

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

41-1909408

BOLDER OPTIONS

Net Asset / Fund Balance at Beginning of Year		<u>1,070,469</u>
Revenue		
Contributions	<u>1,384,931</u>	
Program service revenue	<u> </u>	
Investment income	<u>548</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>96,324</u>	
Direct expenses	<u>123,292</u>	
Net income	<u>-26,968</u>	
Other income	<u>17,068</u>	
Total revenue		<u>1,375,579</u>
Expenses		
Program services	<u>1,068,670</u>	
Management and general	<u>301,316</u>	
Fundraising	<u>173,408</u>	
Total expenses		<u>1,543,394</u>
Excess / (deficit)		<u>-167,815</u>
Changes		<u>-18,623</u>
Net Asset / Fund Balance at End of Year		<u>884,031</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>1,454,978</u>
Less:	
Unrealized gains	<u>-18,623</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>98,022</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>1,375,579</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,641,416</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>98,022</u>
Plus:	
Investment expenses	<u> </u>
Other	<u>-5,855</u>
Total expenses per return	<u>1,543,394</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,866,932</u>	<u>1,702,903</u>	
Liabilities	<u>796,463</u>	<u>818,872</u>	
Net assets	<u>1,070,469</u>	<u>884,031</u>	<u>-186,438</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities		<u>1,536</u>	
Losses from all activities			
Unrelated business taxable income from all trades			<u>1,536</u>
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)		<u>1,536</u>	
Specific deduction		<u>1,000</u>	
Section 199A Deduction (Trusts Only)			
Total adjustments			<u>(2,536)</u>
Unrelated business taxable income			<u>_____</u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due			
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			<u>_____</u>
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			
Net tax due			<u>_____</u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			
Balance due			<u>_____</u>
Total overpayment			
Overpayment applied to next year's tax			
Refund			<u>_____</u>

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	<u>_____</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

BOLDER OPTIONS**41-1909408**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 1,279,839	1,308,553	28,714
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 312,326	76,378	-235,948
	4. Program service revenue	4.		
	5. Investment income	5. 229	548	319
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -49,424	-26,968	22,456
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. -872	17,068	17,940
	12. Total revenue. Add lines 1 through 11	12. 1,542,098	1,375,579	-166,519
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 160,829		-160,829
	16. Salaries, other compensation, and employee benefits	16. 671,693	977,319	305,626
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 100,093	165,915	65,822
	19. Occupancy, rent, utilities, and maintenance	19. 64,223	63,303	-920
	20. Depreciation and Depletion	20. 52,580	56,239	3,659
	21. Other expenses	21. 326,283	280,618	-45,665
	22. Total expenses. Add lines 13 through 21	22. 1,375,701	1,543,394	167,693
23. Excess or (Deficit). Subtract line 22 from line 12	23. 166,397	-167,815	-334,212	
Other Information	24. Total exempt revenue	24. 1,542,098	1,375,579	-166,519
	25. Total unrelated revenue	25. -2,641	5,832	8,473
	26. Total excludable revenue	26. 1,998	11,784	9,786
	27. Total assets	27. 1,866,932	1,702,903	-164,029
	28. Total liabilities	28. 796,463	818,872	22,409
	29. Retained earnings	29. 1,070,469	884,031	-186,438
	30. Number of voting members of governing body	30. 16	16	
	31. Number of independent voting members of governing body	31. 16	16	
	32. Number of employees	32. 18	22	
	33. Number of volunteers	33. 190	210	

Form **990T****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

BOLDER OPTIONS**41-1909408**

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		1,536	1,536
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss		1,536	1,536
	6. Net operating loss (pre-2018)		1,536	1,536
	7. Specific deduction		1,000	1,000
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
18. Recapture taxes and 965 tax				
19. Total Taxes				
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
28. Total due/(Refund)				
29. Activity Losses NOL (Post-2017)		-2,641	2,641	

Organization Name

BOLDER OPTIONS

Taxpayer Identification Number

41-1909408Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **531120**

		2021	2022	Differences	
R e v e n u e	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	-2,641	5,832	8,473
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	-2,641	5,832	8,473
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	-2,641	5,832	8,473
	24. Deductible losses	24.		4,296	4,296
	25. Unrelated business taxable income (loss)	25.	-2,641	1,536	4,177

Form **990****Tax Return History****2022**

Name

BOLDER OPTIONS

Employer Identification Number

41-1909408

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,083,727	1,181,724	1,146,064	1,592,165	1,384,931	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	26	5	6	229	548	
Fundraising revenue (income/loss)	-1,805	-56,851	-35,911	-49,424	-26,968	
Gaming revenue (income/loss)						
Other revenue	6,071	5,518	-1,655	-872	17,068	
Total revenue	1,088,019	1,130,396	1,108,504	1,542,098	1,375,579	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	115,232	124,366	136,802	160,829		
Other compensation	561,966	575,060	539,736	671,693	977,319	
Professional fees	70,595	79,380	71,583	100,093	165,915	
Occupancy costs	55,195	38,028	41,835	64,223	63,303	
Depreciation and depletion	55,260	54,760	54,213	52,580	56,239	
Other expenses	291,463	286,605	182,456	326,283	280,618	
Total expenses	1,149,711	1,158,199	1,026,625	1,375,701	1,543,394	
Excess or (Deficit)	-61,692	-27,803	81,879	166,397	-167,815	
Total exempt revenue	1,088,019	1,130,396	1,108,504	1,542,098	1,375,579	
Total unrelated revenue	-219	604	-1,655	-2,641	5,832	
Total excludable revenue	6,316	4,919	6	1,998	11,784	
Total Assets	1,475,708	1,447,155	1,671,157	1,866,932	1,702,903	
Total Liabilities	804,922	789,912	921,297	796,463	818,872	
Net Fund Balances	670,786	657,243	749,860	1,070,469	884,031	

