جيد						29393	165	19219
Form 990-T	E	Exempt Organ (ar	nization Bus			ax Return	1	OMB No 1545-0687
	For ca	lendar year 2018 or other tax yea	ar beginning JUL 1,	20	18 , and ending $JU$		9	2018
Department of the Treasury			.irs.gov/Form990T for in				Ļ	Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbe				ation is a 501(c)(3).		Open to Public Inspection for 01(c)(3) Organizations Only yer identification number
A Check box if address changed		Name of organization ( L	Check box if name c	hanged	and see instructions.)		(Emplo	yees' trust, see
B Exempt under section	Print	YAKIMA NEIG	HBORHOOD HE	ALTH	SERVICES		9:	1-0928817
<u> </u>	TVD0	Number, street, and room		k, see in	structions.			ted business activity code structions )
408(e) 220(e)	Туре	12 S. 8TH S					<u>.</u>	,
408A X 530(a)	1	City or town, state or pro	vince, country, and ZIP of 98901	r foreigi	n postal code		000	200
C Book value of all assets	<u> </u>	YAKIMA, WA F Group exemption numb		<b>—</b>		,	9000	700
at end of year 19,342,4	84.	G Check organization type			501(c) trust	401(a)	trust	Other trust
H Enter the number of the				1		the only (or first) ur		
trade or business here	► <u>DEI</u>	BT-FINANCED 1	PROPERTY		If only one	, complete Parts I-V.	If more	than one,
describe the first in the b	lank spa	ce at the end of the previou	us sentence, complete Pa	rts I and	d II, complete a Schedule	e M for each addition	al trade (	or
business, then complete	_		<b>"</b>				<del> </del>	[49]
I During the tax year, was		oration a subsidiary in an a lifying number of the paren		it-subsi	diary controlled group?	▶ [	Yes	S X No
J The books are in care of			<del></del>		Teleph	ione number > 5	09-4	154-4143
		le or Business Inc			(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s							
<b>b</b> Less returns and allow	wances		c Balance	1c				
2 Cost of goods sold (S				2	<u>.</u> .			
3 Gross profit. Subtract				3				
4a Capital gain net incom	•	n Schedule D) art II, line 17) (attach Form	4707)	4a 4b	<del></del>		<del>-</del>	
c Capital loss deduction	-	• • • • • • • • • • • • • • • • • • • •	14/3/)	40 4c		•	$\nearrow$	
·		ship or an S corporation (at	tach statement)	5				<del> </del>
6 Rent income (Schedu	le C)	, , ,	,	6		. /	Ì	
7 Unrelated debt-financ	ed incon	ne (Schedule E)		7	15,018.	106,4	47.	-91,429.
-		nd rents from a controlled o	•	8			$\dashv$	
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9		<del></del>		<del>-</del> ·
10 Exploited exempt active 11 Advertising income (S	•	,		10				
12 Dither income (See ins		•		12			+	
13 Total. Combine lines		,		13	15,018.	106,4	47.	-91,429.
		t Taken Elsewher		r limita	tions on deductions)		•	
		itions, deductions must	_	with the	e unrelated business	income )		
•	icers, dii	rectors, and trustees (Sche	dule K)				14	· ·
<ul><li>15 Salaries and wages</li><li>16 Repairs and mainten</li></ul>	ance						15	<u> </u>
17 Bad debts	ance						16 17	
18 Interest (attach sche	dule) (se	ee instructions)					18	
19 Taxes and licenses	, ,	,			••		19	
20 Charitable contribution	ons (See	nstructions for limitation	rules)	/ED			20	
21 Depreciation (attach			RECEI	VEL	-10\ 21\	67,209.		_
•	umed or	Schedule A and elsewhere		0000	080-87 22a	67,209.	22b	0.
<ul><li>23 Depletion</li><li>24 Contributions to defe</li></ul>	arrad car	monestion plans	AUG 03	2020			23	
25 Employee benefit pro		ilpensation plans	101				24	<del></del>
26 Excess exempt exper	•	hedule I)	OGDE	N, U			26	<del></del>
27 Excess readership co					<del></del>		27	
28 Other deductions (at	tach sch	edule)					28	
29 Total deductions. A		-					29	0.
/		ncome before net operating				,	30	-91,429.
		oss arısıng ın tax years beç ncome. Subtract line 31 fro		y 1, 20	18 (see instructions)	1	31 32	-91,429.
9		work Reduction Act Notice	_				1 32	Form <b>990-T</b> (2018)

