OOO T	E	Exempt Organiza	tion Busines	s Incom	ne Tax Returi	1_	OME	3 No 1545-0047
990-T			ky tax under sec			12	2	040
		dar year 2019 or other tax year be			nd ending, 20	—·		019
Department of the Treasury		Go to www.irs.gov/For				n.4\		lic inspection for
Internal Revenue Service Check box if	P DO N	ot enter SSN numbers on this  Name of organization ( Che	ck box if name changed and			01(0)(3)		ganizations Only
B Exempt under section	4 1	HOLLY RIDGE CENT	-	366 ((13)) 46((0)) 3	,			trust, see instructions)
x 501( C ) (3 <b>6</b> 3	Print	Number, street, and room or suite	<del></del>	ions			1-0757541	ı
408(e) 220(e)	or	5112 NW TAYLOR R	CAO			F	E Unrelated bu	isiness activity code
408A 530(a)	Type	City or town, state or province, cou	untry, and ZIP or foreign post	al code		$\neg \neg$	(See instruct	ions )
529(a)		BREMERTON, WA 98	312			5	31120	
C Book value of all assets at end of year	F Gro	oup exemption number (See	<del></del>					
7,476,742		eck organization type	x 501(c) corp		501(c) trust		) trust	Other trust
i	•	nization's unrelated trades o	_			-	(or first) unrela	
trade or business he		and of the province contone		•	plete Parts I-V If mo			tne
trade or business, th		end of the previous sentend lete Parts III-V	ce, complete Parts I ar	ia II, comple	ete a Schedule IVI for	each ad	iditional	
	· · · · · · ·	corporation a subsidiary in a	n affiliated group or a	narent-subs	idiary controlled arou	ın?		Yes X No
ļ= -		dentifying number of the pa	- '	parent base	idially controlled grou	φ		00 [4]
		MICHAEL COLLINS		<del></del>	Telephone number	▶ (30	60) 373-25	36
		e or Business Incom	ne		(A) Income		Expenses	(C) Net
1a Gross receipts or	sales						•	. ا
b Less returns and a			c Balance	<u> </u>		٠.		
2 Cost of goods sole	-	·		. 2				
3 Gross profit Subt				. 3		<u> </u>		
4a Capital gain net in	•	· •			/		•	
•		, Part II, line 17) (attach For บรtร	•	<del></del>				
		ership or an S corporation (a		·   7°			-	
, .	•			. / 5	REGE	IVE	7	
√ 6 Rent income (Sch	nedule C)			6	124		=-:)	
7 Unrelated debt-fin	nanced inc	come (Schedule E) · · ·	/	7	S 110 858	I BABI	109,427	10,431
8 Interest, annuities, re	oyalties, an	nd rents from a controlled organ	ization (Schedule F)	. 8		- यहाः	7.	
9 Investment income of	of a section	n 501(c)(7), (9), or (17) organiza	ition (Schedule G)	. 9	L OGDEN	1. 1.	~	
. 1		come (Schedule I) · · ·	,	<del></del>				
11 Advertising incom	,	•						
		ions, attach schedule) •	<i>K</i>	. 12				
13 Total. Combine lir	nes 3 thro	ugh 12 · · · · · · · · . t Taken Elsewhere (\$	Seefinstructions for	· 13	119,858	) (D	109,427	10,431
		the unrelated busines		Ji iii iii lalik	ons on deduction	13 /	REC	
		firectors, and trustees (Sch	<i></i>				14	ED I
15 Salaries and wage	es · · ·				<i>.</i>	(5		8 2000 8
16 Repairs and main	itenance				<i>.</i>	🛱	NOV151	3 2020
		/					OG∯È	E E
18 Interest (attach so	chedule) (:	see instructions) / · · ·			<i>.</i>	٠. لــ		14, 01
							19	` .
		4562)						
21 Less depreciation	claimed o	on Schedule A and elsewhe	ere on return		· · · <u>[2</u> 1a ] .		21b	
		ompensation plans						
23 Contributions to d	ererrea co	s · · · · · · · · · · · · ·					23	
<ul><li>24 Employee benefit</li><li>25 Excess exempt ex</li></ul>	yrograms Ynenses (	Schedule I)					25	
26 Excess readership	p costs (S	Schedule J)					26	
27 Other deductions	(attach sg	chedule) · · · · · ·					27	
		s 14 through 27					28	
		income before net operatir	-				29	10,431
		loss arising in tax years be						
		income Subtract line 30 fr	om line 29			<u>· · · · · </u>	. 31	10,431

