Eo	_м 990-Т	l E	EXTENDED TO AUG Exempt Organization Bus			ax Return	1	OMB No	1545-0687
it=		"	(and proxy tax und		ction 6033(e))	Va	M	(
		For ca	lendar year 2018 or other tax year beginning $\frac{OCT \ \ 1}{}$, $\frac{2}{}$	018	, and ending SEP	30, 2019	<u> </u>	2 0)18
	artment of the Treasury		Go to www.irs.gov/Form990T for it				·	Open to Pub	lic Inspection for
Inte	rnal Revenue Service	•	Do not enter SSN numbers on this form as it may	ation is a 501(c)(3).	In Emp	501(c)(3) Org	olic Inspection for panizations Only		
A 	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Emp	oloyees' trust, uctions)	See
_	Exempt under section	Print	MOHAVE MENTAL HEALTH CLINIC, INC				<u> </u>	86-0214	
[3	⊒ · · · · · · · · · · · · · · · · · · ·	or Type	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			instructions)	s activity code
늗	408(e) 220(e) 408A 530(a)		3707 N STOCKTON HILL RD, STE B City or town, state or province, country, and ZIP of	or forms	n nontal code		\mathbf{I}		
ئا	529(a)		KINGMAN, AZ 86409	n lorely	postal code		5311	10	
C	Book value of all assets it end of year	001	F Group exemption number (See instructions.)	<u> </u>					
<u></u>	23,810,		G Check organization type X 501(c) cortion's unrelated trades or businesses.	poration 1	·	401(a)			Other trust
	rade or business here	-				the only (or first) un complete Parts I-V.			
	•		ce at the end of the previous sentence, complete Pi	arts I an					
	usiness, then complete	-		u, 10 1 u.i	a n, complete a concedio	William Submitted in the submitted in th	u,u.		
ī	During the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt pubb	diary controlled group?	▶ [Υ.	es X	No
			tifying number of the parent corporation.						
			ANET RETTMANN, CFO	-	•	•		57-8111	
عجا			le or business income	Т	(A) Income	(B) Expenses		 '	C) Net
	 Gross receipts or sale Less returns and allow 		c Balance	1,				1	1
2	Cost of goods sold (S			1c 2		מרכבון!	ED		/ i
3	Gross profit. Subtract		•	3		RECEIN		-0	
4				4a				1 join	$\overline{}$
- 1	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	022	JUI 13	<u> ZUZU</u>		
. +	Capital loss deduction	for trus	ats	_4c	Ď				
5		-	ship or an S corporation (attach statement)	5		OGDEN	للبا		
6	Rent income (Schedu		(Oabad Ia 5)	6	26,173.		051.		-21,878.
, 7 8	Unrelated debt-financ		ne (Schedule E) nd rents from a controlled organization (Schedule F)	8	20,173.	40,	031.		-21,070.
9	•		on 501(c)(7), (9), or (17) organization (Schedule G)	\vdash			-		
10	Exploited exempt acti			10					
11	Advertising income (S			11					
12	Other income (See in:	struction	s; attach schedule)	12				<u> </u>	
13	Total, Combine lines	3 throu	gh 12	13	26,173.	48,	051.		-21,878.
L			t Taken Elsewhere (See instructions for truining the structions must be directly connected to the structure of the structure			income)			
	<u> </u>		rectors, and trustees (Schedule K)	u with t	The difficiated business	income /	144	1	
14 15	Salaries and wages	icers, ur	rectors, and trustees (Schedule K)				15		
16	Repairs and mainten	ance					16	<u> </u>	
17	Bad debts						17	<u> </u>	
18	Interest (attach sche	dule) (s	ee instructions)				18		
19	Taxes and licenses						19		50.
20			e instructions for limitation rules)				20		
21	Depreciation (attach		· /		21		ļ		
22		aimed or	n Schedule A and elsewhere on return		22a		22b	ł	
23	Depletion Contributions to defe	arrad ac	managation plans				23		
24 25	Employee benefit pro		mpensation plans				24 25	1	
26	Excess exempt expe	_	chedule I)				26	1	
27	Excess readership co						27	1	
28	Other deductions (at						28	<u>[</u>	
29	Total deductions. A		•				29		50.
30	Unrelated business t	axable ıı	ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30		-21,928.
31	/		oss arising in tax years beginning on or after Janua	ary 1, 20	18 (see instructions)	•	31	<u> </u>	<u> </u>
<u>32′</u>	•		ncome. Subtract line 31 from line 30				32	<u> </u>	-21,928.
823	701 01-09-19 LHA F 0	r Paper	work Reduction Act Notice, see instructions.			99		⊦orm ≥	990-T (3018)