Form **990T**

Tax Return History

2022

Name

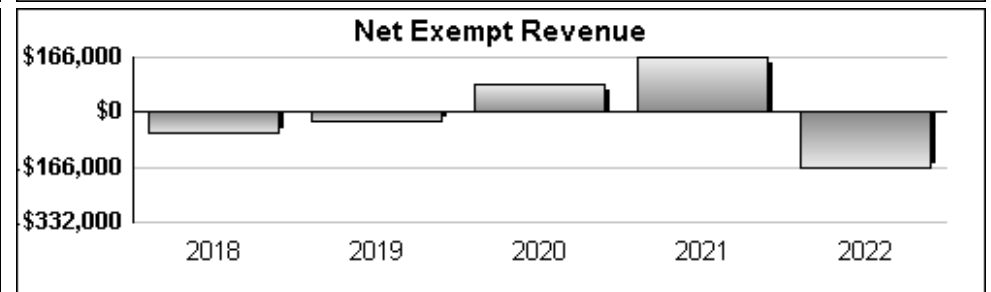
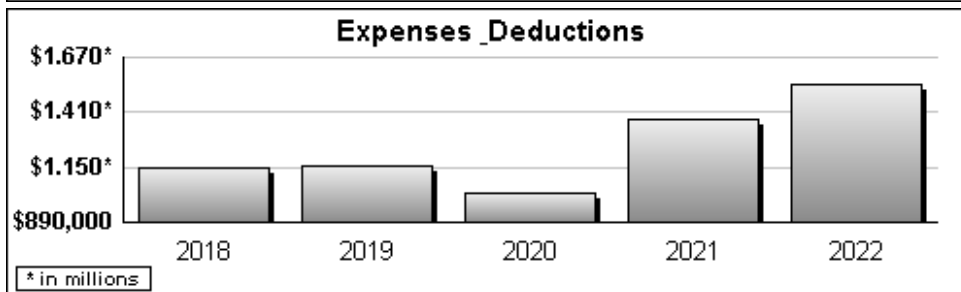
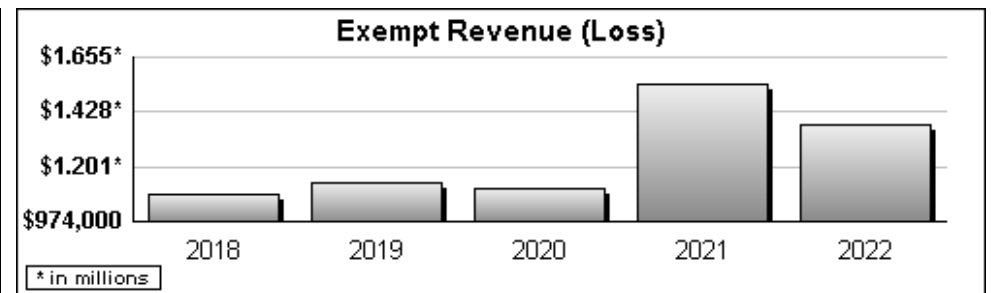
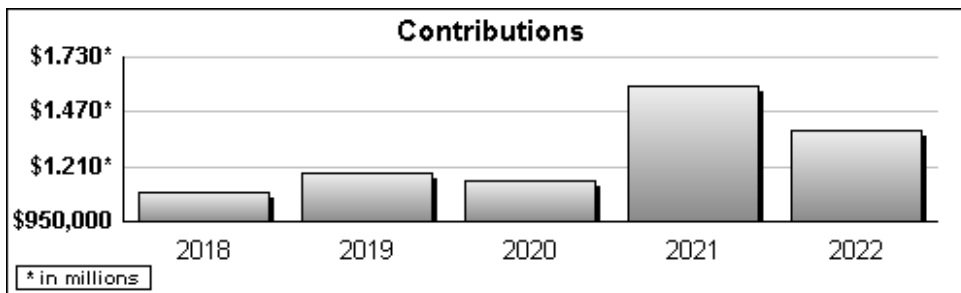
BOLDER OPTIONS

Employer Identification Number

41-1909408

* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*	-219	604				
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	-219	604	-1,655		1,536	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, and ending _____																											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization BOLDER OPTIONS</td> <td>D Employer identification number 41-1909408</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 612-379-2653</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">G Gross receipts \$ 1,515,189</td> </tr> <tr> <td>2100 STEVENS AVENUE SOUTH</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55404</td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DARRELL THOMPSON 2100 STEVENS AVENUE S MINNEAPOLIS MN 55404</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.BOLDEROPTIONS.ORG</td> <td></td> </tr> <tr> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1998</td> <td>M State of legal domicile: MN</td> </tr> </table>	C Name of organization BOLDER OPTIONS		D Employer identification number 41-1909408	Doing business as		E Telephone number 612-379-2653	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,515,189	2100 STEVENS AVENUE SOUTH		City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55404			F Name and address of principal officer: DARRELL THOMPSON 2100 STEVENS AVENUE S MINNEAPOLIS MN 55404		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.BOLDEROPTIONS.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1998	M State of legal domicile: MN
C Name of organization BOLDER OPTIONS		D Employer identification number 41-1909408																									
Doing business as		E Telephone number 612-379-2653																									
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,515,189																									
2100 STEVENS AVENUE SOUTH																											
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55404																											
F Name and address of principal officer: DARRELL THOMPSON 2100 STEVENS AVENUE S MINNEAPOLIS MN 55404		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.																									
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J Website: WWW.BOLDEROPTIONS.ORG																											
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1998	M State of legal domicile: MN																									