Form 990-1	(2018) YAKIMA NEIGHBORHOOD HEALTH SERVICES		91-	-092	28817	7 Page <b>2</b>
Part I	IL Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (	see instructio	ons)	T	3/3	-91,429.
34	Amounts paid for disallowed fringes		·	·	84	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see inst	tructions)	STMT	1	85	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	•				
	lines 33 and 34				36	-91,429.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			8	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	a 36		U J.	<del>                                      </del>	
30	enter the smaller of zero or line 36	ie 30,		11	38	-91,429.
Part I				11	30	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			_	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 28 f	from:		1	
40		11 011 11116 30 1	iiviii.		40	
44	Tax rate schedule or Schedule D (Form 1041)					<del></del>
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	<del>_</del>
43	Tax on Noncompliant Facility Income. See instructions				43	
44,	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				144	<u> </u>
Part \		т. г				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			4	
b	Other credits (see instructions)	45b			4	
C	General business credit. Attach Form 3800	45c			4	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			J	
е	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	3866 🔲 0	Other (attach sc	hedule)	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.
	Payments: A 2017 overpayment credited to 2018	50a'				
	2018 estimated tax payments	50b			1	
	Tax deposited with Form 8868	50c			1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			1	
	Backup withholding (see instructions)	50e			1	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>			1	
T	Credit for small employer health insurance premiums (attach Form 8941)	501			-	
9	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶	- <u>  504       </u>				
51	Total payments. Add lines 50a through 50g	1			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				53	
	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì			54	
_55 <u>_</u> 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	<u> </u>	55	
Part \	Statements Regarding Certain Activities and Other Informati	on (see ir	nstructions)			<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\frac{1}{2}$	e or other au	uthority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	on may have	to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	ie foreign col	untry			<u>  </u>
	here					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to	, a foreign tru	st?		X
-	If "Yes," see instructions for other forms the organization may have to file.					
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			y knowle	dge and b	elief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayor) is based on all information of which preparer	rer has any kno	owledge	_		
lere	1, 7/5/2020 CEO					discuss this return with
	Signature of officer Date Title	<del></del>				r shown below (see s)? X Yes No
			Obsale			
_	Print/Type preparer's name Preparer's signature	Date	Check		if PTI	V
Paid	CMACV CHOPM CMACV CHOPM	7/14/	self- em	ipioyed		00037115
Prepa		7/14/2				00837115
Use C	Only Firm's name CLIFTONLARSONALLEN LLP	•	Firm's	<u>EIN</u> ▶	4.	1-0746749
	1202 N 16TH AVE., STE 100				/ F ^ ^ ·	
	Firm's address ► YAKIMA, WA 98902		Phone	no. (	509	<u>) 823-2910</u>
823711 01	-09-19					Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter m	nethod of invento	ory v	aluation N/A		<u> </u>			
1 Inventory at beginning of year	1			Inventory at end of yea	г		6		
2 Purchases	2			Cost of goods sold. Su		line 6			
3 Cost of labor	3			from line 5. Enter here		j			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b			property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		<u></u>			
Schedule C - Rent Income (I (see instructions)	From Real P	roperty and l	Pers	sonal Property L	ease	d With Real Prope	erty) 		
1. Description of property									
(1)									
(2)									
(3)									
(4)			_			10-			
	2. Rent received					2/a \ Dadustions directly a	connected with the	500ma in	
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of than	of rent for per	rsonai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	<del>30</del>	3(a) Deductions directly of columns 2(a) and	d 2(b) (attach sched		1
(1)		·							
(2)					•				
(3)									
_(4)									
Total		Total			0.	1			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt	t-Financed Ir	ncome (see in	nstru	ctions)					
			2	. Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance		ple	
1. Description of debt-fine	anced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach se	leduction: chedule)	s
					S	TATEMENT 2	STATEM		3
(1) TAMARAK BUILDING				9,632.		4,923.		5,4	
(2) RDH BUILDING				15,964.		62,286.	22	2,5	<u>42.</u>
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)     STATEMENT 4	5. Average ac of or allo debt-finance STATEM	cable to ed property	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocabi (column 6 x to 3(a) a		
(1) 123,252.		L04,975.		100.00%		9,632.	1	0,3	46.
(2) 1,524,000.	4,5	104,975. 517,308.		33.74%		5,386.	9	6,1	01.
(3)		**		%					
(4)				%					
				<del>-</del> ·		nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals				▶		15,018.	10	6,4	47.
Total dividends-received deductions inc	cluded in column 8							-	0.
							Form	990-T	(2018)

