

Form 990-T

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, 2019, and ending 20

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

Department of the Treasury Internal Revenue Service

Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

Exempt under section

Print or Type

HOLLY RIDGE CENTER

91-0757541

- 501(C)(3) 03
408(e) 220(e)
408A 530(a)
529(a)

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

5112 NW TAYLOR ROAD

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

BREMERTON, WA 98312

531120

C Book value of all assets at end of year

7,476,742

F Group exemption number (See instructions)

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of MICHAEL COLLINS Telephone number (360) 373-2536

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Includes a RECEIVED stamp from NOV 19 2020 OGDEN, UT.

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

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule) (see instructions), Taxes and licenses, Depreciation (attach Form 4562), Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions. Add lines 14 through 27, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), Unrelated business taxable income. Subtract line 30 from line 29. Includes a RECEIVED stamp from NOV 19 2020 OGDEN, UT.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

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SCANNED OCT 04 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payment details.

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

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 57-59 regarding foreign activities and interest.

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

Sign Here: Signature of officer, Date 11-15-2020, Title PRESIDENT. Includes a box for IRS discussion with preparer.

Paid Preparer Use Only: Print/Type preparer's name CLARKE WHITNEY, Preparer's signature CLARKE WHITNEY, Date 11-12-2020, Firm's name CLARKE WHITNEY, CPA, INC., Firm's address 610 WARREN AVE BREMERTON WA 98337, Firm's EIN 91-1471050, Phone no 360-792-1040.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		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 schedule) Statement #12	(b) Other deductions (attach schedule) Statement #13	
(1) 4660	KITSAP WAY - COMMERCIAL	122,329	23,032	92,668	
(2) 5002	KITSAP WAY - COMMERCIAL	101,542	17,725	70,038	
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Statement #14		5. Average adjusted basis of or allocable to debt-financed property (attach schedule) Statement #15	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	1,590,680	2,718,684	58.51 %	71,575	67,696
(2)	663,596	1,395,530	47.55 %	48,283	41,731
(3)			%		
(4)			%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
			119,858	109,427	
Total dividends-received deductions included in column 8 ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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 page 1, Part I, line 8, column (A)		Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶					

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5)) ▶						

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 ▶						
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 Trustees (see instructions)

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

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

HOLLY RIDGE CENTER

91-0757541

990-T - SCHEDULE E - LINE 3A
STRAIGHT LINE DEPRECIATION

Statement #12

DESCRIPTION

AMOUNT

TOTAL

\$23,032

990-T - SCHEDULE E - LINE 3A
STRAIGHT LINE DEPRECIATION

PG01
Statement #12

DESCRIPTION

AMOUNT

TOTAL

\$17,725

990-T - SCHEDULE E - LINE 4
AVERAGE AQUISITION DEBT

PG01
Statement #14

DESCRIPTION

AMOUNT

TOTAL

\$1,590,680

990-T - SCHEDULE E - LINE 4
AVERAGE AQUISITION DEBT

PG01
Statement #14

DESCRIPTION

AMOUNT

TOTAL

\$663,596

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

HOLLY RIDGE CENTER

91-0757541

990-T - SCHEDULE E - LINE 5
AVERAGE ADJUSTED BASIS

Statement #15

DESCRIPTION

AMOUNT

TOTAL

\$2,718,684

990-T - SCHEDULE E - LINE 5
AVERAGE ADJUSTED BASIS

PG01
Statement #15

DESCRIPTION

AMOUNT

TOTAL

\$1,395,530

990-T - SCHEDULE E - LINE 3B
OTHER DEDUCTIONS

PG01
Statement #13

DESCRIPTION

AMOUNT

PROPERTY TAXES

\$7,481

JANITORIAL

\$6,793

UTILITIES

\$10,089

INTEREST

\$38,462

REPAIRS AND MAINTENANCE

\$5,755

INSURANCE

\$2,735

ADMIN

\$12,233

PROFESSIONAL FEES

\$9,120

TOTAL

\$92,668

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

HOLLY RIDGE CENTER

91-0757541

990-T - SCHEDULE E - LINE 3B
OTHER DEDUCTIONS

Statement #13

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PROPERTY TAXES	\$7,893
JANITORIAL	\$5,035
UTILITIES	\$15,395
REPAIRS AND MAINTENANCE	\$4,014
INSURANCE	\$5,552
ADMIN	\$10,154
INTEREST	\$21,995
TOTAL	<u><u>\$70,038</u></u>