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TEACHING YOUTH TO SUCCEED IN ALL OF LIFE'S RACES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 22
	6 Total number of volunteers (estimate if necessary)	6 210
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 5,832
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,592,165 Current Year 1,384,931
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229 548
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-50,296 -9,900
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,542,098 1,375,579
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	832,522 977,319
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) 173,408	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	543,179 566,075
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,375,701 1,543,394	
19 Revenue less expenses. Subtract line 18 from line 12	166,397 -167,815	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,866,932 End of Year 1,702,903
	21 Total liabilities (Part X, line 26)	796,463 818,872
	22 Net assets or fund balances. Subtract line 21 from line 20	1,070,469 884,031

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DARRELL THOMPSON Type or print name and title	Date		
	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name MATT GUYER, CPA	Preparer's signature MATT GUYER, CPA	Date 11/01/23	Check <input checked="" type="checkbox"/> if self-employed PTIN P00386499
	Firm's name CARLSONSV, LLP	Firm's EIN 41-1562398		
	Firm's address 5801 DULUTH STREET, SUITE 360 GOLDEN VALLEY, MN 55422	Phone no. 763-542-9633		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **862,379** including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **206,291** including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,068,670**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16	
b	Enter the number of voting members included on line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

DARRELL THOMPSON
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JORGE LOMELI	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) JOHN MCCORMICK	2.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(3) BILL GAUMOND	5.00									
CHAIR & TREASURER	0.00	X		X			0	0	0	
(4) KELLIE HAND	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) LOU CLOSE	2.00									
BOARD VICE CHAIR	0.00	X		X			0	0	0	
(6) RAY HITCHCOCK	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) CRAWFORD JORDAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) RODNEY YOUNG	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) DARRELL THOMPSON	40.00									
PRESIDENT	0.00			X			143,905	0	0	
(10) DAVE JONES	2.00									
DEVELOPMENT CHAIR	0.00	X					0	0	0	
(11) BRAD BECKER	1.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MAGGIE ROMENS	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) STEVE MAYLE	1.00									
DIRECTOR	0.00	X		X			0	0	0	
(14) KEITH NELSEN	2.00									
GOVERNANCE CHAIR	0.00	X		X			0	0	0	
(15) MARCUS SHERELS	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) MICHAEL SMITH	1.00									
DIRECTOR	0.00	X		X			0	0	0	
1b Subtotal							143,905			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							143,905			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	213,151				
	d Related organizations	1d					
	e Government grants (contributions)	1e	76,378				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,095,402				
	g Noncash contributions included in lines 1a-1f	1g	\$ 40,271				
	h Total. Add lines 1a-1f		1,384,931				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		548			548	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	22,150			
			(ii) Personal				
	b Less: rental expenses	6b	16,318				
	c Rental inc. or (loss)	6c	5,832				
	d Net rental income or (loss)		5,832		5,832		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 213,151 of contributions reported on line 1c). See Part IV, line 18	8a		96,324				
		b Less: direct expenses	8b	123,292			
		c Net income or (loss) from fundraising events		-26,968			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER REVENUE	Business Code	11,236	11,236			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		11,236				
12 Total revenue. See instructions		1,375,579	11,236	5,832	548		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	839,400	664,035	112,693	62,672
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	64,207	39,980	20,521	3,706
10 Payroll taxes	73,712	56,748	10,991	5,973
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	70,444	8,147	58,304	3,993
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,092		1,092	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	94,379	18,217	42,201	33,961
12 Advertising and promotion	10,598	2,168	975	7,455
13 Office expenses	65,554	29,282	8,449	27,823
14 Information technology	23,023	1,781	12,811	8,431
15 Royalties				
16 Occupancy	63,303	45,705	11,441	6,157
17 Travel	14,012	8,014	743	5,255
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,427	3,211	840	12,376
20 Interest	37,536	26,510	6,668	4,358
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,239	41,459	12,189	2,591
23 Insurance	43,300	25,905	16,213	1,182
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TOT / PS OTHER EXPENSES	209,778	102,856	1,503	105,419
b DIRECT RENTAL EXPENSE ALL	-16,318		-16,318	
c SCH G DIR EXP ALLOCATION	-123,292	-5,348		-117,944
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,543,394	1,068,670	301,316	173,408
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	584,161	1	193,499
	2 Savings and temporary cash investments	51,655	2	243,829
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	34,934	4	102,348
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,855	9	10,543
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,849,333		
	b Less: accumulated depreciation	10b 814,346	1,052,207	10c 1,034,987
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	136,120	12	117,697
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,866,932	16	1,702,903	
Liabilities	17 Accounts payable and accrued expenses	74,534	17	64,783
	18 Grants payable		18	
	19 Deferred revenue		19	10,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	721,929	23	709,751
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	34,338
	26 Total liabilities. Add lines 17 through 25	796,463	26	818,872
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	884,349	27	647,321
	28 Net assets with donor restrictions	186,120	28	236,710
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,070,469	32	884,031
33 Total liabilities and net assets/fund balances	1,866,932	33	1,702,903	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,375,579
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,543,394
3	Revenue less expenses. Subtract line 2 from line 1	3	-167,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,070,469
5	Net unrealized gains (losses) on investments	5	-18,623
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	884,031

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BOLDER OPTIONS

Employer identification number

41-1909408

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 378,941
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 99.02%
Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 96.28%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **0**

