gross rents							. 6	
9       Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)       9         10       Other income: isse instructions - attach statement)       10         11       11 Total income. Add lines 3 structions - attach statement)       11         12       Compensation of officers (see instructions - attach statement)       11       11         13       533 (197)         14       5,482         15       Bad debts       15         16       Feasts       15         17       Taxes and licenses       15         18       Interest       16         20       Depreciation from Form 4522 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)       20         21       Parkson, profil-shering, etc., plans       21         22       Advertising       22         23       Pension, profil-shering, etc., plans       23         24       64, 810       25         25       Other doduction s(attach statement)       24         26       Dior doduction s(attach statement)       24         27       Total deductions, Add lines 21 through 20       23         28       Total adduction s(attach statement)       24         29       11, 0.72       29 <th></th> <th>7</th> <th>Gross royalties</th> <th>• • • •</th> <th>· · · · <i>· ·</i> · · ·</th> <th></th> <th></th> <th></th> <th></th> <th>. 7</th> <th></th>		7	Gross royalties	• • • •	· · · · <i>· ·</i> · · ·					. 7	
10       Other income (see instructions - attach statement)       11       11       166, 139         11       Total income. Add lines 3 through 10       >       11       1,166, 139         11       Total income. Add lines 3 through 10       >       11       1,166, 139         12       Compensation of officers (see instructions - attach Form 1125-E)       >       12       19.0,000         13       Sataries and wages (less employment credits)       13       53.9,197       14       5,422         16       Reads       16       53.2,235       17       56,267       18       16         19       Charitable contributions       18       16       53.2,235       17       56,267         19       Charitable contributions       19       20       77,469       20       77,469         21       Adverting       23       24       64,310       23       24       64,310         25       Domesite production advitise deduction (stach statement)       Statement + 45       26       12,7,821       11,14,331         28       Total advection advitise deduction (stach statement)       23       24       64,310       23         29       Direster deductions (Schedule C, line 20)       23       11,072		8	Capital gain net	income (a	ttach Schedule D	) (Form 1120))	••••••••••••			. 8	
11       Total income. Add linas 3 through 10       >>       1       1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		9	Net gain or (loss	) from For	m 4797, Part II. I	line 17 (attach Form	4797)	· · · · <i>·</i> · · ·		. 9	
12       Compensation of officers (see instructions - attach Form 1125-E)       12       190,000         13       Salaries and wages (less employment credits)       13       532,197         14       Depairs and maintenance       15       16         15       Bad debts       15       16         16       Rents       15       16         17       Taxes and licenses       ATT_CETL       18         18       Interest       19       20         20       Depreciation from Form 4562 not daimed on Form 1125-A or elsewhere on return (attach Form 4562)       20       77, 469         21       Depletion       22       20       77, 469       21         22       Za       Adventsing       23       24       64, 810         23       Pension, profit-sharing, etc., plans       23       24       64, 810         24       Employee benefit programs       24       64, 810       25       27       114, 072       26       12, 1144, 331       28       12, 072       26       12, 144, 331       28       12, 072       26       12, 144, 331       30       31       6, 110, 072       26       12, 072       26       12, 072       26       12, 072       26       12,						iement) · · · ·	• • • • • • • • • • •	· · · · · · · ·	· · · · ·	· 10	
13       Salaries and wages (less employment credits)       13       532/197         14       Exployed benchmark       13       532/197         15       Bad debts       14       5,482         16       Rents       16       53,285         17       Taxes and licenses       ATT_CTL       17       56,267         18       Interest       19       Charitable contributions       19       19         20       Depreciation from Form 4562 not damed on Form 1125-A or elsewhere on return (attach Form 4562)       20       77,469         21       Advertising       21       22       23       24       64,810         22       Epiceriation from Form 4562 not damed on Form 125-A or elsewhere on return (attach Form 4562)       20       77,469       21         23       Pension, proft-sharing, etc., plans       22       23       24       64,810       25         24       Obmer deductions (attach Form 8903)       25       26       127,0821       26       127,0821       28       11,072       28       51,800       28       11,072       29       11,072       29       11,072       29       11,072       29       11,072       33       30       40,736       33       30											
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	ns.)	1									
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	tio										
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	quo										5,482
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	de									h	53 205
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	uo :									L	
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	suo										50,207
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	tati										
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no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	for	21	Depletion · · ·							. 21	
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no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	ctio	23	Pension, profit-s	haring, etc	o., plans 🔹 🔸					. 23	
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	truc		Employee benefi	t program	s					. 24	64,810
no       b       Special deductions (Schedule C, line 20)       29b         c       Add lines 29a and 29b       11,072         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       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 2017 estimated tax ▶       Refunded ▶       36         Viet       Inder penalties of perjury. I declare that that examined this return, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct.         Sign       Inder penalties of perjury. I declare that that example) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if PTIN         Problem       Printry name       ROBERT S SEMONIAN CPA	ins					,				L	
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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       33         34       Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owerd       34         36       Enter amount from line 35 you want: Credited to 2017 estimated tax       Refunded         36       Enter amount from line 35 you want: Credited to 2017 estimated tax       May the IRS discuss this return, including accompanying schedules and statements, and to the best of my knowledge.         THOMAS PICKENS       PRESIDENT       May the IRS discuss this return, with the preparer is signature of officer         Paid       Preparer's name       Preparer's signature       Date         Paid       RoBERT S SEMONIAN CPA       Preparer's signature       Paie         Prim's address       PO BOX 5605       Phone no.	Juc		. –			*			11,07	<u> </u>	
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       33         34       Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owerd       34         36       Enter amount from line 35 you want: Credited to 2017 estimated tax       Refunded         36       Enter amount from line 35 you want: Credited to 2017 estimated tax       May the IRS discuss this return, including accompanying schedules and statements, and to the best of my knowledge.         THOMAS PICKENS       PRESIDENT       May the IRS discuss this return, with the preparer is signature of officer         Paid       Preparer's name       Preparer's signature       Date         Paid       RoBERT S SEMONIAN CPA       Preparer's signature       Paie         Prim's address       PO BOX 5605       Phone no.	Dec				-			home and a second s		290	11 072
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.         Sign Here       THOMAS PICKENS       PRESIDENT       May the IRS discuss this return with the preparer shown below?         Paid Preparer       Paid Firm's name       PROBERT S SEMONIAN CPA       Preparer's signature       Date       Check       if       PTIN P00391972         Proparer       Use Only       Firm's address       PO BOX 5605       Phone no.											40.736
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.         Sign Here       THOMAS PICKENS       PRESIDENT       May the IRS discuss this return with the preparer shown below?         Paid Preparer       Paid Firm's name       PROBERT S SEMONIAN CPA       Preparer's signature       Date       Check       if       PTIN P00391972         Proparer       Use Only       Firm's address       PO BOX 5605       Phone no.	dits,	31 <sup>·</sup>	Total tax (Schedi	ule J, Part	I, line 11) • •						6,110
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.         Sign Here       THOMAS PICKENS       PRESIDENT       May the IRS discuss this return with the preparer shown below?         Paid Preparer       Paid Firm's name       PROBERT S SEMONIAN CPA       Preparer's signature       Date       Check       if       PTIN P00391972         Proparer       Use Only       Firm's address       PO BOX 5605       Phone no.	ts Cre	32	Total payments a	and refund	able credits (Sch	edule J, Part II, line	21) • • • • • • •			. 32	
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.         Sign Here       THOMAS PICKENS       PRESIDENT       May the IRS discuss this return with the preparer shown below?         Paid Preparer       Paid Firm's name       PROBERT S SEMONIAN CPA       Preparer's signature       Date       Check       if       PTIN P00391972         Proparer       Use Only       Firm's address       PO BOX 5605       Phone no.	lable	33 f	Estimated tax pe	nalty. See	instructions. Che	eck if Form 2220 is a	ttached · · · · ·		. 🕨 🗌	33	
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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.         Sign Here       THOMAS PICKENS       PRESIDENT       May the IRS discuss this return with the preparer shown below?         Paid Preparer       Paid Firm's name       PROBERT S SEMONIAN CPA       Preparer's signature       Date       Check       if       PTIN P00391972         Proparer       Use Only       Firm's address       PO BOX 5605       Phone no.	ć, Re	35	Overpayment. I	f line 32 is	larger than the t	otal of lines 31 and 3	33, enter amount over	rpaid • • • •		. 35	
Sign Here       and complete. Declaration of proparer (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.         THOMAS PICKENS       Date       PRESIDENT       Way the IRS discuss this return with the preparer shown below? See instructions.       Image: Check of the preparer shown below? See instructions. <th>Ta</th> <th></th>	Ta										
May the IRS discuss this return with the preparer's name     PRESIDENT       Paid Preparer Use Only     Print/Type preparer's name     Preparer's signature       Paid Preparer Use Only     Problematic Structure     Date	Ci~-		er penalties of perjury complete. Declaration	i declare that of preparer	at I have examined thi (other than taxpayer)	is return, including accomp is based on all information	anying schedules and stater of which preparer has any k	ments, and to the bi mowledge.	≥st of my know	ledge and bel	ef, it is true, correct.
Paid Preparer Use Only     Preparer's name Preparer     Preparer's signature     Date Preparer's signature     Date Preparer's signature     Date Og=16-2018     Check (M) if self-employed     PTIN P00391972       Preparer's signature     Preparer's signature     Date     Check (M) if 900391972     PTIN       Preparer's name     PROBERT S SEMONIAN CPA     Pirm's address     Pgo Box 5605											
Paid     Preparer's name     Preparer's signature     Date     Check     if     PTIN       Paid     ROBERT S SEMONIAN CPA     Date     09-16-2018     self-employed     P00391972       Preparer     Firm's name     > ROBERT S SEMONIAN CPA     Firm's EIN     >95-4514704       Use Only     Firm's address     > PO BOX 5605     Phone no.	11010	10000		LNS		Date	2000	5N'I'			[
Paid     ROBERT S SEMONIAN CPA     09-16-2018     self-employed     P00391972       Preparer     Firm's name     > ROBERT S SEMONIAN CPA     Firm's EIN     > 95-4514704       Use Only     Firm's address     > PO BOX 5605     Phone no.			1	r's name		T	r m <sup>oue</sup>	Date			
Preparer     Firm's name     > ROBERT S     SEMONIAN CPA     Firm's EIN     >95-4514704       Use Only     Firm's address     > PO BOX 5605     Phone no.	Paid		1		AN CPA	т терага заунацие				_	
Use Only Firm's address > PO BOX 5605		arer				LAN CPA		1 05 10 20	1		
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						)5			(805	659-53	44