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)			1			1 .
(3)						1
(4)						<u></u>
· · · · · ·						
Totals (carry to Part II, line (5))	0.	0.				0.
						- AAA T

Form 990-T (2018)

Form 990-T (2018) YAKIMA NEIGHBORHOOD HEALTH SERVICES 91-0928817 Page 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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I 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 0.

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 990-1	NET NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15 06/30/16	52,550. 462,959.	52,550. 8,166.	0. 454,793.	0. 454,793.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	454,793.	454,793.

FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCTI	ON	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION - SUBTOTAL DEPRECIATION - SUBTOTAL		4,923. 62,286.	4,923
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		67,209
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES INTEREST REPAIRS AND MAINTENANCE SALARIES AND BENEFITS		3,459. 857. 830. 277.	
SALARIES AND BENEFITS PROFESSIONAL FEES INTEREST INSURANCE SUPPLIES REPAIRS AND MAINTENANCE EQUIPMENT UTILITIES	- 1	56,958. 48,368. 30,717. 19,766. 18,243. 17,576. 9,160. 8,299.	5,423
MISCELLANEOUS REAL ESTATE TAXES - SUBTOTAL	- 2	6,786. 6,669.	222,542
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		227,965

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FINE			STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT			123,252.	
AVERAGE DEBT	- SUBTOTAL -	1	1,524,000.	123,252.
	- SUBTOTAL -	2	2,021,000	1,524,000.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN 4	L		1,647,252.

<del>_</del>	ERAGE ADJUSTED 1 ABLE TO DEBT-FII			STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE PROPERTY BASIS			104,975.	
AVERAGE PROPERTY BASIS	- SUBTOTAL -	1	4,517,308.	104,975.
AVERGED TROUBLET BROTE	- SUBTOTAL -	2	1,317,300.	4,517,308.
TOTAL OF FORM 990-T, SCHE	DULE E, COLUMN !	5		4,622,283.

2018 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	100,503.	100,503.							! !				!		i	
	Current Year Deduction	62,286.	62,286.														
	Current Sec 179 Expense										_						
	Beginning Accumulated Depreciation	38,217.	38,217.														
	Basis For Depreciation	. 586, 668.	4,586,668.														•
	Reduction In Basis																
2	Section 179 Expense																
占	Bus % Excl																
	Unadjusted Cost Or Basis	,586,668.	,586,668.														
ļ	S S	16							[	]							
ł	Life	30.00		<u>                                      </u>	<u> </u>	<u> </u>	! 	<u>                                     </u>	<u> </u> 	<u> </u>	1	<u> </u>		!			! !
$\mid$			•		<u> </u> 	<u> </u>	<u> </u> 	<u> </u> 	<u>!</u> 	<u> </u> 							<u> </u>
	Method	S SL		<u> </u>	<u> </u>	1	<u> </u>		1			1					
	Date Acquired	10/30/15			]				1				;				
RDH BUILDING	Description	RDH BUILDING	* TOTAL 990-T SCH E DEPR														
H BUI	Asset	9															

2018 DEPRECIATION AND AMORTIZATION REPORT

[₹	TAMARAK BUILDING		ŀ	ľ	ŀ		4	-						
	Description	Date Acquired	Method	Lrfe	ν ο υ >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending - Accumulated Depreciation
	TAMARACK - CITY OF YAKIMA #1	11/30/09	SL	30.00	16	147,699.				147,699.	40,263.		4,923.	45,186.
				000	HX16									
				000	HZ				ĺ					
					HX16							ļ		
	* 990-r SCH E TOTAL OTHER				<u> </u>	147,699.				147,699.	40,263.		4,923.	45,186.
												. ;		,
					l 									
					<u> </u>									         
					<u> </u>									<u></u>
					l									
														:
					<u> </u> 									
					<u> </u>									
					!									
	828111 04-01-18					(D) - Asset disposed	peso		•	ITC, Salvage,	Bonus, Comm	ercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