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

BOLDER OPTIONS

41-1909408

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

BOLDER OPTIONS

Employer identification number

41-1909408**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MN OFFICE OF JUSTICE PROGRAMS DIVISION OF MN DEPT OF PUBLIC SAFETY 445 MINNESOTA ST SAINT PAUL MN 55101-5155	\$ 39,814	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BUTZOW FAMILY FOUNDATION 9714 BRASSIE CIR. EDEN PRAIRIE MN 55347-2938	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RICHARD M. SCHULZE FAMILY FOUNDATION 6600 FRANCE AVE S STE 550 MPLS MN 55435	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	J.A. WEDUM FOUNDATION 2 CARLSON PKWY N STE 335 PLYMOUTH MN 55447	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OFFICE OF JUVENILE JUSTICE & DELINQU 445 MINNESOTA ST SUITE 2300 ST PAUL MN 55101	\$ 29,888	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE THIELEN FOUNDATION 314 1ST AVE N STE 200 MINNEAPOLIS MN 55401	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOLDER OPTIONS

Employer identification number

41-1909408

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GROTTO FOUNDATION 1315 RED FOX RD #100 ST PAUL MN 55112	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARLSON FAMILY FOUNDATION 701 CARLSON PARKWAY, SUITE 1250 MINNETONKA MN 55305	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ERIC AND DENISE BLOMQUIST 1530 IOWA AVE W ST PAUL MN 55108	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

BOLDER OPTIONS

41-1909408

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and monitoring questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	136,120	113,288	96,688	83,321	92,670
b Contributions			7,000		
c Net investment earnings, gains, and losses	-18,423	22,832			-5,003
d Grants or scholarships					
e Other expenditures for facilities and programs			10,738	14,260	3,474
f Administrative expenses	1,317		1,138	893	873
g End of year balance	117,697	136,120	113,288	96,688	83,321

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		201,375		201,375
b Buildings		1,563,874	809,919	753,955
c Leasehold improvements				
d Equipment		46,139		46,139
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,001,469

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other OTHER INVESTMENTS	117,697	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	117,697	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) OTHER LIABILITIES	34,338
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	34,338

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,454,978
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-18,623	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	98,022	
	e Add lines 2a through 2d		2e	79,399
3	Subtract line 2e from line 1		3	1,375,579
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,375,579

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,641,416
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	98,022	
	e Add lines 2a through 2d		2e	98,022
3	Subtract line 2e from line 1		3	1,543,394
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,543,394

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

INCOME TAX STATUS

BOLDER OPTIONS IS ORGANIZED AS A MINNESOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN

Part XIII Supplemental Information (continued)

JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES	\$ 16,318
SCH G DIRECT EXPENSES	\$ 82,796
INVESTMENT EXPENSES	\$ -1,092

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

INVESTMENT EXPENSES	\$ -1,092
RENTAL EXPENSE ALLOCATION	\$ 16,318
SCH G DIRECT EXPENSES FUNDRAISING	\$ 82,796

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DEPRECIATION	\$ -5,855
BOOK / TAX DEPRECIATION DIFFERENCE	\$ 5,855

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

BOLDER OPTIONS

Employer identification number

41-1909408

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL DINNER</u>	<u>GOLF CLASSIC</u>	<u>1</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	183,133	76,005	30,018	289,156
	2 Less: Contributions	183,133		30,018	213,151
	3 Gross income (line 1 minus line 2)		76,005		76,005
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	67,039	36,224	20,029	123,292
	10 Direct expense summary. Add lines 4 through 9 in column (d)				123,292
11 Net income summary. Subtract line 10 from line 3, column (d)				-47,287	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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Inspection**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

BOLDER OPTIONS

41-1909408

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		36,643	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()	X	1	3,628	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BOLDER OPTIONS

Employer identification number

41-1909408

FORM 990 - ORGANIZATION'S MISSION

**ONE-ON-ONE YOUTH MENTORING PROGRAM THAT WORKS TO REDUCE TRUANCY AND
JUVENILE DELIQUENCY BY USING RUNNING & BIKING, ACADEMIC GOAL SETTING AND
VOLUNTEERISM TO BUILD SELF-ESTEEM AND ENCOURAGE HEALTHY HABITS IN 10-14
YEAR OLD YOUTH.**

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MENTORING PROGRAM

**SINCE 1993, BOLDER OPTIONS HAS OFFERED TRANSFORMATIONAL AND WELLNESS-BASED
MENTORING FOR AT-PROMISE YOUTH DURING A PIVOTAL POINT IN THEIR LIVES AT
AGES 10-14. OUR YOUTH ARE FACING LIFE CHALLENGES RELATED TO ACADEMICS,
SOCIAL/EMOTIONAL WELL-BEING, FAMILY/PEER RELATIONSHIPS, AND OTHER
STRUGGLES, AND ARE STRATEGICALLY MATCHED WITH A VOLUNTEER MENTOR. TOGETHER
WITH STAFF, YOUTH SET CLEAR AND ATTAINABLE GOALS TO TRACK THEIR GROWTH AND
ACHIEVEMENTS. MENTOR PAIRS MEET WEEKLY FOR 2-4 HOURS FOR ONE YEAR. THE
YEAR-LONG PROGRAM HOLISTICALLY FOCUSES ON FOUR KEY PERSONAL DEVELOPMENT
AREAS: COMMUNITY CONNECTIVITY, LIFELONG LEARNING, HEALTHY LIVING, AND
SOCIAL/EMOTIONAL DEVELOPMENT THROUGH WEEKLY ACTIVITIES PLANNED BY STAFF.
IN 2022, THE MENTORING PROGRAM ENGAGED 81 YOUTH AND MENTOR PAIRS, WITH 85%
OF YOUTH COMPLETING GOALS AND GRADUATING FROM THE PROGRAM.
RELATIONSHIPS ARE THE CENTER OF ALL THAT WE DO AT BOLDER OPTIONS, AND WE
RECOGNIZE AND VALUE THE DIVERSITY AMONG US. EMBRACING CULTURAL AND
COMMUNITY DIFFERENCES PROVIDE OPPORTUNITIES TO RELATE, ASSOCIATE, AND
CONNECT TO THE WORLD IN WAYS THAT ARE PERSONALLY MEANINGFUL. THESE**