For Paperwork Reduction Act Notice, see separate instructions.

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Form 1120 (2016)

Sc	hedule C Dividends and Special Deductions (see instructions)	(a) Dividends		(c) Special deductions
		received	(b) %	(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	
Ū			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	
••			100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14				
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			
10	Deduction for dividends would be pretrie professed at at a factoria (1971).			
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 2			

}		1120(2016) BLUE POINT DEVELOPMENT INC	26-3541	207 Page
		chedule 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	▶ 🗌 📄	
	2	Income tax. Check if a qualified personal service corporation. See instructions	▶ 🗍 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)		
	с	General business credit (attach Form 3800) · · · · · · · · · · · · · · · · · ·		
	d	Credit for prior year minimum tax (attach Form 8827)		
	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)		
	b	Recapture of low-income housing credit (attach Form 8611)		
	с	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)		
	е	Alternative tax on qualifying shipping activities (attach Form 8902)		
	f	Other (see instructions - attach statement) · · · · · · · · · · · · · · · · · · ·		
	10	Total. Add lines 9a through 9f		
	11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		C 110
	*******	II - Payments and Refundable Credits	11	6,110
		2015 overpayment credited to 2016	12	
	13	2016 estimated tax payments		
an t	14			
	15	Combine lines 12, 13, and 14		
	16	Tax deposited with Form 7004	Lawrence and the second s	
	17	Withholding (see instructions)		
	18	Total payments. Add lines 15, 16, and 17	18	
	19	Refundable credits from:		
	а	Form 2439		
	b	Form 4136		
	С	Form 8827, line 8c · · · · · · · · · · · · · · · · · ·		
	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	
	Sc	hedule K Other Information (see instructions)		
	1	Check accounting method: a 🗌 Cash b 🔀 Accrual c 🗌 Other (specify) 🕨		Yes No
	2	See the instructions and enter the:		
	а	Business activity code no. 🕨 236200		
	b	Business activity 🕨 REAL ESTATE		
	с	Product or service  DEVELOPMENT AND CONSTRUCTION		
	3			<del></del> .   <sub>X</sub>
		If "Yes," enter name and EIN of the parent corporation		
	4	At the end of the tax year:		
	а		omnt	
	d			
		organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all d		
	1.	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		
		classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Sc		🕅 📔

Danka Michaels001433

Forn	n 1120 (2016) BLUE POINT DEVELOPMENT IN	IC	26-	3541207	F	⊃age 4
Sc	hedule K Other Information (continued from page 3)					
					Yes	No
5	At the end of the tax year, did the corporation:				ļ	ļ
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total w					
	any foreign or domestic corporation not included on Form 851, Affiliations Sched	ule? For rules of constructiv	e ownership, see instructions	• • • • • • •	ļ	X
	If "Yes," complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Percen	lage	1
	(i) Name of Corporation	Identification Number (if any)	Incorporation	Owned in Vo Stock		
•••••		(1 (2))		JIJON		
				<u> </u>	·····	·
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest or					
	(including an entity treated as a partnership) or in the beneficial interest of a trust?	For rules of constructive ow	nership, see instructions			<u>X</u>
	If "Yes," complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Maxim		L
	(i) Name of Entity	Identification Number	Organization	Percentage Ov	med in	
		(if any)		Profit, Loss, or (	Japital	
6	During this tax year, did the corporation pay dividends (other than stock d					
	excess of the corporation's current and accumulated earnings and profits	? See sections 301 and 3	316			X
	If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.	_				
7	If this is a consolidated return, answer here for the parent corporation and					
7	At any time during the tax year, did one foreign person own, directly or in classes of the corporation's stock entitled to vote or (b) the total value of			tall		
	For rules of attribution, see section 318. If "Yes," enter:	an classes of the corpor	alloff's slock?			<u>X</u>
	<ul> <li>(i) Percentage owned ▶ and (ii) Owner's could be a second of the first owner's could be a second owner's could be a</li></ul>	intrv 🕨				
	(c) The corporation may have to file Form 5472, Information Return of a		.S. Corporation or a Foreig	n		
	Corporation Engaged in a U.S. Trade or Business. Enter the number of F	*	► 0			
8	Check this box if the corporation issued publicly offered debt instruments	with original issue discou	nt • • • • • • •			
	If checked, the corporation may have to file Form 8281, Information Retu	urn for Publicly Offered C	Driginal Issue Discount Inst	ruments.		
9	Enter the amount of tax-exempt interest received or accrued during the ta	xyear 🏼 🕨 S				
10	Enter the number of shareholders at the end of the tax year (if 100 or fewe					
11	If the corporation has an NOL for the tax year and is electing to forego the			· · · · ▶[]		
	If the corporation is filing a consolidated return, the statement required by	Regulations section 1.15	02-21(b)(3) must be attach	ed		
12	or the election won't be valid.			1 070		
12	Enter the available NOL carryover from prior tax years (don't reduce it by Are the corporation's total receipts (page 1, line 1a, plus lines 4 through	•	the second s	<u>1,072</u>		
,0	tax year less than \$250,000?					Х
	If "Yes," the corporation isn't required to complete Schedules L. M-1, and			ŀ		<u> </u>
	and the book value of property distributions (other than cash) made during					
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain T					Х
	If "Yes," complete and attach Schedule UTP.					
15a	Did the corporation make any payments in 2016 that would require it to file	e Form(s) 1099?				X
b	If "Yes," did or will the corporation file required Forms 1099?			1		Χ
16	During this tax year, did the corporation have an 80% or more change in c				T	-
	own stock?			ŀ		X
17	During or subsequent to this tax year, but before the filing of this return, di			1		
10	of its assets in a taxable, non-taxable, or tax deferred transaction?			- F		X
18	Did the corporation receive assets in a section 351 transfer in which any c market value of more than \$1 million?			1		ų,
19	During the corporation's tax year, did the corporation make any payments					<u>X</u>
13	under chapter 3 (sections 1441 throuth 1464) or chapter 4 (sections 1471					Х
EEA				Form 1	120 ()	