Form 990-	(2018) MOHAVE MENTAL HEALTH CLINIC, INC.	86-0214	457		Page 2
Part	Total Unrelated Business Taxable Income		_		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	33	-21,	928.
34	Amounts paid for disallowed fringes	•	34	<u>-</u>	
35	· · · · · · · · · · · · · · · · · · ·	TMT 1	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1		
30	lines 33 and 34			-21,	928
0.7		8	36		000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Ü	3/		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	- 11	111		
7	enter the smaller of zero or line 36		38	-21,	928.
Part					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	•	39	.,	0.
40	<u>Trusts Taxable at Trust Rates.</u> See instructions for tax computation. Income tax on the amount on line 38 from:				
	Tax rate schedule or Schedule D (Form 1041)	•	40		
41	Proxy tax. See instructions	>	41		
42	Alternative minimum tax (trusts only)		42		
43	Jax on Noncompliant Facility Income. See instructions		43		
44 1	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	•	0.
Part)				-	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)		1		
c	General business credit. Attach Form 3800		1 }		
-	0 444		1 1		
d	• • • • • • • • • • • • • • • • • • • •		40		
	Total credits Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47	_	(attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
50 a	Payments. A 2017 overpayment credited to 2018		!		
b	2018 estimated tax payments		1		
C	Tax deposited with Form 8868]		
d	Foreign organizations: Tax paid or withheld at source (see instructions)] [
е	Backup withholding (see instructions) 50e] [
f	Credit for small employer health insurance premiums (attach Form 8941) 50f]		
a	Other credits, adjustments, and payments: Form 2439		1		
·	Form 4136 Other Total > 50g				
51	Total payments Add lines 50a through 50g		51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		58		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		
55		tundad .	T I		
Part \		funded >	55		
<u> </u>				T., T	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	-		Yes	No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	!			ľ
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			-	
	here ▶			\vdash	Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		\sqcup	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.			1	- 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge	best of my knowled	ge and belief, it is tru	θ,	_
Sign	Described by the property of the description of the first property of the prop	_	ay the IRS discuss the		
Here	X7/7/2010EE		ay the IHS discuss this e preparer shown belo		tn
	Signature of officer Date/ Title		· · · · · · · · · · · · · · · · · · ·	es 🗍	No
	Print/Type preparer's name Preparer's signature / Date	Check If		<u> </u>	
D-:-		self- employed			
Paid	have a observed $1/1/1/1/1/2$	our umproyed	P00869687	,	
Prepa	Tel Santa Many 110	Eirm's EIN -	34-1884		
Use C	4722 N 24TH ST, STE 300	Firm's EIN	24 1004		
		Dharing C	12_264_6035		•
000010 -	Firm's address PHOENIX, AZ 85016	Phone no. 60	02-264-6835	<u> </u>	
823711 01-	U S - 19		Form 9	9U- F (2	2018)

13590629 143399 185253

Inventory at beginning of year 2 7 Cost of goeds seld. Subtract line 6 7 Cost of goeds seld. Subtract line 6 7 Total deductions section 263A costs (datach schedule) 4a 8 8 10 hier vites of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale) apply to the organization? Yes No property produced or acquired for resale Apply to the organization? Yes No property produced or acquired for resale Apply to the organization Yes No property Yes Yes No property Yes Yes No property Yes	Schedule A - Cost of Goods	s Sold. Enter n	nethod of invent	ory va	aluation N/A						
2				1		ır	-	6			
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (a) To be sometime of property (b) From real and property (if the sometimes of the organization of the orga		2		1			line 6				
(attach schedule) b Other costs (attach schedule) 5 Total. Add thes it through 40 5 Totals add thes it through 40 5 Totals add the st through 40 5 Totals a	3 Cost of labor	3		1	-						
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	Totals (carry to Part II, line (5))	•	0.	0			<u></u>			0. Form 990-T (2018)

Form 990-T (2018) MOHAVE MENTAL HEALTH CLINIC, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		
(2)		-		- "		
(3)			-			
(4)	_					
Totals from Part I	0.	0.				0.
	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 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/16	32,805.	0.	32,805.	32,805.
09/30/17	25,406.	0.	25,406.	25,406.
09/30/18	18,319.	0.	18,319.	18,319.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	76,530.	76,530.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
MORTGAGE INTEREST			34,681.	
DEPRECIATION			82,281.	
USE TAX			4,018.	
MAINTENANCE & REPAIR	(CAM)		16,717.	
UTILITIES			10,427.	
	- SUBTOTAL -	1		148,124,
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		148,124,

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEBT	- SUBTOTAL -	1	2,064,446.	2,064,446.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	4		2,064,446.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	STATEMENT 4		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING	- SUBTOTAL -	1	6,364,224.	6,364,224.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	5		6,364,224.