Name of the organization

Employer identification number

BOLDER OPTIONS**41-1909408**

CONNECTIONS ALSO HELP TO INFORM A SENSE OF IDENTITY, SELF-WORTH, AND BELONGING AND OFFER OPPORTUNITIES TO LEARN OF EXPERIENCES UNLIKE OUR OWN. OUR GOAL IS TO ENSURE THE PROMISE OF OUR COMMUNITY'S YOUTH IS REALIZED, REGARDLESS OF THEIR LIFE CIRCUMSTANCES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

ALUMNI PROGRAM

AFTER GRADUATION FROM OUR ONE-YEAR MENTORING PROGRAM, YOUTH AND MENTORS CAN REMAIN INVOLVED WITH BOLDER OPTIONS THROUGH OUR ALUMNI PROGRAM, WHICH CULTIVATES LASTING RELATIONSHIPS BETWEEN MENTORS AND MENTEES TO MEET THE NEEDS OF OLDER YOUTH AS THEY PROGRESS ONWARD THROUGH HIGH SCHOOL AND INTO THEIR CAREERS. PARTICIPANTS MEET MONTHLY FOR ACTIVITIES AND EVENTS SPECIFICALLY FOCUSED ON GOAL SETTING AROUND COLLEGE AND CAREER, LEADERSHIP, AND COMMUNITY CONNECTIVITY.

MONTHLY MENTOR MEET-UPS ARE ALSO A WAY FOR BOTH CURRENT AND ALUMNI MENTORS TO SUPPORT AND LEARN FROM EACH OTHER. ADDITIONALLY, ALUMNI YOUTH, MENTORS, AND CAREGIVERS CAN JOIN THE ALUMNI PROGRAM ADVISORY BOARD, WHICH HELPS INFORM THE ACTIVITIES OF OUR MENTORSHIP PROGRAM.

IN 2022, THE ALUMNI PROGRAM ENGAGED 60 YOUTH. EACH YEAR, 90-100% OF MENTORING PROGRAM GRADUATES OPT TO PARTICIPATE IN OUR ALUMNI PROGRAM, WHICH HAS BECOME A CORE COMPONENT OF OUR WORK AS WE SEEK TO SUPPORT LIFELONG SUCCESS THROUGH LONG-TERM MENTORING RELATIONSHIPS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE IT IS FILED. IF ERRORS ARE FOUND CHANGES WILL BE MADE TO THE RETURN BEFORE IT IS FILED.

PAGE 1 OF 3

Name of the organization

Employer identification number

BOLDER OPTIONS

41-1909408

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE EMPLOYEE HANDBOOK REQUIRES EMPLOYEES TO DISCLOSE TO MANAGEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD REVIEWED COMPARABLE SALARIES FOR SENIOR LEVEL POSITIONS IN THE REGION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD DETERMINES THE SALARY OF THE COO. THE BOARD REVIEWED COMPARABLE SALARIES FOR SENIOR LEVEL POSITIONS IN THE REGION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI - ADDITIONAL INFORMATION

THE ORGANIZATION RECORDS SPECIAL EVENTS REVENUE EQUAL TO THE COST OF DIRECT BENEFITS TO DONORS, AND CONTRIBUTION REVENUE FOR THE DIFFERENCE.

THE ORGANIZATION RECOGNIZES CONTRIBUTIONS WHEN CASH, SECURITIES OR OTHER ASSETS, AN UNCONDITIONAL PROMISE TO GIVE, OR NOTIFICATION OF A BENEFICIAL INTEREST IS RECEIVED

FORM 990, PART XII - ADDITIONAL INFORMATION

THE EXPENSES THAT ARE ALLOCATED INCLUDE SALARIES AND BENEFITS, WHICH ARE ALLOCATED ON THE BASIS OF ESTIMATES OF TIME AND EFFORT, AS WELL AS YOUTH ACTIVITIES, FEES FOR SERVICES, ADVERTISING AND PROMOTION, OFFICE EXPENSES, INFORMATION TECHNOLOGY, OCCUPANCY, TRAVEL AND TRANSPORTATION, CONFERENCES,

Name of the organization

Employer identification number

BOLDER OPTIONS

41-1909408

**CONVENTIONS, AND MEETINGS, INTEREST, DEPRECIATION, INSURANCE, AND OTHER,
WHICH ARE ALLOCATED ON THE BASIS OF ESTIMATES OF USE/PURPOSE.**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BOLDER OPTIONS	D Employer identification number 41-1909408
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 STEVENS AVENUE SOUTH	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55404	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 1,702,903	

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to: Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **DARRELL THOMPSON** Telephone number **612-379-2653**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1,536
2 Reserved	2	
3 Add lines 1 and 2	3	1,536
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,536
6 Deduction for net operating loss. See instructions	6	1,536
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d			1e	
2 Subtract line 1e from Part II, line 7			2	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)			3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a Payments: A 2021 overpayment credited to 2022	6a			
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	6g			
7 Total payments. Add lines 6a through 6g			7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ -33,102 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
531120	\$	4,296
.....	\$	
.....	\$	
.....	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	MATT GUYER, CPA	MATT GUYER, CPA	11/01/23		P00386499
	Firm's name	Firm's EIN			
	CARLSONSV, LLP	41-1562398			
	5801 DULUTH STREET, SUITE 360				
	GOLDEN VALLEY, MN 55422	Phone no.			763-542-9633

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization BOLDER OPTIONS	B Employer identification number 41-1909408
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6 22,150	16,318	5,832
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 22,150	16,318	5,832

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7 5,855		
8 Less depreciation claimed in Part III and elsewhere on return	8a 5,855	8b	0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		5,832
17 Deduction for net operating loss. See instructions	17		4,296
18 Unrelated business taxable income. Subtract line 17 from line 16	18		1,536