	1120 (2016) BLUE POINT DEVE	LOPMENT INC			26-35	41207	Page 5
Sc	hedule L Balance Sheets per Books	Beginning	g of tax	year	End of ta	x year	
	Assets	(a)		(b)	(c)	(d)	
1	Cash • • • • • • • • • • • • • • • • • • •			11,283		52	,164
2a	Trade notes and accounts receivable			L	58,469		
b	Less allowance for bad debts	(	)	(	)	58	,469
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions) • • • •						
6		Statement #8				1	,891
7	Loans to shareholders		ļ	3,891	_		
8	Mortgage and real estate loans • • • • • • • •						
9	Other investments (attach statement)				_		
	Buildings and other depreciable assets	457,833	4		524,446		
	Less accumulated depreciation	( 396,505)	<u>) </u>	61,328 (	473,974)	50	,472
	Depletable assets		4				
	Less accumulated depletion	()	)	(	)		
12	Land (net of any amortization) • • • • • • •		ļ				
	Intangible assets (amortizable only)		4		·····		
	Less accumulated amortization	()	)	K	)		
14	Other assets (attach statement)						
15	Total assets			76,502		162	,996
40	Liabilities and Shareholders' Equity						
16	Accounts payable · · · · · · · · · · · · · · · · · · ·			05 450	-		
17	Mortgages, notes, bonds payable in less than 1 year · · ·			25,452			,452
18		Statement #11			<b> </b>		,110
19	Loans from shareholders					40	,000
20	Mortgages, notes, bonds payable in 1 year or more						
21 22	Other liabilities (attach statement) · · · · ·						
~~	Capital stock: a Preferred stock · · · · ·	1 000	-	1 000	1 0 0 0	-	0.0.0
23	b Common stock · · · · ·	1,000	╉────	1,000 25,000	1,000	<u>_</u>	<u>,000</u> ,000
24	Additional paid-in capital			25,000		20	,000
25	Retained earnings-Appropriated (attach statement) · · · Retained earnings-Unappropriated · · · · · ·			25,050	-		171
26	Adjustments to shareholders' equity (attach statement)					<u> </u>	,434
27	Less cost of treasury stock · · · · · · · · · · ·				-		······
28	Total liabilities and shareholders' equity		<u> </u>	76,502	<u> </u>	160	,996 ,996
-	redule M-1 Reconciliation of Income (Los	s) per Books With Inc	Lome r		L_	102	, 990
L	Note: The corporation may be r						
1	Net income (loss) per books	40,384	7	Income recorded on	books this year		
2	Federal income tax per books	6,110	1	not included on this			
3	Excess of capital losses over capital gains		1	Tax-exempt interest			
4	Income subject to tax not recorded on books		1	·			
	this year (itemize):						
			8	Deductions on this r	eturn not charged	********	
5	Expenses recorded on books this year not		]	against book income	e this year (itemize):		
	deducted on this return (itemize):		a	Depreciation · ·	· · · s		
а	Depreciation · · · · · §		b	Charitable contributi	ons s		
	Charitable contributions				· · · · · · · · · · · · · · · · · · ·		
с	Travel and entertainment § 5, 314						
		5,314	9	Add lines 7 and 8			
6	Add lines 1 through 5	51,808	10		28)-line 6 less line 9	51	,808
L	nedule M-2 Analysis of Unappropri		T			L)	
1	Balance at beginning of year	25,050	5		Cash • • • • • •		
2	Net income (loss) per books	40,384	-		Stock		
3	Other increases (itemize):				Property · · · ·		
			6	Other decreases (ite	mize):		
,	Add lines 4, 2, and 2	CF ADA	7	Add lines 5 and 6	•••••		
4	Add lines 1, 2, and 3 • • • • • • • • • • • • • • • • • •	65,434	8	Balance at end of ye	ar (line 4 less line 7)		,434
EEA						Form 11	<b>20</b> (2016)

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Danka Michaels001435

AA03216

Form <b>4626</b>	Alternative Minimum Tax - Corporations		2016			
Department of the Treasur Internal Revenue Service	epartment of the Treasury					
Name	Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.	ntification r	umber			
BLUE POIN		5412				
	instructions to find out if the corporation is a small corporation exempt from the		0,			
	imum tax (AMT) under section 55(e).					
	e or (loss) before net operating loss deduction	1	51,808			
2 Adjustments	ind preferences:					
a Depreciation c	post-1986 property	2a				
b Amortization o	certified pollution control facilities	2b				
	mining exploration and development costs	2c				
d Amortization o	circulation expenditures (personal holding companies only)	2d				
e Adjusted gain	r loss	2e				
-	racts • • • • • • • • • • • • • • • • • • •	2f				
	e capital construction funds	2g				
	deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h				
	n activities (personal service corporations only)	2i				
	es (closely held corporations and personal service corporations only)	2j				
	• • • • • • • • • • • • • • • • • • • •	2k				
	· · · · · · · · · · · · · · · · · · ·	21				
	erest income from specified private activity bonds	2m				
		2n				
-	nts and preferences	20	E1 004			
s rie-aujustitier	alternative minimum taxable income (AMTI). Combine lines 1 through 20	3	51,80			
4 Adjusted curr	ent earnings (ACE) adjustment:					
	10 of the ACE worksheet in the instructions $\cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots = 4a$ 51,808					
	from line 4a. If line 3 exceeds line 4a, enter the difference as a					
	nt. See instructions · · · · · · · · · · · · · · · · · · ·					
-	by 75% (0.75). Enter the result as a positive amount $\cdot \cdot					
	ss, if any, of the corporation's total increases in AMTI from prior					
	stments over its total reductions in AMTI from prior year ACE					
	ee instructions. Note: You must enter an amount on line 4d					
even if line 41	is positive)					
e ACE adjustme						
<ul> <li>If line 4b is</li> </ul>	zero or more, enter the amount from line 4c	4e	(			
If line 4b is	ess 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	51,808			
6 Alternative tax	net operating loss deduction. See instructions	6				
7 Alternative m	nimum taxable income. Subtract line 6 from line 5. If the corporation held a residual					
	MIC, see instructions	7	51,808			
	ase-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					
-	p, see instructions). If zero or less, enter -0- · · · · · · · · · · · · · · · · · ·					
b Multiply line 8a	by 25% (0.25) ••••••••••••••••••••••••••••••••••••					
	ptract line 8b from \$40,000 (if completing this line for a member of a controlled group,					
c Exemption. Su	s). If zero or less, enter -0- ••••••••••••••••••••••••••••••••••	8c	40,000			
see instruction	: from line 7. If zero or less, enter -0- · · · · · · · · · · · · · · · · · ·	9				
see instruction 9 Subtract line 8			0 0 0 0			
<ul><li>see instruction</li><li>9 Subtract line 8</li><li>0 Multiply line 9</li></ul>	y 20% (0.20) · · · · · · · · · · · · · · · · · · ·	10	2,362			
<ul><li>see instruction</li><li>Subtract line 8</li><li>Multiply line 9</li><li>Alternative mir</li></ul>	y 20% (0.20) · · · · · · · · · · · · · · · · · · ·	11				
<ul> <li>see instruction</li> <li>Subtract line 8</li> <li>Multiply line 9</li> <li>Alternative mini</li> <li>Tentative mini</li> </ul>	y 20% (0.20) · · · · · · · · · · · · · · · · · · ·		2,362			
<ul> <li>see instruction</li> <li>Subtract line 8</li> <li>Multiply line 9</li> <li>Alternative mini</li> <li>Tentative mini</li> <li>Regular tax lia</li> </ul>	y 20% (0.20) · · · · · · · · · · · · · · · · · · ·	11	2,362			
<ul> <li>see instruction</li> <li>Subtract line 8</li> <li>Multiply line 9</li> <li>Alternative minini</li> <li>Regular tax lia</li> <li>Alternative m</li> </ul>	y 20% (0.20) · · · · · · · · · · · · · · · · · · ·	11 12	2,362 2,362 6,110			

Form	4	1	25	-A

# Cost of Goods Sold

OMB No. 1545-0123

(Rev. October 2016)
Department of the Treasury Internal Revenue Service

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.

Name			Employer id	lentification nu	mber
BL	JE POINT DEVELOPMENT INC		26-3	541207	
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,	
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				Π
С	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)				П
ď	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed				
	under LIFO	9d			
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	•	• • • • • •	T Yes	X No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Y	es."		<u> </u>	<u></u>
	attach explanation			Yes	X No
				<b>-</b> -	<u> </u>

SCHEDULE G (Form 1120) (Rev December 2011) Department of the Treasury Internal Revenue Service	Information or Corpo	n Certain Pe Dration's Vot ▶ Attach to Form ▶ See instructi	ing Stock	g the	OMB No. 1545-0123
Part I Certain Er columns (i) as a partne	VELOPMENT INC <b>ntities Owning the Corporat</b> ) through (v) below for any for ership), trust, or tax-exempt of 50% or more of the total voting s).	reign or domes rganization tha	tic corporation, pa t owns directly 20	), Schedule K, rtnership (incl % or more, or	uding any entity treated owns, directly or
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Or	janization (v) P	ercentage Owned in Voting Stock
Question 4 more, or o	dividuals and Estates Own 4b). Complete columns (i) thro owns, directly or indirectly, 50% led to vote (see instructions).	ough (iv) below	for any individual	or estate that er of all classe	towns directly 20% or
	(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

see the Instructions for Form 1120.

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# **Compensation of Officers**

Department of the Treasury Internal Revenue Service

(Rev. October 2016)

Form

## 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. Name

BLUE POINT DEVELOPMENT INC

Employer identification number 26-3541207

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer		(b) Social security number	(c) Percent of time devoted to	Percent of s	tock owned	(f) Amount of	
(d) (d)		(see instructions)	business	(d) Common	(e) Preferred	compensation	
1 THOMAS PICKEN	IS		40 %	100 %	%	190,000	
			%	%	%		
			%	%	%		
			%	%	%		
		All	%	%	%		
			%	%	%		
	******		%	%	%		
			%	%	%		
			%	%	%		
•			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%	di <b>di secondo de la constanta /b>	
			%	%			
					%		
*****			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
2 Total compensatio	n of officers				2	190,000	
3 Compensation of c	officers claimed on Form 1125	5-A or elsewhere on return	. <i></i> .		3		
4 Subtract line 3 from	n line 2. Enter the result here	and on Form 1120, page 1, line	e 12 or the				
appropriate line of		· · <i>· · · · ·</i> · · · · · · · · · · · ·				<b>190,000</b> <b>5-E</b> (Rev. 10-2016)	