	990-T (20		91-0	757541	Page 2
Pai		otal Unrelated Business Taxable Income			
32		nrelated business taxable income computed from all unrelated trades or businesses (see		1   .	
	instruction	s)		\$2	10,431
33	Amounts :	paid for disallowed fringes			
34		contributions (see instructions for limitation rules)		34	
35		lated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	5	<u> </u>	
		e sum of lines 32 and 33		35	10,431
36		for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instruction	s)		36	
37		nrelated business taxable income before specific deduction. Subtract line 36 from line 35			10,431
38		eduction (Generally \$1,000, but see line 38 instructions for exceptions)	? ?	38	1,000
39		business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,			
		smaller of zero or line 37		39	9,431
Pa	rt IV T	ax Computation			
40		tions Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	1,981
41	Trusts Ta	exable at Trust Rates. See instructions for tax computation. Income tax on	·		
		nt on line 39 from. Tax rate schedule or Schedule D (Form 1041)			
42		c. See instructions			
43	Alternative	e minimum tax (trusts only)			<u>.</u>
44		oncompliant Facility Income. See instructions		44	
45	Total. Ad	d lines 42, 43, and 44 to line 40 or 41, whichever applies		45	1,981
Pa		ax and Payments	•		
46a	Foreign ta	x credit (corporations attach Form 1118; trusts attach Form 1116) 46a		_	
b	Other cre	dits (see instructions)		_]	
С	General b	usiness credit Attach Form 3800 (see instructions)			
d	Credit for	prior year minimum tax (attach Form 8801 or 8827)			
е	Total cre	dits. Add lines 46a through 46d		460	
47	Subtract I	ine 46e from line <u>45</u>		47	1,981
48	Other taxes	s. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach schedule) 🔪	48	
49	Total tax	. Add lines 47 and 48 (see instructions)	4	49	1,981
50	2019 net 9	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	
51 a	Payments	A 2018 overpayment credited to 2019		_	
b	2019 esti	mated tax payments	1,00	1	
c	-	sited with Form 8868	···	<b>⅃</b> ゙┃┃	
d		rganizations: Tax paid or withheld at source (see instructions)		_	
е	Backup w	ithholding (see instructions)	·····-	_	
f	Credit for	small employer health insurance premiums (attach Form 8941)		_	
g		dits, adjustments, and payments. Form 2439			
	Form 4	.136 Other Total ▶		_ _  _	
52	Total pay	ments. Add lines 51a through 51g	<u></u> .	52	1,001
53	Estmated	tax penalty (see instructions) Check if Form 2220 is attached	▶ 🔲	53	
54	Tax due.	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		7 54	980
55	Overpayı	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
56	Enter the	amount of line 55 you want. Credited to 2020 estimated tax ▶	Refunded ►	56	
Pa	rt VI SI	atements Regarding Certain Activities and Other Information (see in	structions)	<u> </u>	
57	At any tim	e during the 2019 calendar year, did the organization have an interest in or a signature or other	er authority		Yes No
	over a fin	ancial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may h	nave to file		
	Fin¢EN F	orm 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the forei	gn country		1.1.
	here ▶ _				х
58	During the	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trus	17	х
	If "Yes," s	ee instructions for other forms the organization may have to file.			
59	Enter the	amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
		inclines of penury, I declare than have examined this return, including accompanying schedules and statements, and to the		e and beiref, it i	5
Sig	n Ate, con	rect) and complete Declaration of preparer (ober than taxpayer) is based on all information of which preparer has any kno	wieage.		
Her	e ( 📝 /	austicul luss 11-15-2020 PRESIDENT		with the orang	discuss this return arer shown below
	Xorganon	ne of officer Date Titlo		(see instructio	ns)? X Yes No
	······································	Print/Type preparer's name Preparer's signature Date	te Che		PTIN
Paid	d	CLARKE WHITNEY CLARKE WHITNEY 11	-12-2020 self	employed	P0044759
Pre	parer	Firm's name >CLARKE WHITNEY, CPA, INC.	Firm	n's EIN ▶ 91	-1471050
	Only	Firm's address ▶610 WARREN AVE		on enc	
		BREMERTON WA 98337		3.6	0-792-1040
EEA					rm <b>990-</b> T (2019)