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>	2100 STEVENS AVENUE SOUTH	MINNEAPOLIS	MN	55404
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	22,150			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	22,150			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				22,150
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	16,318			
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				16,318

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>	
B	<input type="checkbox"/>	
C	<input type="checkbox"/>	
D	<input type="checkbox"/>	

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Form **990-T****Schedule A Loss Carryover Calculation****2022**Description **UNRELATED BUSINESS ACTIVITY**

Name

BOLDER OPTIONS

Taxpayer Identification Number

41-1909408Unincorporated Business Income Tax Code: **531120** Activity: **LESSORS OF NONRESIDENTIAL BUILDI**

Each activity may carryforward losses after 2018

1	Activity income	1	5,832
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	5,832
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	4,296
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	5,832
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	4,296
7	Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	7	
8	If line 3 is less than zero, enter that amount here as a positive number	8	0
9	Total loss carried forward to 2023 (Add lines 7 and 8)	9	0

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	4,296
E2	Prior year activity losses included on Schedule A, Line 17	E2	4,296

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	531120	\$ 4,296
TOTAL		\$ <u>4,296</u>

Unrelated Business Activity

Schedule A (990T), Part IV, Line 4 - Rent Expense Information

Description	Deduction
KITCHEN/OFFICE SPACE	\$
INTEREST	3,018
INSURANCE	2,853
REPAIRS	2,555
TAXES	26
UTILITIES	2,011
INVESTMENT DEPR	5,855
TOTAL	\$ <u>16,318</u>

Name
BOLDER OPTIONS

Taxpayer Identification Number
41-1909408

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>33,102</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. <u>1,536</u>
D. Pre-2018 Applied (Sum of B and C)	D. <u>1,536</u>
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>31,566</u>
F. Pre-2018 Net Operating Losses Expiring this Year	F. _____
G. Pre-2018 Net Operating Losses Carried Forward	G. <u>31,566</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. UNRELATED BUSINESS ACTIVITY	531120	1. <u>1,536</u>	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____
6. _____	_____	6. _____	_____
7. _____	_____	7. _____	_____
8. _____	_____	8. _____	_____
9. _____	_____	9. _____	_____
10. _____	_____	10. _____	_____
11. _____	_____	11. _____	_____
12. _____	_____	12. _____	_____
13. _____	_____	13. _____	_____
14. _____	_____	14. _____	_____
15. All other revenue _____	_____	15. _____	_____
16. Total taxable income	_____	16. <u>1,536</u>	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____	_____	1. _____
2. _____	_____	2. _____
3. _____	_____	3. _____
4. _____	_____	4. _____
5. All other activities	_____	5. _____
6. Totals	_____	6. _____

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name **BOLDER OPTIONS**

Employer Identification Number
41-1909408

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>ROCHESTER TAILG</u> (event type)	_____	_____	
Revenue	1 Gross receipts	30,018			30,018
	2 Less: Charitable contributions	30,018			30,018
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	20,029			20,029

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2022

For calendar year 2022, or tax year beginning _____, ending _____

Name

Employer Identification Number
41-1909408

BOLDER OPTIONS

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07	-7,045	385	6,660	1,536	5,124
10th 12/31/08	-2,411		2,411		2,411
9th 12/31/09	-5,555		5,555		5,555
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14	-7,854		7,854		7,854
3rd 12/31/15	-4,062		4,062		4,062
2nd 12/31/16	-2,647		2,647		2,647
1st 12/31/17	-3,913		3,913		3,913
NOL carryover available to current year			33,102		
Current year	1,536			1,536	
NOL carryover available to next year					31,566

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ <u>548</u>				14	
TOTAL	\$ <u><u>548</u></u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
	\$ 94,379	\$ 18,217	\$ 42,201	\$ 33,961
TOTAL	<u>\$ 94,379</u>	<u>\$ 18,217</u>	<u>\$ 42,201</u>	<u>\$ 33,961</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
MN OFFICE OF JUSTICE PROGRAMS	\$ 89,909	\$
BUTZOW FAMILY FOUNDATION	182,000	52,993
NIKE- MALL OF AMERICA	19,863	
DAVISCO FOODS INT'L INC.		
PINE RIVER CAPITAL MANAGEMENT		
DAVID WINTON BELL FOUNDATION	7,500	
DELTA DENTAL OF MINNESOTA FOUNDATION	35,000	
F R BIGELOW	15,000	
GE CAPITAL		
MARDAG FOUNDATION		
YIPA	56,794	
SMIKIS FOUNDATION	15,000	
180 DEGREES, INC. - RCCMHC		
WALSER FOUNDATION		
GENERAL MILLS FOUNDATION		
FRASER FOUNDATION, ROBERT E		
IHEARTMEDIA MANAGEMENT SERVICES, INC		
DIANE CARLSON		
STEVE KUHN		
THE STAND UP FOUNDATION, INC	15,000	
JULIE RETHEMEIER		
MN SUPER BOWL LEGACY FUND		
3M FOUNDATION	27,500	
DAVID HARTWELL		
LOU CLOSE	67,311	
JOYCE SERIDO	30,165	
RICHARD M. SCHULZE FAMILY FOUNDATION	110,000	
UNITED WAY, INC.	90,010	
ARIEL KENDALL	7,000	
BRAD BECKER	5,000	
BURR OAK GROUP	7,500	
DANNETTE COLEMAN	20,000	
DEBORAH OLSON	15,000	
FEDERATED INSURANCE COMPANY	10,000	
FIDDLEHEAD DUND	5,000	
FIDELITY INVESTMENTS	10,000	
GAIL MUNSELL	20,000	
GEN FINANCIAL MANAGEMENT	5,000	
GUS CHAFOULIAS	10,000	
HENNEPIN COUNTY	6,000	
JAMES STANTON FOUNDATION	50,000	
JAN DYER	7,000	
KATHRYN AND MITCHELL RAMSTAD	10,000	
MARK AND MARY DAVIS	10,000	
MAYO FOUNDATION	12,700	
MN VIKINGS FOOTBALL, LLC	16,100	
MORGAN STANLEY	11,340	
NEW WAVE DESIGN	15,000	
NFL MINNESOTA CHAPTER	10,000	
PATRICK & ROSEMARY MANION	10,000	
PROPEL NONPROFITS	16,665	
RICHARD MCFARLAND	5,000	
ROBERT & PAMELA GREGORY	20,000	
SCHWAN'S FOUNDATION	15,000	
SECURIAN FOUNDATION	15,000	
THE BOSS FOUNDATION	5,000	
THE MINNEAPOLIS FOUNDATION	5,000	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
TRUSTONE FINANCIAL	\$ 52,500	\$
TWIN CITIES ORTHOPEDICS FOUNDATION	20,000	
UBS DONOR ADVISED FUND	5,000	
YOUTH COLLABORATORY	58,619	
DENISE BLOMQUIST	10,000	
CAMBRIA	10,000	
FLINT HILLS RESOURCES	10,000	
J.A. WEDUM FOUNDATION	60,000	
OFFICE OF JUVENILE JUSTICE & DELINQU	83,482	
PETE AND MARGIE ANKENY FUND	12,200	
ROBERT E FRASER FOUNDATION	15,000	
DENNY T SANFORD	50,000	
TRANSAMERICA FOUNDATION	25,000	
WINDSONG DONOR ADVISED FUND	20,000	
SCOTT WINE	10,000	
WINNESOTA REGIONAL TRANSPORTATION	10,000	
HARTWELL	50,000	
THE THIELEN FOUNDATION	50,000	
GROTTO FOUNDATION	50,000	
CARLSON FAMILY FOUNDATION	50,000	
ERIC AND DENISE BLOMQUIST	30,000	
TOTAL	<u>\$ 1,797,158</u>	<u>\$ 52,993</u>