EEA

Form 4562 Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.								OMB No. 1545-0172 2016	
	tment of the Treasury al Revenue Service (99)	Informatio	n about Form 45		-	is at www.irs.g	ov/form4	562.	Attachment Sequence No. 179
Name	(s) shown on return				lusiness or activity to v				Identifying number
	JE POINT DE				FORM 11.				26-3541207
Pa		•	e Certain Pr						
			ed property, comp						
1	Maximum amount (		,					1	500,000
2	Total cost of section		,					2	66,613
3	Threshold cost of se		-		,			3	2,010,000
4 5	Reduction in limitati						• • • •	4	0
5	Dollar limitation for t	-				5			500.000
6	separately, see instr			<u> </u>				5	500,000
		(a) Description of p	roperty	(b	) Cost (business use		elected cost		-
	Statement #568	5			66,6	13	66,6	<u>L 3</u>	
7	Listed property. Ente	er the amount fr	iom line 29	<u>l</u>		7			
8	Total elected cost of				L	· · · · · · · ·		8	66,613
9	Tentative deduction		. ,	\$ 77				9	66,613
10	Carryover of disallo							10	00,010
11	Business income lin							11	118,421
12	Section 179 expens							12	66,613
13	Carryover of disallow				r	13		L	007020
Note	: Don't use Part II or	Part III below f	or listed property.	Instead, use Par	t V.		·····		<b></b>
Pa			n Allowance			(Don't include I	sted prop	erty.) (	See instructions.)
14	Special depreciation							T	
	during the tax year (	see instructions	s) • • • • • • •					14	
15	Property subject to a	section 168(f)(1	) election · ·	• • • • • • • •	• • • • • • • • •			15	
16	Other depreciation (							16	10,856
Pa	rt III   MACRS	5 Depreciati	on (Don't inclu	ide listed property	<ol> <li>(See instructio</li> </ol>	ns.)			
					tion A			·	
17	MACRS deductions					• • • • • • • •	• • • •	17	
18	If you are electing to					-			
	asset accounts, che	****	· · · · · · · · ·					<u> </u>	
	5ec	tion B - Assets	(b) Month and year	ce During 2016 I (c) Basis for deprec		e General Depr	eciation S	ystem	
	(a) Classification of pr	operty	placed in service	(business/investmen only-see instructio	tuse (d) Recove	ery (e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property		4						
b	5-year property		-						
	7-year property		-						
	10-year property		-						
 f	15-year property		4						
	20-year property 25-year property		-		25.100				
g h	Residential rental				25 yrs 27.5 yr		S/		
	property						S/		
i	Nonresidential real				27.5 yr 39 yrs		S/		
-	property					MM			
		ion C - Assets	Placed in Service	During 2016 Ta	x Year Using the			*****	m
20 a			T					1	
b	12-year								
С									
Pai	t IV Summa	ry (See instru	ctions.)						
21	Listed property. Ente						• • • •	21	
22	Total. Add amounts	from line 12, li	nes 14 through 17	, lines 19 and 20	in column (g), an	id line 21. Enter			
	here and on the app	ropriate lines of	your return. Partr	nerships and S co	rporations - see in	nstructions		22	77,469
23	For assets shown at	bove and place	d in service during	the current year,	enter the				
	portion of the basis a	attributable to se	ection 263A costs		<u></u>	23			
For P	aperwork Reduction	n Act Notice, s	ee separate instr	uctions.					Form 4562 (2016)

EEA

Form 8879-C IRS <i>e-file</i> Signature Authorization for Form 1120						
	For calendar year 2016, or tax year beginning	2016				
Department of the Treasury	Do not send to the	IRS. Keep for your records.	2010			
Internal Revenue Service	Information about Form 8879-C and	its instructions is at www.irs.gov/form8879c.				
	EVELOPMENT INC	Employer identificati 26-35412				
Construction of the second	urn Information (Whole dollars only)		·····			
5 C		• • • • • • • • • • • • • • • • • • • •				
		· • · • · · · · · · · · · · · · · · · ·				
	3	· · · · · · · · · · · · · · · · · · ·				
1						
		Officer. Be sure to get a copy of the o				
2016 electronic income ta true, correct, and complet electronic income tax retu send the corporation's rel transmission, (b) the reas the U.S. Treasury and its institution account indicate the financial institution to or <b>1-888-353-4537</b> no later to in the processing of the el issues related to the paym income tax return and, if a <b>Officer's PIN: check one</b> in the corpora	x return and accompanying schedules and staten e. I further declare that the amounts in Part I abov rn. I consent to allow my electronic return originat urn to the IRS and to receive from the IRS (a) an ion for any delay in processing the return or refur designated Financial Agent to initiate an electronic ad in the tax preparation software for payment of t debit the entry to this account. To revoke a payme han 2 business days prior to the payment (settlei ectronic payment of taxes to receive confidential i nent. I have selected a personal identification num upplicable, the corporation's consent to electronic <b>e box only</b> <u>ROBERT S SEMONIAN CPA ERO firm name</u> tion's 2016 electronically filed income tax return.		is ation's der to n of the at ind at involved ve tronic			
Officer's signature		Date ▶ <u>05-01-2017</u> Title ▶ <u>PRE</u>	SIDENT			
Part III Certific	ation and Authentication					
			0705			
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit self-s		18765 not enter all zeros			
certify that the above nur	neric entry is my PIN, which is my signature on th	e 2016 electronically filed income tax return for the				
corporation indicated abo	ve. I confirm that I am submitting this return in ac	cordance with the requirements of Pub. 3112, IRS				
Application and Participat Returns.	ion, and Pub. 4163, Modernized e-File (MeF) Info	ormation for Authorized IRS e-file Providers for Bus	iness			
ERO's signature		Date ▶ <u>09-1</u>	6-2018			
		s Form - See Instructions le IRS Unless Requested To Do So				
For Paperwork Reductio	n Act Notice, see instructions.		Form 8879-C (2016)			

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Federal Supporting State	ements	2016 PG01
Name(s) as shown on return		EIN
BLUE POINT DEVELOPMENT INC		26-3541207
FORM 1120 - LINE 26 - OT	HER DEDUCTIONS	Statement #5
DESCRIPTION		AMOUN
BANK CHARGES		308
COMPUTER LIABILITY INSURANCE		11,844
JANITORIAL		16,385 150
MEALS AND ENTERTAINMENT 50% LIMIT		5,315
OFFICE EXPENSE		20,196
PAYROLL PROCESSING EXPENSES SECURITY		1,782
TRAVEL		557
UTILITIES		718
STORAGE CONSTRUCTION TRUCKS AND OTHER VEHICLES		4,667 65,569
CONSTRUCTOR INCOME WAS STREET ADDITED		03,309
TOTAL	~	127,821
		PG01
SCHEDULE L - LINE 6		Statement #8
DESCRIPTION	BEG OF YE	
ADVANCES	Without collaboral Patiential Systems and Alia Analoga National collision	1,8
TOTAL		1,8
	AUGAT ATOMI, BANKA BARKA SAMAN ANA ANA ANA ANA ANA ANA ANA ANA ANA	NY TANÀN' DESIGNA ANNA AND AND AND AND AND AND AND AND
		PG01
SCHEDULE L - LINE 18		<b>PGUI</b> Statement #11
DESCRIPTION	BEG OF YE	AR END OF YEA
INCOME TAXES PAYABLE		6,1
TOTAL		6,11
	"WERK ROOM" "WORK STATUS TON' WARK WARK AND A TON'	0,1.

STATMENTLD

	Federal Supporting Statem	ents	2016 PG01
Name(s) as shown on return BLUE POINT DEVELOPMEN	AT INC		FEIN
			26-3541207
FOI	RM 1125A - LINE 5 - OTHE	R COST	Statement #7
DESCRIPTION JOB SITE EXPENSES AND	) TRAVEL		AMOUN' 231,00
CONSTRUCTION MATERIAL			20,475
JOB PERMITS EQUIPMENT RENTAL			4,20
			1,432
TOTAL			257,120
			PG01
	FORM 4562 - LINE 6		Statement #568
DESCRIPTION OF PROPER COMPUTER EQUIP	<u>XTY</u>	COST	ELECTED COST
CONSTRUCTION EQUIP		37,993	20,042 37,993
OFFICE FURNITURE			1,978
TOTAL		66,613	66,613
		Status and an experimental status and a second status and a sec	-Charles Allering strategy spectra strategy and strategy and strategy and strategy and spectra and spectra strategy and spectra strateg

STATMENT.LD

# **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) P.O. Box 6995 Portland, OR 97228-6995

# Your Business and Wells Fargo

The Wells Fargo Works Project is an online video series following five small business owners as they receive help and guidance from Wells Fargo for business goals that range from creating a marketing plan to positioning their business for sale. See how Wells Fargo works for these small businesses and can work for you at wellsfargoworks.com.

### Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellstargo.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 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

**Overdraft Protection** 

1

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.

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

TP05428 AA03225



## 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 ba	lance 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/leefaq to find answers to common questions about the monthly service fee on your account.

Fee period 05/29/2014 - 05/31/2014 S	tandard 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	Minimum required	This fee period			
Have any ONE of the following account requirements					
Minimum daily balance	\$3,000.00	SO.00 🗆			
Average ledger balance	\$6,000.00	\$9,333.00 🗹			
<ul> <li>Qualifying transaction from a linked Wells Fargo Business Payroll Services acco wawa</li> </ul>	unt 1	0 🗆			

## Account transaction fees summary

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Service charge description	Units used	Units included	Excess units	Service charge per excess units (S)	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.



### 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.

### Account Balance Calculation Worksheet

- 1. Use the following worksheet to calculate your overall account balance.
- 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.
- 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

Α.	The ending balance	
	shown on your statement	\$
AL	ממ	

B. Any deposits listed in your	S
register or transfers into	s
your account which are not	s
shown on your statement.	+ S
·····	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)	

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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.