Form 990-T (2019)

	i Kibge C			91-0	737341 Tage 0	
Schedule A - Cost of Good					<del></del>	
1 Inventory at beginning of year		1	6 Inventory at 6	= = = = = = = = = = = = = = = = = = = =	6	
2 Purchases · · · · · · ·		2	7 Cost of good	ds sold. Subtract line		
3 Cost of labor · · · · · ·		3	6 from line 5	Enter here and in Part		
4a Additional section 263A costs	<b>;</b>	Ì	I, line 2 · · ·		. 7	
(attach schedule) · · · ·		4a	8 Do the rules	of section 263A (with respect	to Yes No	
b Other costs (attach schedule	)	4b	property prod	luced or acquired for resale)	apply	
5 Total. Add lines 1 through 4b		5		zation?		
Schedule C - Rent Income (see instructions)	(From Re	al Property and	Personal Property L	eased With Real Pro	perty)	
1 Description of property	· · · · · · · · · · · · · · · · · · ·		<del></del>			
(1)				<del></del>		
(2)	<del></del>					
(3)		_ <del></del>				
(4)		<del></del>			· · · · · · · · · · · · · · · · · · ·	
<u> </u>	2. Rent rece	ved or accrued		T		
		T				
(a) From personal property (if the perconfor personal property is more than 1 more than 50%)	•	percentage of rent for	personal property (if the r personal property exceeds based on profit or income)	3(a) Deductions directly in columns 2(a) and	y connected with the income d 2(b) (attach schedule)	
(1)						
(2)						
(3)	·					
(4)						
Total	<del></del>	Total		(b) Total deductions.		
(c) Total income. Add totals of colu	ımns 2(a) and	2(b) Enter		1		
here and on page 1, Part I, line 6, c	olumn (A)	. •		Enter here and on page Part I, line 6, column (B)	•	
Schedule E - Unrelated De			nstructions)			
			2. Gross income from or	3 Deductions directly connect		
1 Description of debt-	financed property	,	allocable to debt-financed property	debt-financed property (a) Straight line depreciation (b) Other deductions		
·			property	(attach schedule)	(attach schedule)	
f				Statement #12	Statement #13	
(1) 4660 KITSAP WAY - CO	MMERCIAL		122,329	23,032		
(2) 5002 KITSAP WAY - CO			101,542	17,725		
(3)						
(4)						
4 Amount of average	5. Averag	je adjusted basis			8. Allocable deductions	
acquisition debt on or allocable to debt-financed	1	allocable to	6 Column	7 Gross income reportable	(column 6 x total of columns	
property (attach schedule)		anced property ch schedule)	4 divided by column 5	(column 2 x column 6)	3(a) and 3(b))	
Statement #14	Statement	#15	,			
(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)	· · · · · · · · · · · · · · · · · · ·		%			
	.1			Enter here and on page 1,	Enter here and on page 1,	
				Part I, line 7, column (A)	Part I, line 7, column (B)	
Totals				119,858	109,427	
Total dividends-received deducti			• • • • • • • • • • •			
EEA		<del>i</del>			Form <b>990-T</b> (2019)	
					•	

