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			1	_	–	_			_	L	OMB No 1545-0047
	For	ູ 99 0- T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								2019
		artment of the Treasury		▶Go to www	w.irs.gov/Form990T for pers on this form as it m	instructions	and the lat	test informatio	n. ·		n to Public Inspection for (c)(3) Organizations Only
	A	Check box if address changed Exempt under section		Name of organization	(Check box if name				D Employer ide (Employees' tru	ntificati	ion number
		X 501(C)(0 3)	Print	West Yava	apai Guidan	ce Cli	nic				
		408(e) 220(e)	or		n or suite no If a PO box, see	instructions			86-02		
	ŀ	408A 530(a)	Туре	3343 Wind					E Unrelated bu (See instruction		activity code
2021	L	529(a)		City or town, state or pr	rovince, country, and ZIP or fo		** 86314	1	53119		
7		Book value of all assets at end of year	F G		nber (See instructions		0031-	<u> </u>	1 33113		
Ø	•	at end or year		heck organization ty	I==I		П 5	01(c) trust	401(a) trus	t	Other trust
.73	H	Enter the number of the				1			st) unrelated trac		
SEF		>						• •	,	If on	ily one, complete
7	ı	Parts I–V If more than o	one, des	cnbe the first in the	blank space at the end	d of the prev	nous sente	nce, complete	Parts I and II, o	comple	ete a
ב		Schedule M for each ad							•		
SCANNED		During the tax year, was				or a parent	-subsidiary	controlled gro	oup?	ļ	Yes X No
Ę	ı	If "Yes," enter the name	and ide	mulying number of tr	ne parent corporation						
S	J .	The books are in care of	f ▶ S	Steven Cal	abrese			Tele	phone number	9:	28-445-5211
Š				e or Business I			(A)	Income	(B) Expenses	Ī	(C) Net
	1a	Gross receipts or sale									
	b	Less returns and allow	wances		c Balance	▶ <u>1c</u>					
	2	Cost of goods sold (Se	chedule	A, line 7)		2					
	3	Gross profit Subtract	line 2 fro	om line 1c		3	1				
	4a	Capital gain net incom	•	•		4a	1			-	
	b	Net gain (loss) (Form 479			1/9/)	4b	+			\leftarrow	
	C	Capital loss deduction			/attach	4c	+	<u></u>			
	5	Income (loss) from pa statement)	irusersriip	and a corporation	(allau)	5					
	6	Rent income (Schedul	le C)			6			/		
	7	Unrelated debt-finance	•	ne (Schedule E)		7					
	8	Interest, annuities, royaltie		•	anization (Schedule F)	8					
	9	Investment income of a s	ection 50	1(c)(7), (9), or (17) orga	anization (Schedule G)	9					
	10	Exploited exempt active	vity inco	me (Schedule I)		10			_	\longrightarrow	
	11	Advertising income (S		•		. 11					
	12	Other income (See in			See Stmt :	1 12		22,655		\longrightarrow	22,655
	13 I D	Total. Combine lines			nere (See instruction	nc for lin		22,655	one) (Doducti	ons	22,655
		art II Deductio	d with	the unrelated bu	isiness income!)	3115 101 1111	illations	on deducin	Jiis.) (Deducti	UIIS	illust be directly
	14	Compensation of offic								14	
	15	Salaries and wages							1	15	
	16	Repairs and maintena	ance						1	16	2,704
	17	Bad debts		/			Coo	Ctotom		17	3 212
	18	Interest (attach sched	lule) (se	e instructions)			see	Statem	ent 2	18 19	3,212
	19 _20 _	Taxes and licenses Depreciation (attach F	orm 456	62)				20	5,088	19	
	_ 20 _ 21	Less depreciation clair			ewhere_on_return			21a		21b	5,088
	22	Depletion			RECEIV	/FD	_1	[22	· · · · · · · · · · · · · · · · · · ·
	_23 .		red com	pensation plans			<u> </u>	_		23_	
	24	Employee benefit pro-	grams			1000	र्।			24	
	. 25 .	. Excess exempt experi		I	89 _NOV_ 23 _2	2020_) SO-61		Ļ	.25 .	
	26	Excess readership co] <u> </u>	= :	 .		26	
	27	Other deductions (atta		ſ	OGDEN.	HT	See	Statem	ent 3	27	4,573
	28	Total deductions. Ad		•	anabas lass de l	Cuberasi II	ليد م 20 جون ن	l: 10	}	28	15,577
	29	/			erating loss deduction				ŀ	29	7,078
	30	Jinstructions)	raung lo	ss ansing in tax year	rs beginning on or after	i January 1.	, 2010 (SEE	;	ļ	30	
	31	Unrelated business ta	xable in	come Subtract line	30 from line 29				ŀ	31	7,078
	<u> </u>			et Notice coe inch						<u> </u>	Form 990-T (2019)