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Sheet Seq = 0099123 Sheet 00002 of 00002

This amount should be the same as the current balance shown in your check register .....

> TP05430 AA03227

# **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 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

# 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

### **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.

### 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** 



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



## Transaction history

Date	Check Number		Deposits/	Withdrawals/	Ending daily
	Number	Description	Credits	Debits	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 Xxxxxxxxx69402 on 06-27		350.00	3,470.09
6/30		Deposit Made In A Branch/Store	30,000.00		33,470.09
Ending bala	nce 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/teefaq to find answers to common questions about the monthly service fee on your account.

ee 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 lee period
Have any ONE of the following account requirements		
Minimum daily balance	\$3,000.00	\$3,470.09
Average ledger balance	\$6,000.00	\$7,533.00
· Qualifying transaction from a linked Wells Fargo Business Payroll Services acc	count 1	0 🗆
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

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.

# IMPORTANT ACCOUNT INFORMATION



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

TP05433 AA03230



### 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.

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	s
register or transfers into	s
your account which are not	\$
shown on your statement.	+ S
	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)	

Number	Items Outstanding	Amoun
		-
		-
		-

You must describe the specific information that is inaccurate or indispute

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.

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This amount should be the same as the current balance shown in your check register .....

> TP05434 AA03231

# **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

# 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

# Activity summary Beginning balance on 7/1 Deposits/Credits

Average ledger balance this period

**Overdraft Protection** 

Withdrawals/Debits

Ending balance on 7/31

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.

\$33,470.09

88,820.51

86,084.17

\$36,206.43

\$44,588.95

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells(argo.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 Overdratt Protection



Account number: 8074759112 BLUE POINT DEVELOPMENT Nevada account lerms and conditions apply

For Direct Deposit use Routing Number (RTN): 321270742

For Wire Transfers use Routing Number (RTN): 121000248

# TP05435 AA03232



## Transaction history

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balanc
7/1		Harland Clarke Check/Acc. 063014 00725837575482 Blue Point Development	1.1	62.06	
7/1	1004	Check		2,300.00	31,108.0
7/2		Online Transfer to Pickens T Premier Checking xxxxx3436 Ref #Ibettckl7x on 07/01/14	The later of	10,000.00	21,108.0
7/3		Deposit	50,000.00		71,108.0
7/7	1001	Check	and the second second second	48.36	71,059.6
7/10		Bill Pay Allstate Insuran on-Line xxxx34796 on 07-10		1,476.71	
7/10		Adp TX/Fincl Svc Adp - Tax 140710 477520304421Uhe Blue Point Development		16,670.70	1.00
7/10		Adp TX/Fincl Svc Adp - Tax 140710 Rmuhe 071114A01 Blue Point Development		8,709.86	44,202.4
7/11	1002	Check		2,152.50	42,049.9
7/14	1005	Check		541.50	
7/14		Adp Payroll Fees Adp - Fees 140714 2Ruhe 5608986 Blue Point Development		63.30	41,445.1
7/16	1006	Check		1,000.00	40,445.1
7/18		Adp Payroll Fees Adp - Fees 140718 2Ruhe 6189573 Blue Point Development		63.30	40,381.8
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 Rlb#		15.00	
7/23	1007	Check		300.00	44,554.3
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	18,456.4
7/25		Edeposit IN Branch/Store 07/25/14 04:17:29 Pm 8350 W Cheyenne Ave Las Vegas NV 9112	4,333.00		22,789.4
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 Rlb#		15.00	
7/28	1.5	Online Transfer to Patience One LLC Ret #lbe5K7Vk6W Business Checking Rent Suite 208		4,000.00	
7/28	1009	Check	2004) 	2,540.00	46,234.45
7/30		Bill Pay American Express on-Line xxxxxxxx72004 on 07-30		9,000.00	
7/30	1011	Check		900.00	36,334.4
7/31		Adp TX/Fincl Svc Adp - Tax 140731 Rmuhe 1226836Vv Blue Point Development		128.02	36,206.4
Ending bala	nce 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.



### Monthly service fee summary

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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	S18,456.45 🗹
<ul> <li>Average ledger balance</li> </ul>	\$6,000.00	S44,589.00 Z
· Qualifying transaction from a linked Wells Fargo Business Payroll Services act	count 1	0 🗖
WEWB		

## Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (S)	Total service charge (S)
Transactions	20	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.

TP05437 AA03234



Amount

### 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 indispute 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.

Items Outstanding

Number

### 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.

 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

	The ending balance	
	shown on your statement \$	

ADD		
B. Any deposits listed in your	s	
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		

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	And the second	
	Total amount \$	

### 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	S .

withdrawals from the chart above . . . . . . . . . . . . \$

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# **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 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 wells/argoworks.com

### Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellslargo.com/biz or call the number above if you have questions or il you would like to add new services.

Business Online Banking Online Statements Business Bill Pay Business Spending Report Overdraft Protection

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# M 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

	Check		Deposits/	Withdrawals/	Ending daily
	Number	Description	Credits	Debits	balance
8/1		Adp Payroll Fees Adp - Fees 140801 2Ruhe 6802704 Blue Point Development		63.30	36,143.1
8/4	1010	Check		456.00	35,687.1
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	10,311.5
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 Tm#140814121365 Rlb# 2275491	175,655.38		
8/14		Wire Trans Svc Charge - Sequence: 140814121365 Srl# 2014081400008483 Trn#140814121365 Rlb# 2275491		15.00	185,473.73
8/15	10	Adp Payroll Fees Adp - Fees 140815 2Ruhe 7399895 Blue Point Development		63.30	185,410.43
8/18	1014		1	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 - Srf# 20142310877700 Trn#140819124702 RIb#	3,320.20		
8/19		Online Transfer From Patience One LLC Business Checking xxxxxx9104 Ref #lben2Pbw8W on 08/19/14	21,000.00		
8/19		Wire Trans Svc Charge - Sequence: 140819124702 Srf# 20142310877700 Trn#140819124702 Rfb#		15.00	1.1.1
8/19		Online Transfer to Patience One LLC Business Checking xxxxxx9104 Ref #lbegxgw6S9 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 Xxxxxxxxx69402 on 08-26	and a strend store	375.00	43,062.62
8/29		Deposit	4,333.00	A STREET AND A STREET	
8/29	2.13	Adp Payroll Fees Adp - Fees 140829 2Ruhe 7991740 Blue Point Development		63.30	5.000
8/29	1019	Check		2,000.00	45,332.32
Ending balance o	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.

## 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

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/leefaq to find answers to common questions about the monthly service fee on your account.

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		
<ul> <li>Minimum daily balance</li> </ul>	\$3,000.00	\$1,722.62
<ul> <li>Average ledger balance</li> </ul>	\$6,000.00	\$50,190.00
· Qualifying transaction from a linked Wells Fargo Business Payroll Services acc	count 1	0 🗆
WBW8		

### Account transaction fees summary

used	Units included	Excess units	Service charge per excess units (S)	Total service charge (\$)
20	150	0	0.50	0.00
		used included	used included units	used included units excess units (S)

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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.

TP05441 AA03238



#### 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.

#### Account Balance Calculation Worksheet

- 1. Use the following worksheet to calculate your overall account balance.
- 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.
- 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.

E	NTER		
A.	The ending balance		
	shown on your statement	\$	
A	DD		
в.	Any deposits listed in your	S	
	register or transfers into	\$	
	your account which are not	s	
	shown on your statement.	+ \$	
		TOTAL \$	
C/	ALCULATE THE SUBTOTAL		
	(Add Parts A and B)		
		TOTAL \$	
su	JBTRACT		
c.	The total outstanding checks and		
	withdrawals from the chart above	······- \$	
CA	ALCULATE THE ENDING BALANCE		
	(Part A + Part B - Part C)		
	This amount should be the same		

Number	Items Outstanding	Amount
	Total amou	int S

You must describe the specific information that is inaccurate or indispute

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.

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as the current balance shown in your check register .....

> TP05442 AA03239

# **Business Checking**

Account number: 8074759112 September 1, 2014 - September 30, 2014 Page 1 of 5

# WELLS FARGO

#### 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: wellstargo.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 wells(argoworks.com

### Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellstargo.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

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	$\checkmark$
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# M 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 Translers 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

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
9/2		Online Transfer From Pickens T Premier Checking xxxxx3436 Ret #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 xxxxxxxx51001 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	South
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	and the second second second	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 Ret #Ibe5Kphkpt Business Checking Loan Via Mobile	2,000.00		
9/17		Online Transfer From Pickens T Ref #lbek5Wgwy9 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 xxxxx3436 Ref #Ibexr4Pt88 on 09/18/14		10,000.00	
9/18		Online Transfer to Patience One LLC Business Checking xxxxxx9104 Ref #lbexr4Ptd9 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 #lbetv3Kspr Business Checking Rent Suite 208		4,000.00	
9/19		Bill Pay Cox Communicatio on-Line Xxxxxxxxx69402 on 09-19		375.00	31,057.45
9/22		Bill Pay American Express on-Line xxxxxxxx63006 on 09-22		2,000.00	
9/22	- Inter	Bill Pay American Express on-Line xxxxxxxx72004 on 09-22		8,000.00	21,057.45
9/23		Check		156.33	20,901.12
9/24		WT Fed#02879 First American Tru /Org=First American Title Insurance CO - Srf# 20142670915300 Trn#140924138179 Rfb#	2,846.73		
9/24		Wire Trans Svc Charge - Sequence: 140924138179 Srf# 20142670915300 Trn#140924138179 Rlb#	- 12 SC	15.00	23,732.85
9/26		Deposit	4,333.00		
9/26		Online Transfer From Pickens T Premier Checking xxxxx3436 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 balan	ce 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.