Rochester Tailgate Party

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 5,348
DIRECT EXP	<u>14,681</u>
TOTAL	<u>\$ 20,029</u>

Golf Classic**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 18,028
DIRECT EXPENSE IN FUND	<u>18,196</u>
TOTAL	<u>\$ 36,224</u>

Annual Dinner

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS EXP	\$ 17,120
DIRECT EXP	<u>49,919</u>
TOTAL	<u>\$ 67,039</u>

Miscellaneous

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MISC EXP	\$ _____
TOTAL	\$ <u>0</u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
SAVINGS AND TEMPORARY INVEST	\$ <u>243,829</u>
TOTAL	\$ <u><u>243,829</u></u>

Minnesota Return Summary

For calendar year 2022, or taxable period beginning , and ending

41-1909408

BOLDER OPTIONS

Income

Federal taxable income	1,536
Additions	
Subtractions	
Income subject to apportionment	1,536
Income apportionment factor	1.0000
Minnesota taxable net income	1,536
Net operating loss	1,229
Deductions	1,000
Taxable income	

Tax Computation

Regular tax	
Proxy tax	
Credits against tax	
Nongame wildlife fund donation	
Total tax	

Payments / Refundable Credits / Penalties

Payments / refundable credits	
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
M15NP penalty	
Total payments / penalties	

Overpayment credited to next year's estimated tax

Refund

Tax due

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
Return / extended due date 12/15/23

Charitable Organization

Total revenue	1,375,579
Total expenses	1,543,394
Total Assets	1,702,903
Total liabilities	818,872

Amended return
Return / extended due date 11/15/23

Filing fee	25
Late filing fee	
Total	25

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization BOLDER OPTIONS

Federal EIN: 41-1909408

Fiscal Year-End: 12/31/2022

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:

DARRELL THOMPSON

Contact Person

2100 STEVENS AVENUE SOUTH

Street Address

MINNEAPOLIS MN 55404

City, State, and Zip Code

612-379-2653

Phone Number

DTHOMPSON@BOLDEROPTIONS.ORG

Email Address

Physical Address:

DARRELL THOMPSON

Contact Person

2100 STEVENS AVENUE SOUTH

Street Address

MINNEAPOLIS MN 55404

City, State, and Zip Code

612-379-2653

Phone Number

DTHOMPSON@BOLDEROPTIONS.ORG

Email Address

1. Organization's website: WWW.BOLDEROPTIONS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

BOLDER OPTIONS

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 1,384,931

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and Zip Code
----------------	---------------------------

10. Is the organization a food shelf? Yes No
 If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ <u>1,308,553</u>	1
2. Government Grants	\$ <u>76,378</u>	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ <u>-9,352</u>	4
5. TOTAL INCOME	\$ <u>1,375,579</u>	5

EXPENSES

6. Program Expenses	\$ <u>1,068,670</u>	6
7. Management & General Expenses	\$ <u>301,316</u>	7
8. Fund-raising Expenses	\$ <u>173,408</u>	8
9. TOTAL EXPENSES	\$ <u>1,543,394</u>	9
10. EXCESS or DEFICIT	\$ <u>-167,815</u>	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ <u>437,328</u>	11
12. Land, Buildings & Equipment	\$ <u>1,034,987</u>	12
13. Other Assets	\$ <u>230,588</u>	13
14. TOTAL ASSETS	\$ <u>1,702,903</u>	14

LIABILITIES

15. Accounts Payable	\$ <u>64,783</u>	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ <u>754,089</u>	17
18. TOTAL LIABILITIES	\$ <u>818,872</u>	18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 884,031

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and CHAIR (Title) respectively, and that

we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20___, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