Form	1 990-1/(2019) West Yavapai Guidance Clinic 86	<u>-0206928 </u>				Page	: :
_Pa	art/III Total Unrelated Business Taxable income						
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see	: 1				_
	instructions)		/ 3	2	•	7,07	8
33	Amounts paid for disallowed fringes		3				_
34	Chantable contributions (see instructions for limitation rules)		3				_
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtra	act line					_
	34 from the sum of lines 32 and 33		ر ا خ	;		7,07	Я
36	Deductions for net operating loss ansing in tax years beginning before January 1, 2018 (see		H	<u></u>	_	<i>,</i> , , ,	ĭ
•	instructions)		3	.			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line	25	7 3			7,07	_
	·	35					
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	.=	≱ <u>3</u> 4	<u>-</u>		<u>1,00</u>	<u></u>
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line	e 37,	-H			c 05	_
_	enter the smaller of zero or line 37		11 39	<u>, </u>		<u>6,07</u>	<u>8</u>
<u> Pa</u>	art IV Tax Computation		1				_
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		▶ 4\	<u>, </u>		<u>1,27</u>	6
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		_ '				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		P 4	'			_
42	Proxy tax. See instructions		▶ 4	<u>:</u>			_
43	Alternative minimum tax (trusts only)		4	<u> </u>			
44	Tax on Noncompliant Facility Income. See instructions		_ 4	<u> </u>			
<u>45</u>	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		/ 4:	ن		1,27	6
<u>Pa</u>	art V Tax and Payments		1				
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a						_
b	Other credits (see instructions) 46b						
С	General business credit Attach Form 3800 (see instructions) 46c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d			-			
e	Total credits. Add lines 46a through 46d		46				
47	Subtract line 46e from line 45		4			1,27	6
48	Other taxes		<u> </u>	_		1,21	
-	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)		ا ا ر ر			1 27	_
	Total tax. Add lines 47 and 48 (see instructions)		414	_		1,27	_
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3		5	'			_
51a	Payments A 2018 overpayment credited to 2019			•			
b	2019 estimated tax payments 51b						
С	Tax deposited with Form 8868 51c			*96			
d	Foreign organizations Tax paid or withheld at source (see instructions) 51d						
е	Backup withholding (see instructions) 51e			.			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		تنغيها	ntd			
g	Other credits, adjustments, and payments Form 2439						
	Form 4136 Other Total ▶ 51g						
52	Total payments. Add lines 51a through 51g		. 52	2			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	\mathbf{x}			1	9
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	1			$\frac{1}{1,29}$	_
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			:			Ξ
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶	Refunded	. [H	-			_
_	art VI Statements Regarding Certain Activities and Other Information (<u>'</u>			_
						(N	_
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization				Ľ	es N	<u> </u>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of	the foreign countr	y			- 1	
	here ▶	-	•		L	X	Ĺ
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransferor to, a fore	ign trust?			X	
	If "YES," see instructions for other forms the organization may have to file	•	-				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	a bank of one beautailes as					_
Sig	Under penalties of perjuny declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno		inu deliet, it is	May	the IRS discu	iss this reti	ım
Her	re CFO 11/13/20	-		with (see	the preparer s instructions)?	snown belo ?	w
				_ 	Yes	∏ No	
	Signatuse of officer Date Title Pnnt/Type preparer's name Preparer's signature	Date	1	ck I if	PTIN		=
ا د: ۲		Date	Chec	" LJ "	, ,•		
Paid				employed	<u> </u>		_
	parer Firm's name > This tax return		Firm's EIN				_
Use	Only prepared by a						
	Firm's address > non-paid preparer.		Phone no				_

	n 990-7 (2019) West 3							86-0	206928			Pa	age 3
Sch	nedule A - Cost of Goo	ods Sold. Ente	r metho	od of inven	itory	valuation ▶	<u> </u>						
1	Inventory at beginning of ye	ar <u>1</u>		(6 In	entory at end	d of y	ear		6	-,.		
2	Purchases	2		7 Cost of goods sold. Subtract									
3	Cost of labor	3		line 6 from line 5 Enter here and									
4a	Additional sec 263A costs	4a				Part I, line 2				_ 7		т	
b	(attach schedule) Other costs			——— ¹					(with respect to			Yes	No_
_	(attach schedule)	4b			-			r acquire	ed for resale) apply				
5	Total. Add lines 1 through 4		D	to and Da		the organization			Mith Dool Door				
	nedule C - Rent Incom	e (From Real	Proper	ty and Pe	rson	iai Propert	у се	easea	with Real Prope	erty	')		
	ee instructions)												
1 Des (1)	N/A									_			
(2)	21/22			-		··							
(3)									-				
(4)		- .											
/	· · · · · · · · · · · · · · · · · · ·	2. Rent recei	ed or accr	ued									
	(a) From personal property (if the pe	ercentage of rent		(b) From real	and or	ersonal property (if	the		3(a) Deductions d	irectly	y connected with the	a income	
	for personal property is more than	-				ersonal property e					nd 2(b) (attach sched		
	more than 50%)			50% or if the rei	nt is ba	ased on profit or inc	come)						
(1)	•	-											
(2)													
(3)													
(4)													
Tota	1		Total						(b) Total deduction	S.			
	Total income. Add totals of co		b) Entei	•					Enter here and on pa				
	and on page 1, Part I, line 6,					<u> </u>		<u> </u>	Part I, line 6, column	(B) Þ	<u> </u>		
Scr	nedule E – Unrelated D	ebt-Financed	Incom	e (see instr	uctio	ns)							
				2 G	ross inc	come from or			3 Deductions directly of		cted with or allocable property	e to	
	 Description of debt-fin 	anced property		alloca		debt-financed	ŀ			T	· · · · · · · · · · · · · · · · · · ·		
					prop	perty		(a) S	traight line depreciation (attach schedule)		(b) Other de (attach sch		
(1)	N/A					· <u></u>			(+	(414441.04		
(2)	21/ 22								-	\dashv			
3)	· · ·								 -	十			
4)						·				十			
	4. Amount of average	5 Average adjusted			6. Co	otumn				1	8 Allocable d	eductions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop				vided			ross income reportable		(column 6 x total		ıs
	property (attach schedule)	(attach schedule			by col	lumn 5		(6	column 2 x column 6)		3(a) and	3(b))	
1)							%			Т			
2)							%		-	L			
3)							%			\perp			
4)							%			┸			
								Enter	here and on page 1,		Enter here and		
								Part	I, line 7, column (A)		Part I, line 7,	column ((R)
Γota							▶ [\perp			
Γota	l dividends-received deduc	tions included in c	olumn 8										
		~ 4									Form	990-T	(2019)