#### 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 SO.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 🗖
<ul> <li>Average ledger balance</li> </ul>	\$6,000.00	\$18,658.00
· Qualifying transaction from a linked Wells Fargo Business Payroll Services acc	ount 1	0 🗆
WBWB		

#### Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (S)	Total service charge (S)
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 lees, 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
- Infofax 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 Infofax monthly base will change to Infofax previous day monthly base

- Wire notification Infofax and email will change to Infofax 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/lee\_information or contact your local banker.

# TP05446 AA03243



#### 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.

## 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.

 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 I	balance		
shown on yo	ur statement	\$	
ADD			
B. Any deposits	listed in your	c	
		5	
register or tra		s	
	t which are not	\$	
shown on yo	ur statement.	+ S	
		TOTAL S	
CALCULATE T	HE SUBTOTAL		
(Add Parts A	and B)		
*******		TOTAL \$	
SUBTRACT			
C. The total out	standing checks and		
	from the chart above	s	
CALCULATE T	HE ENDING BALANCE		
(Part A + Par	t B - Part C)		
	should be the same		

s

Number	Items Outstanding	Amour
		and the second

You must describe the specific information that is inaccurate or indispute

information that relates to an identity theft, you will need to provide us with

an identity theft report.

and the basis for any dispute with supporting documentation. In the case of

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as the current balance shown in your check register .....

> TP05447 AA03244

# **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** 

Account number: 8074759112

Nevada account terms and conditions apply

Routing Number (RTN): 321270742

Routing Number (RTN): 121000248

BLUE POINT DEVELOPMENT

For Direct Deposit use

For Wire Transfers use

$\checkmark$	
$\checkmark$	
$\checkmark$	
$\checkmark$	

#### 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

#### **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.

# **TP05448** AA03245



# 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 Srf# 2014100300006143 Tm#141003085018 Rfb# 2334324	385,445.84		-
10/3		Wire Trans Svc Charge - Sequence: 141003085018 Srl# 2014100300006143 Trn#141003085018 Rlb# 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 xxxxx12066 on 10-07		626.37	
10/7		Bill Pay 16217312095 on-Line xxxxx12095 on 10-07		631.52	
10/7		Bill Pay 16217312014 on-Line xxxxx12014 on 10-07		645.70	
10/7		Bill Pay 16217312043 on-Line xxxxx12043 on 10-07		659.72	
10/7		Bill Pay 16217312072 on-Line xxxxx12072 on 10-07		664.84	
10/7		Bill Pay 16217312101 on-Line xxxxx12101 on 10-07		669.97	
10/7		Bill Pay 16217312039 on-Line xxxxx12039 on 10-07		716.04	
10/7		Bill Pay 16217312033 on-Line xxxxx12033 on 10-07		718.80	
10/7		Bill Pay 16217312027 on-Line xxxxx12027 on 10-07		718.80	
10/7		Bill Pay 16217312068 on-Line xxxxx12068 on 10-07		721.18	
10/7		Bill Pay 16217312003 on-Line xxxxx12003 on 10-07		721.25	
0/7		Bill Pay 16217312062 on-Line xxxxx12062 on 10-07		723.93	
0/7		Bill Pay 16217312056 on-Line xxxxx12056 on 10-07		723.93	
0/7		Bill Pay 16217312097 on-Line xxxxx12097 on 10-07		726.31	
0/7		Bill Pay 16217312035 on-Line xxxxx12035 on 10-07		727.04	
0/7		Bill Pay 16217312091 on-Line xxxxx12091 on 10-07		729.05	
0/7		Bill Pay 16217312085 on-Line xxxxx12085 on 10-07		729.05	
0/7		Bill Pay 16217312064 on-Line xxxxxx12064 on 10-07		732.17	
0/7		Bill Pay 16217312004 on-Line xxxxx12004 on 10-07		735.01	
0/7		Bill Pay 16217312022 on-Line xxxxx12022 on 10-07		736.64	
0/7		Bill Pay 16217312093 on-Line xxxxx12093 on 10-07		737.29	_
0/7		Bill Pay 16217312051 on-Line xxxxx12051 on 10-07		741.79	
0/7		Bill Pay 16217312080 on-Line xxxxx12080 on 10-07		746.91	
0/7		Bill Pay 16217312007 on-Line xxxxx12007 on 10-07	and the second second	748.72	
0/7		Bill Pay 16217312025 on-Line xxxxx12025 on 10-07		750.40	
0/7		Bill Pay 16217312024 on-Line xxxxx12024 on 10-07		750.40	1
0/7		Bill Pay 16217312054 on-Line xxxxxx12054 on 10-07		755.53	
0/7		Bill Pay 16217312053 on-Line xxxxx12053 on 10-07		755.53	
0/7		Bill Pay 16217312083 on-Line xxxxxx12083 on 10-07		760.67	
0/7		Bill Pay 16217312082 on-Line xxxxx12082 on 10-07		760.67	A
0/7		Bill Pay 16217312030 on-Line xxxxx12030 on 10-07	the second second	764.11	
0/7		Bill Pay 16217312031 on-Line xxxxx12031 on 10-07		766.87	
0/7		Bill Pay 16217312029 on-Line xxxxx12029 on 10-07		766.87	
0/7		Bill Pay 16217312059 on-Line xxxxx12059 on 10-07		769.24	
0/7		Bill Pay 16217312060 on-Line xxxxx12060 on 10-07		772.01	
0/7		Bill Pay 16217312058 on-Line xxxxxx12058 on 10-07		772.01	
0/7		Bill Pay 16217312088 on-Line xxxxx12088 on 10-07		774.38	
0/7		Bill Pay 16217312089 on-Line xxxxx12089 on 10-07		777.14	
0/7		Bill Pay 16217312087 on-Line xxxxxx12087 on 10-07		777.14	
0/7		Bill Pay 16217312015 on-Line xxxxx12015 on 10-07		778.96	
0/7		Bill Pay 16217312002 on-Line xxxxxx12002 on 10-07		778.96	
0/7		Bill Pay 16217312005 on-Line xxxxx12005 on 10-07		785.84	
0/7		Bill Pay 16217312012 on-Line xxxxxx12012 on 10-07		788.57	
70		Bill Pay 16217312009 on-Line xxxxxx12009 on 10-07		788.57	
0/7		Bill Pay 16217312019 on-Line xxxxx12019 on 10-07		788.87	
0/7		Bill Pay 16217312008 on-Line xxxxxx12008 on 10-07		791.32	
0/7		Bill Pay 16217312048 on-Line xxxxxx12048 on 10-07		794.00	
0/7		Bill Pay 16217312020 on-Line xxxxx12020 on 10-07		794.35	