DARRELL THOMPSON
Name (Print)

JOHN MCCORMICK
Name (Print)

Signature

Signature

PRESIDENT
Title

CHAIR
Title

Date

Date



2022 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2022 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01/2022, and ending (MM/DD/YYYY) 12/31/2022 (required)

BOLDER OPTIONS

Name of Organization _____

2100 STEVENS AVENUE SOUTH

Mailing Address _____ Check if New Address

MINNEAPOLIS HENNEPIN MN 55404
City County State ZIP Code

Check All That Apply: Amended Return Filing Under an Extension Final Return (refer to inst., pg. 4) Enter Close Date: _____

Are you filing a combined income return? Yes No

Check if reporting Tax Position Disclosure (Enclose Form TPD)

41-1909408
FEIN

3769248
Minnesota Tax ID (required)

This Organization Files Federal Form (check one)
 990-T 1120-C 1120-H 1120-POL

Exempt Under IRS Section (check one)
 501(c) (3) 528 Other: _____

Enter your NAICS Codes (refer to inst., pg. 4)
531120 / _____

Was 100% of the business conducted in Minnesota for this tax year?
 Yes No (complete and attach Schedule M4NPA)

	You must round amounts to nearest whole dollar.
1 Federal taxable income before net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c)	1 <u>1536</u>
2 Total additions to federal taxable income (from Form M4NPI, line 1)	2 _____
3 Federal taxable income after additions (add lines 1 and 2)	3 <u>1536</u>
4 Total subtractions from federal taxable income (from Form M4NPI, line 2)	4 _____
5 Federal taxable income (loss) after subtractions (refer to instructions). If you conducted business both within and outside Minnesota, complete Form M4NPA. (refer to instructions, pg. 4.) If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6.	5 <u>1536</u>
6 Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6 <u>1536</u>
7 Minnesota net operating loss deduction (from Form M4NP NOL)	7 <u>1229</u>
8 Subtract line 7 from line 6 (if zero or less, enter zero)	8 <u>307</u>
9 Total deductions from taxable net income (from Form M4NPI, line 3)	9 <u>1000</u>
10 Taxable income (subtract line 9 from Form line 8; if zero or less, enter zero)	10 <u>0</u>
11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11 <u>0</u>
12 Proxy tax (refer to instructions, pg. 4)	12 _____
13 Tax before credits (add lines 11 and 12)	13 _____
14 Total credits against tax (from Form M4NPI, line 4)	14 _____
15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero)	15 <u>0</u>

Continued next page

2022 M4NP, UBIT Return Page 2 (continued)

BOLDER OPTIONS

41-1909408

3769248

Name of Organization

FEIN

Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4)	16	_____
17	Add lines 15 and 16	17	_____
18	Total refundable credits (from Form M4NPI, line 5)	18	_____
19	Amount credited from your 2021 Form M4NP, line 32	19	_____
20	2022 estimated tax payments	20	_____
21	2022 extension payment	21	_____
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	_____
23	Subtract line 22 from line 17	23	_____ 0
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25	Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	_____
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	_____
28	Amount from line 27	28	_____
29	Amount from line 22	29	_____
30	AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	_____

Payment method: Electronic Check Amended Return Payment by Check
 (Refer to instructions, page 2.)

31	OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	_____
32	Amount of line 31 to be credited to your 2023 estimated tax	32	_____
33	Refund (subtract line 32 from line 31)	33	_____

To have your refund direct deposited, enter your banking information below.

Account Type:

Checking Savings _____

Routing number

Account number (use an account not associated with any foreign banks)

I declare that this return is correct and complete to the best of my knowledge and belief.

_____ Authorized Signature	PRESIDENT Title	_____ Date (MM/DD/YYYY)	612-379-2653 Daytime Phone
MATT GUYER, CPA Signature of Preparer	P00386499 PTIN	11/01/2023 Date (MM/DD/YYYY)	763-542-9633 Preparer's Daytime Phone

Email Address for Correspondence, if Desired

This email address belongs to (check one) Employee Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.



2022 M4NPI, Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2022 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

BOLDER OPTIONS

Name of Organization

41-1909408

FEIN

3769248

Minnesota Tax ID

You must round amounts to nearest whole dollar.

1 Additions to federal taxable income due to changes not adopted by Minnesota
Enter on Form M4NP, line 2 (you must provide a brief explanation below)

..... **1**

2 Subtractions from federal taxable income

- a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** _____
- b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (refer to instructions, pg. 7) **2b** _____
- c Charitable contributions (refer to instructions, pg. 7) **2c** _____
- d Subtractions due to federal changes not adopted by Minnesota (you must provide a brief explanation below) **2d** _____
-
- e Other subtractions from income (you must provide a brief explanation below) **2e** _____

Total subtractions (add lines 2a through 2e) **Enter on Form M4NP, line 4.** **2**

3 Deductions from taxable net income

- a Federal specific or special deductions **3a** _____ **1000**
- b Other deductions (you must provide a brief explanation below) **3b** _____

Total deductions from taxable net income (add lines 3a and 3b) **3** _____ **1000**

Enter on Form M4NP, line 9.

4 Credits against tax

- a Employer Transit Pass Credit (from Form ETP, line 4) **4a** _____
- b SEED Capital Investment Credit (refer to instructions, pg. 7) **4b** _____
- c Tax Credit for Owners of Agricultural Assets **4c** _____
- d Other credits against tax (you must provide a brief explanation below) **4d** _____

Total credits against tax (add lines 4a through 4d) **4**

Enter on Form M4NP, line 14.

5 Refundable credits

- a Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number **5a** _____
- b Other refundable credits (you must provide a brief explanation below) **5b** _____

Total refundable credits (add lines 5a and 5b) **5**

Enter on Form M4NP, line 18.