Scree	<u>dule F - Interest, Anr</u>	iuities, Koyaities,			Controlled Organizations	ganizations (S	ee inst	ructions	5)	
1	. Name of controlled organization	2 Employer identification number	1	elated income e instructions)	4 Total of specified payments made	included in the c	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)			<u> </u>							
(2)				·						
(3)										
(4)										
Nonexe	empt Controlled Organizatio	ns								
7 Taxable Income 8		8 Net unrelated in (loss) (see instruc		1	otal of specified syments made	10 Part of column included in the organization's gro	ontrolling	conn	Deductions directly ected with income in column 10	
(1)										
(2)										
(3)	····									
(4)		<u> </u>		<u> </u>						
Totals					<b>.</b>	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter	columns 6 and 11 nere and on page 1, , line 8, column (B)	
	dule G - Investment Inc			<del></del>	· · · · · · · · · · · · · · · · · · ·	ee instructions)				
<u> </u>	1 Description of income		t of income	dırı	Deductions ectly connected tach schedule)	4 Set-aside (attach schedu	-		otal deductions et-asides (col. 3 plus col. 4)	
(1)		•								
(2)										
(3)										
(4)						·				
	ا		column (A)		tisina Income (s	ee instructions)			re and on page 1, ne 9, column (B)	
	Description of exploited activity	2 Gross unrelated business inco from trade business	ome con	Expenses directly inected with oduction of unrelated iness 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	attribi	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)										
(3)										
(4)										
		Enter here ar page 1, Pa line 10, col	ırtl, pa	er here and on age 1. Part I, e 10. col. (B)		•	•		Enter here and on page,1 Part II, line 25	
Sched	dule J - Advertising Inc									
Part	I Income From Pe	riodicals Reported	on a Con	solidated	Basis					
	1 Name of periodical	2 Gross advertising income		3 Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	adership osts	7 Excess readershi costs (column 6 minus column 5, bu not more than column 4)	
<u>(1)</u>							<u> </u>			
(2)			<u> </u>							
<u>(3)</u>					•				-	
(4)										
			-							
	(darry to Part II, line (5))				<u> </u>	L	<u> </u>		Feet 000 T (2010)	
EEA									Form <b>990-T</b> (2019)	

Part I	Income From Periodica	ls Reported on	a Separate Bas	is (For each peri	odical listed in P	art II, fill in colu	mns
	2 through 7 on a line-by-l	ine ba <u>sis</u> )					
	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)
<u>(1)</u>				-			
(2)			<del></del>			<del></del>	
(3)	1						
(4)							
Totals fi	om Part I						<u> </u>
		Enter here and on page 1, Part I, inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		, ,	*3 ti - *	Enter here and on page 1, Part II, line 26
Totals,	Part II (lines 1-5) · · · · · ▶				,	e *	
Sched	ule K - Compensation of Office	cers, Directors,	and Trustees (	see instructions)			
	1 Name			2. Title	3 Percent of time devoted to business		tion attributable to ed business
(1)					9/	,	
(2)	-				9/	6	
(3)					9/	6	
(4)					9/	6	
	nter here and on page 1, Part II, line	: 14					
EEA							Form <b>990-T</b> (2019)

	Federal Supporting Statements	<b>2019</b> PG01
Name(s) as shown on retum HOLLY RIDGE C	ENTER	Tax ID Number 91-0757541
	990-T - SCHEDULE E - LINE 3A STRAIGHT LINE DEPRECIATION	Statement #12
DESCRIPTION	-	AMOUNT
TOTAL	,	<u>==\$23,032</u>
	990-T - SCHEDULE E - LINE 3A STRAIGHT LINE DEPRECIATION	<b>PG01</b> Statement #12
DESCRIPTION		TUUOMA
TOTAL		\$17,725
DESCRIPTION TOTAL	990-T - SCHEDULE E - LINE 4 <u>AVERAGE AQUISITION DEBT</u>	PG01 Statement #14
DESCRIPTION TOTAL	990-T - SCHEDULE E - LINE 4  AVERAGE AQUISITION DEBT	PG01 Statement #14

		l
	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 ====================================
		PG01
	990-T - SCHEDULE E - LINE 5 AVERAGE ADJUSTED BASIS	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 REPAIRS AND MAINTER	NA NCE	\$38,462 \$5,755
INSURANCE	NANCE .	\$2,735
ADMIN		\$12,233
PROFESSIONAL FEES		\$9,120
TOTAL		\$92,668
_		
I		

	Federal Supporting Statements	2019 PG01
ne(s) as shown on return OLLY RIDGE		Tax ID Number 91 - 0757541
	990-T - SCHEDULE E - LINE 31 OTHER DEDUCTIONS	
ESCRIPTION ROPERTY TAX ANITORIAL FILITIES EPAIRS AND NSURANCE DMIN NTEREST		AMOUNT \$7,893 \$5,035 \$15,395 \$4,014 \$5,552 \$10,154
OTAL		\$21,995 \$70,038