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 xxxxx12026 on 10-07		801.24	
10/7		Bill Pay 16217312124 on-Line xxxxx12124 on 10-07		802.54	
10/7		Bill Pay 16217312040 on-Line xxxxx12040 on 10-07		803.97	
10/7		Bill Pay 16217312034 on-Line xxxxx12034 on 10-07		803.97	
10/7		Bill Pay 16217312102 on-Line xxxxx12102 on 10-07		804.62	
10/7		Bill Pay 16217312078 on-Line xxxxx12078 on 10-07		804.62	
10/7		Bill Pay 16217312142 on-Line xxxxx12142 on 10-07		806.28 806.36	
10/7		Bill Pay 16217312055 on-Line xxxxx12055 on 10-07 Bill Pay 16217312032 on-Line xxxxx12032 on 10-07		806.71	
10/7		Bill Pay 16217312140 on-Line xxxxx12140 on 10-07		807.67	
10/7		Bill Pay 16217312063 on-Line xxxxx12063 on 10-07		809.11	
10/7		Bill Pay 16217312069 on-Line xxxxx12069 on 10-07		809.11	
10/7		Bill Pay 16217312084 on-Line xxxxx12084 on 10-07		811.50	
10/7		Bill Pay 16217312061 on-Line xxxxx12061 on 10-07		811.86	
10/7		Bill Pay 16217312006 on-Line xxxxx12006 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	
0/7		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	
0/7		Bill Pay 16217312090 on-Line xxxxxx12090 on 10-07		816.98	
0/7		Bill Pay 16217312071 on-Line xxxxxx12071 on 10-07		817.36	
0/7		Bill Pay 16217312067 on-Line xxxxxx12067 on 10-07		817.36	
0/7		Bill Pay 16217312065 on-Line xxxxxx12065 on 10-07		817.36	
10/7		Bill Pay 16217312190 on-Line xxxxxx12190 on 10-07		821.68	
0/7		Bill Pay 16217312023 on-Line xxxxx12023 on 10-07		821.85	
0/7		Bill Pay 16217312100 on-Line xxxxx12100 on 10-07		822.50	
0/7		Bill Pay 16217312096 on-Line xxxxx12096 on 10-07		822.50	
0/7		Bill Pay 16217312094 on-Line xxxxx12094 on 10-07		822.50	
0/7		Bill Pay 16217312188 on-Line xxxxx12188 on 10-07		823.06	
0/7		Bill Pay 16217312021 on-Line xxxxx12021 on 10-07		823.20	
0/7		Bill Pay 16217312206 on-Line xxxxx12206 on 10-07		826.80	
0/7		Bill Pay 16217312052 on-Line xxxxx12052 on 10-07		826.98	
0/7		Bill Pay 16217312028 on-Line xxxxx12028 on 10-07 Bill Pay 16217312204 on-Line xxxxx12204 on 10-07		827.32	
0/7		Bill Pay 16217312204 on-Line xxxxx12204 on 10-07 Bill Pay 16217312050 on-Line xxxxx12050 on 10-07		828.19 828.32	
0/7		Bill Pay 16217312050 on-Line xxxxx12050 on 10-07 Bill Pay 16217312081 on-Line xxxxx12081 on 10-07		832.12	
0/7		Bill Pay 16217312057 on-Line xxxxx12057 on 10-07		832.46	
0/7		Bill Pay 16217312057 On-Line xxxxx12057 On 10-07		833.47	
0/7		Bill Pay 16217312158 on-Line xxxxx12158 on 10-07		834.76	
0/7		Bill Pay 16217312222 on-Line xxxxx12222 on 10-07		837.07	
0/7		Bill Pay 16217312222 On-Line xxxxx12156 on 10-07		837.52	
0/7		Bill Pay 16217312086 on-Line xxxxx12086 on 10-07		837.59	
0/7		Bill Pay 16217312220 on-Line xxxxx12220 on 10-07		838.46	
0/7		Bill Pay 16217312126 on-Line xxxxx12186 on 10-07		906.85	
0/7		Bill Pay 16217312202 on-Line xxxxx12202 on 10-07		911.99	
0/7		Bill Pay 16217312218 on-Line xxxxx12218 on 10-07		922.24	
0/7		Bill Pay 16217312016 on-Line xxxxx12016 on 10-07		972.66	
0/7		Bill Pay 16217312001 on-Line xxxxx12001 on 10-07		972.66	
0/7		Bill Pay 16217312018 on-Line xxxxx12018 on 10-07		988.06	

# TP05450 AA03247



Date	Check Number Description	Deposits/ Withdrawals/ Credits Debits	Ending dail balanc
0/7	Bill Pay 16217312017 on-Line xxxxxx12017 on 10-07	988.06	
0/7	Bill Pay 16217312045 on-Line xxxxxx12045 on 10-07	988.06	
10/7	Bill Pay 16217312041 on-Line xxxxx12041 on 10-07	988.06	
0/7	Bill Pay 16217312047 on-Line xxxxx12047 on 10-07	993.20	
10/7	Bill Pay 16217312046 on-Line xxxxx12046 on 10-07	993.20	
10/7	Bill Pay 16217312074 on-Line xxxxx12074 on 10-07	993.20	
10/7	Bill Pay 16217312070 on-Line xxxxx12070 on 10-07	993.20	
10/7	Bill Pay 16217312103 on-Line xxxxx12103 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 xxxxx12076 on 10-07	998.33	
10/7	Bill Pay 16217312075 on-Line xxxxx12075 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 xxxxx12160 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 xxxxx12208 on 10-07	1,036.99	
10/7	Bill Pay 16217312114 on-Line xxxxx12114 on 10-07	1,037.80	
10/7	Bill Pay 16217312162 on-Line xxxxx12162 on 10-07 Bill Pay 16217312130 on-Line xxxxx12130 on 10-07	1,040.83	
10/7	Bill Pay 16217312130 on-Line xxxxx12130 on 10-07 Bill Pay 16217312178 on-Line xxxxxx12178 on 10-07	1,042.92	
10/7	Bill Pay 16217312224 on-Line xxxxx12224 on 10-07	1,043.55	
10/7	Bill Pay 16217312146 on-Line xxxxx12146 on 10-07	1,047.20	
10/7	Bill Pay 16217312106 on-Line xxxxx12106 on 10-07	1,048.79	
0/7	Bill Pay 16217312122 on-Line xxxxx12122 on 10-07	1,053.92	
0/7	Bill Pay 16217312138 on-Line xxxxx12138 on 10-07	1,059.06	
0/7	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	
0/7	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	
0/7	Bill Pay 16217312111 on-Line xxxxxx12111 on 10-07	1,113.38	
0/7	Bill Pay 16217312127 on-Line xxxxx12127 on 10-07	1,118.52	
0/7	Bill Pay 16217312143 on-Line xxxxx12143 on 10-07	1,123.64	
0/7	Bill Pay 16217312159 on-Line xxxxx12159 on 10-07	1,137.01	
0/7	Bill Pay 16217312191 on-Line xxxxxx12191 on 10-07	1,139.04	
0/7	Bill Pay 16217312113 on-Line xxxxxx12113 on 10-07	1,139.48	
0/7	Bill Pay 16217312175 on-Line xxxxxx12175 on 10-07	1,140.76	
0/7	Bill Pay 16217312115 on-Line xxxxxx12115 on 10-07	1,140.85	
0/7	Bill Pay 16217312207 on-Line xxxxx12207 on 10-07	1,144.18	
0/7	Bill Pay 16217312129 on-Line xxxxx12129 on 10-07	1,144.60	
0/7	Bill Pay 16217312131 on-Line xxxxx12131 on 10-07	1,145.97	
0/7	Bill Pay 16217312145 on-Line xxxxx12145 on 10-07	1,149.75	
0/7	Bill Pay 16217312147 on-Line xxxxx12147 on 10-07	1,151.12	
0/7	Bill Pay 16217312223 on-Line xxxxx12223 on 10-07 Bill Pay 16217312161 on-Line xxxxx12161 on 10-07	1,154.43	
0/7	Bill Pay 16217312163 on-Line xxxxx12163 on 10-07	1,156.24	
0/7	Bill Pay 16217312103 OFFEIne XXXXX12103 OF 10-07	1,160.00	
0/7	Bill Pay 16217312177 01-Line xxxxx12177 01 10-07	1,161.37	
0/7	Bill Pay 16217312193 on-Line xxxxx12193 on 10-07	1,165.14	
0/7	Bill Pay 16217312195 on-Line xxxxx12195 on 10-07	1,166.51	
0/7	Bill Pay 16217312209 on-Line xxxxx12209 on 10-07	1,170.27	1
0/7	Bill Pay 16217312211 on-Line xxxxx12211 on 10-07	1,171.64	
0/7	Bill Pay 16217312225 on-Line xxxxx12225 on 10-07	1,180.54	
0/7	Bill Pay 16217312227 on-Line xxxxxx12227 on 10-07	1,181.90	
0/7	Bill Pay 16217312116 on-Line xxxxxx12116 on 10-07	1,476.05	
0/7	Bill Pay 16217312132 on-Line xxxxxx12132 on 10-07	1,481.19	
0/7	Bill Pay 16217312148 on-Line xxxxxx12148 on 10-07	1,486.32	
0/7	Bill Pay 16217312164 on-Line xxxxxx12164 on 10-07	1,491.44	
0/7	Bill Pay 16217312180 on-Line xxxxxx12180 on 10-07	1,496.59	
0/7	Bill Pay 16217312196 on-Line xxxxxx12196 on 10-07	1,501.71	