## . 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2

 $\mathbf{E}$ -

Sequence No 179

Internal Revenue Service

► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relate YAKIMA NEIGHBORHOOD HEALTH SERVICES RDH BUILDING 91-0928817 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 62,286. 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (e) Convention (a) Classification of property (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 7-year property C 10-year property d 15-year property 20-year property 25-year property S/L g 25 yrs 27 5 yrs MM S/L Residential rental property 27 5 yrs. 1 MM S/L 39 yrs. ММ S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L 30-year ММ C 30 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 62,286. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

P	art VI	Amortization					
	41.	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amorti	zation of costs that begins during yo	ur 2018 tax year				
_							
_							
43	Amorti	zation of costs that began before you	ur 2018 tax year			43	
<u>44</u>	Total.	Add amounts in column (f) See the ii	nstructions for whe	re to report		44	

816252 12-26-18

Form 4562 (2018)

## Fam. 4562

Department of the Treasury

Internal Revenue Service Name(s) shown on return

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

1

R-

Business or activity to which this form relates

Sequence No. 179

OMB No 1545-0172

YAKIMA NEIGHBORHOOD HEALTH SERVICES TAMARAK BUILDING 91-0928817 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 4,923. 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (e) Convention (a) Depreciation deduction IN Service 3-year property 19a 5-year property 7-year property 10-year property d 15-year property f 20-year property 25-year property 25 yrs S/L q 27.5 yrs ММ S/L Residential rental property h 27.5 yrs ММ S/L ММ 39 yrs S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs. S/L 30-year 30 yrs. мм S/I C 40-year 40 yrs. MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 4,923. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

816252 12-26-18

42 Amortization of costs that begins during your 2018 tax year

43 Amortization of costs that began before your 2018 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

43

44

YAKIMA NEIGHBORHOOD HEALTH SERVICES EIN· 91-0928817 Form 990-T Year Ended 6/30/2019

RDH Building - 201 S 6th Street, Yakima, WA 98901

Average Adjusted Basis of Property

Date	Adjusted Basis	Total Adjusted Basis
07/01/2018	4,548,451 00	4,548,451 00
YTD Depreciation	(62,286 00)	
6/30/2019	4,486,165 00	4,486,165 00
		9.034,616 00

4,517,308 00 Average Adjusted Basis of Property

YAKIMA NEIGHBORHOOD HEALTH SERVICES EIN 91-0928817 Form 990-T Year Ended 6/30/2019

Tamarak Property

Citry of Yakima #2 Dept of Commerce City of Yakima #1 Average Acquisition Debt

		ļ	6	ō									
	Adjusted Basis	107,436 00	(4,923 00)	102,513 0									
	Date	07/01/2018	YTD Depreciation	6/30/2019									
-	Principal Outstanding	124,602 61	124,363 09	124,121 77	123,878 64	123,633 69	123,386 90	123,138 26	122,887 76	122,635 38	122,381 11	122,124 93	
Dept of Commerce 100	Principal Outstanding Prin	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	00 000'09	
Citry of Yaxima #2 D	Principal Outstanding Pr	53,205 16		53,205 16									
City of Yakima #1	Principal Outstanding	11397 45	11,157 93	10,916 61	10,673 48	10,428 53	10,181 74	9,933 10	9,682 60	9,430 22	9,175 95	77 616/8	
	Date	07/01/2018	08/01/2018	09/01/2018	10/01/2018	11/01/2018	12/01/2018	01/01/2019	02/01/2019	03/01/2019	04/01/2019	05/01/2019	

102,513 00 209,949 00 divide by 2 104,974 50 Average Adjusted Basis of Property

Total Adjusted Basis 107,436 00

Average Adjusted Basis of Property

1,479,020 97
dwide by 12 payments
123,251 75 Avg Loan Balance