Form 990-1 (2019) WEBC 16		ituanice					2009			Page 4
Schedule F - Interest, Anni	uities, Royali	ties, and Rer	<u>nts Fro</u>	<u>m Controll</u>	<u>ed O</u> ı	<u>rganiz</u>	zations	(see instruc	ctions)	
			Exemp	ot Controlled	l Orga	ınızatıc	ons			
Name of controlled organization	ıde	2. Employer ntification number	3 Net un	related income se instructions)	4 To	otal of sp yments ri	ecified	5. Part of column 4 that is included in the controlling		6. Deductions directly connected with income
								organization's gro	ss income	ın column 5
(1) N/A			1					_		
										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	itions									
									I	
7 Taxable Income	l l	Net unrelated income oss) (see instructions)		9. Total of specific payments made		ın	cluded in th	lumn 9 that is ne controlling gross income		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
						+			_	
(4)						 	Add column	c 5 and 10		Id columns 6 and 11
Totals					•	Er	nter here ar	od on page 1, column (A)	Ente	er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment In	come of a S	ection 501(c	1(7), (9)	. or (17) O	rgani	zatio	1 (see i	nstructions)		
1 Description of income		2 Amount of I		3. Ded directly	ductions connecte schedule	d		4. Set-asides		5 Total deductions and set-asides (col 3 plus col 4)
·				(diad)	30100010	<u>, </u>	,"			pius (6)(4)
(1) N/A							L			
(2)										
(3)		i -		1						
		1		1						
(4)				 						
Totals	•	Enter here and o Part I, line 9, co						•		ter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exer	mpt Activity	Income. Oth	er Thar	n Advertisi	na In	come	(see ir	nstructions)		
	I	1					(000			
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirection direction connected production unrelated business in	y I with in of ed	4 Net income (i from unrelated to or business (col 2 minus column if a gain, comp cols 5 through	trade tumn n 3) oute	from is no	oss income activity that t unrelated ess income	attnbut colu	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
					-+					
(1) N/A					\rightarrow					+
(2)										
(3)										
(4)										
Totals	Enter here and o page 1, Part I, line 10, col (A)	n Enter here a page 1, P tine 10, co	Part I,		_					Enter here and on page 1, Part II, line 25
Schedule J – Advertising In	1							_		.1
Part I Income From P	<u>reriodicais R</u>	eported on a	a Consc	pildated Ba	asis _,			 ,		
		1		4. Advertising						7. Excess readership
1 Name of penodical	2 Gross advertising income	3 Dire advertising	1	gain or (loss) (2 minus col 3) a gain, compu cols 5 through) If rte		irculation ncome	6 Read	dership sts	costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
	 				 					┥
(2)	-	_	———J,		' ' ├					_ ***************
(3)		_			L					4
(4)										
								1		
Totals (carry to Part II, line (5))						_				

Part II Income From I	Periodicals Repo	orted on a Sepa	rate Basis (For	each periodical	listed in Part II,	fill in columns
2 through 7 on	a line-by-line bas	is.)				
1. Name of penodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals. Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

Schedule K - Compensation of Officers, Directors	, and I rustees (see instructions)		
1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	-	_	

Form **990-T** (2019)

0206928 West Yavapai Guidance Clinic

86-0206928

Federal Statements

11/12/2020 10:50 AM

'FYE: 6/30/2020

D	 Amount		
Pharmacy Rental income	9	\$ 22,	655
Total		\$ 22,	655

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Descript	on	 Amount
Interest		\$ 3,212
Total		\$ 3,212

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount		
Electric/Gas/Water Insurance Janitorial	\$	3,168 497 908		
Total	\$	4,573		