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Date I	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
0/7		Bill Pay 16217312212 on-Line xxxxx12212 on 10-07		1,506.84	
0/7		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 xxxxx12234 on 10-07		1,519.51	
10/7		Bill Pay 16217312244 on-Line xxxxx12244 on 10-07		1,524.65	
10/7		Bill Pay 16217312264 on-Line xxxxx12264 on 10-07		1,533.52	
10/7	_	Bill Pay 16217312107 on-Line xxxxx12107 on 10-07 Bill Pay 16217312274 on-Line xxxxx12274 on 10-07		1,535.13 1,540.05	
10/7		Bill Pay 16217312123 on-Line xxxxx12123 on 10-07		1,540.26	
10/7		Bill Pay 16217312139 on-Line xxxxx12139 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 xxxxx12133 on 10-07		1,610.33	
10/7		Bill Pay 16217312149 on-Line xxxxx12149 on 10-07		1,615,47	
10/7		Bill Pay 16217312165 on-Line xxxxxx12165 on 10-07 Bill Pay 16217312181 on-Line xxxxxx12181 on 10-07		1,620.60	
10/7		Bill Pay 16217312181 on-Line xxxxx12181 on 10-07 Bill Pay 16217312197 on-Line xxxxx12197 on 10-07		1,625.74	
10/7		Bill Pay 16217312213 on-Line xxxxx12213 on 10-07		1,630.87	
0/7		Bill Pay 16217312229 on-Line xxxxx12229 on 10-07		1,646.26	
0/7		Bill Pay 16217312118 on-Line xxxxx12118 on 10-07		1,728.84	
10/7		Bill Pay 16217312134 on-Line xxxxx12134 on 10-07		1,733.98	- 10 C - 10 C - 10
0/7		Bill Pay 16217312150 on-Line xxxxxx12150 on 10-07		1,739.11	
0/7		Bill Pay 16217312166 on-Line xxxxxx12166 on 10-07		1,744.23	
0/7		Bill Pay 16217312182 on-Line xxxxxx12182 on 10-07		1,749.38	
0/7		Bill Pay 16217312198 on-Line xxxxx12198 on 10-07		1,754.50	
0/7		Bill Pay 16217312214 on-Line xxxxx12214 on 10-07		1,759.63	
0/7		Bill Pay 16217312230 on-Line xxxxx12230 on 10-07		1,769.90	
0/7		Bill Pay 16217312104 on-Line xxxxx12104 on 10-07		1,793.42	
0/7		Bill Pay 16217312120 on-Line xxxxxx12120 on 10-07 Bill Pay 16217312136 on-Line xxxxxx12136 on 10-07		1,798.55	
0/7		Bill Pay 16217312150 on-Line xxxxx12152 on 10-07		1,808.82	
0/7		Bill Pay 16217312168 on-Line xxxxx12168 on 10-07		1,813.94	
0/7		Bill Pay 16217312184 on-Line xxxxx12184 on 10-07		1,819.07	
0/7		Bill Pay 16217312105 on-Line xxxxx12105 on 10-07		1,820.87	
0/7		Bill Pay 16217312119 on-Line xxxxx12119 on 10-07		1,820.87	
0/7		Bill Pay 16217312200 on-Line xxxxx12200 on 10-07		1,824.21	
0/7		Bill Pay 16217312135 on-Line xxxxx12135 on 10-07		1,826.02	
0/7		Bill Pay 16217312121 on-Line xxxxx12121 on 10-07		1,826.02	
0/7		Bill Pay 16217312137 on-Line xxxxx12137 on 10-07		1,831.14	
0/7		Bill Pay 16217312151 on-Line xxxxxx12151 on 10-07		1,831.14	
0/7		Bill Pay 16217312232 on-Line xxxxx12232 on 10-07		1,832.74	
0/7		Bill Pay 16217312216 on-Line xxxxx12216 on 10-07		1,834.48	
0/7		Bill Pay 16217312167 on-Line xxxxx12167 on 10-07 Bill Pay 16217312153 on-Line xxxxx12153 on 10-07		1,836.27 1,836.27	
0/7		Bill Pay 16217312242 on-Line xxxxx12242 on 10-07		1,837.88	
0/7		Bill Pay 16217312183 on-Line xxxxx12183 on 10-07		1,841.41	
0/7		Bill Pay 16217312169 on-Line xxxxxx12169 on 10-07		1,841.41	
0/7		Bill Pay 16217312185 on-Line xxxxxx12185 on 10-07		1,846.54	
0/7		Bill Pay 16217312199 on-Line xxxxxx12199 on 10-07		1,846.54	
0/7		Bill Pay 16217312252 on-Line xxxxxx12252 on 10-07		1,849.87	
0/7		Bill Pay 16217312215 on-Line xxxxxx12215 on 10-07		1,851.68	
0/7		Bill Pay 16217312201 on-Line xxxxxx12201 on 10-07		1,851.68	
0/7		Bill Pay 16217312272 on-Line xxxxxx12272 on 10-07		1,853.28	
0/7		Bill Pay 16217312262 on-Line xxxxxx12262 on 10-07		1,855.00	
0/7		Bill Pay 16217312231 on-Line xxxxx12231 on 10-07		1,861.93	
0/7		Bill Pay 16217312217 on-Line xxxxx12217 on 10-07		1,861.93	
0/7		Bill Pay 16217312237 on-Line xxxxx12237 on 10-07		1,905.55	
0/7		Bill Pay 16217312239 on-Line xxxxxx12239 on 10-07		1,906.92	

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Date	Check	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/7	Number	Bill Pay 16217312247 on-Line xxxxxx12247 on 10-07	Greans	1,910.68	Dalanc
10/7		Bill Pay 16217312249 on-Line xxxxx12249 on 10-07		1,912.05	
10/7		Bill Pay 16217312235 on-Line xxxxx12235 on 10-07		1,912.42	
10/7		Bill Pay 16217312257 on-Line xxxxx12257 on 10-07		1,915.80	
10/7		Bill Pay 16217312245 on-Line xxxxx12245 on 10-07		1,917.56	
10/7		Bill Pay 16217312267 on-Line xxxxx12267 on 10-07		1,920.95	
10/7		Bill Pay 16217312269 on-Line xxxxx12269 on 10-07		1,922.32	
10/7		Bill Pay 16217312259 on-Line xxxxx12259 on 10-07		1,922.69	
10/7		Bill Pay 16217312255 on-Line xxxxx12255 on 10-07		1,924.04	
10/7		Bill Pay 16217312277 on-Line xxxxx12277 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 xxxxx12265 on 10-07		1,929.16	_
10/7		Bill Pay 16217312275 on-Line xxxxx12275 on 10-07		1,932.96	
10/7		Bill Pay 16217312109 on-Line xxxxx12109 on 10-07		1,952.77	
10/7		Bill Pay 16217312125 on-Line xxxxx12125 on 10-07		1,957.92	
10/7		Bill Pay 16217312157 on-Line xxxxx12157 on 10-07		1,959.94	
10/7		Bill Pay 16217312141 on-Line xxxxx12141 on 10-07		1,963.04	
10/7		Bill Pay 16217312173 on-Line xxxxx12173 on 10-07		1,965.07	
10/7		Bill Pay 16217312189 on-Line xxxxx12189 on 10-07		1,978.44	
10/7		Bill Pay 16217312205 on-Line xxxxx12205 on 10-07		1,983.58	
10/7		Bill Pay 16217312221 on-Line xxxxx12221 on 10-07		1,993.83	
10/7		Bill Pay 16217312240 on-Line xxxxx12240 on 10-07		2,210.54	
10/7		Bill Pay 16217312250 on-Line xxxxx12250 on 10-07		2,215.67	
10/7		Bill Pay 16217312260 on-Line xxxxx12260 on 10-07		2,220.79	
10/7		Bill Pay 16217312270 on-Line xxxxx12270 on 10-07		2,225.94	
10/7		Bill Pay 16217312280 on-Line xxxxx12280 on 10-07		2,231.06	
0/7		Bill Pay 16217312241 on-Line xxxxx12241 on 10-07		2,331.43	
10/7		Bill Pay 16217312251 on-Line xxxxx12251 on 10-07		2,336.56	
10/7		Bill Pay 16217312233 on-Line xxxxx12233 on 10-07		2,339.67	
10/7		Bill Pay 16217312261 on-Line xxxxx12261 on 10-07		2,341.68	
10/7		Bill Pay 16217312253 on-Line xxxxx12253 on 10-07		2,343.09	
10/7		Bill Pay 16217312243 on-Line xxxxx12243 on 10-07		2,344.81	
10/7		Bill Pay 16217312271 on-Line xxxxx12271 on 10-07	17-18-15-16-	2,346.83	
10/7		Bill Pay 16217312281 on-Line xxxxx12281 on 10-07		2,351.95	
10/7		Bill Pay 16217312263 on-Line xxxxx12263 on 10-07		2,353.70	
10/7		Bill Pay 16217312273 on-Line xxxxx12273 on 10-07		2,360.21	
10/7		Bill Pay 16217312256 on-Line xxxxx12256 on 10-07		2,689.28	
10/7		Bill Pay 16217312236 on-Line xxxxx12236 on 10-07		2,691.37	
0/7		Bill Pay 16217312246 on-Line xxxxx12246 on 10-07		2,696.52	
0/7		Bill Pay 16217312276 on-Line xxxxx12276 on 10-07		2,711.91	
0/7		Bill Pay 16217312266 on-Line xxxxx12266 on 10-07		2,728.77	
10/7		Bill Pay 16217312238 on-Line xxxxx12238 on 10-07		3,416.75	
0/7		Bill Pay 16217312248 on-Line xxxxx12248 on 10-07		3,421.88	
0/7		Bill Pay 16217312268 on-Line xxxxx12268 on 10-07		3,429.41	
10/7		Bill Pay 16217312278 on-Line xxxxx12278 on 10-07		3,437.29	
10/7	1000	Bill Pay 16217312258 on-Line xxxxx12258 on 10-07		3,447.64	and the second
10/7		Bill Pay 16217311002 on-Line xxxxx11002 on 10-07		15,564.00	59,644.02
0/10		Adp Payroll Fees Adp - Fees 141010 2Ruhe 0072806 Blue Point Development		63.30	59,580.72
10/14		Deposit	2,000.00		1.1.1.1
0/14		Online Transfer to Patience One LLC Ref #Ibecd277C3 Business Checking 208 Rent		4,000.00	57,580.72
0/15		Bill Pay American Express on-Line xxxxxxxx51001 on 10-15		4.000.00	
0/15	1022			640.00	
0/15		Check		2,500.00	50,440.72
0/16	1024	Adp TX/Fincl Svc Adp - Tax 141016 Rmuhe 101721A01 Blue Point		7,050.15	00,440.72
		Development			
10/16		Adp TX/Fincl Svc Adp - Tax 141016 741021736011Uhe Blue Point Development		17,500.56	25,890.01
		Deposit	925.00		
0/20		Depusit	01.0.00		and the second se