Form 990-T	E	kempt Organization	Bus	siness Incon	ne T	ax Retu	rn	OMB No 1545-0687
Form JJU-1	F	(and proxy tax						୬ <b>୬ 1 7</b>
	For cale	► Go to www irs gov/Form990					" -	<u> </u>
Department of the Treasury Internal Revenue Service	▶ Dc	not enter SSN numbers on this form a					:)(3)	Open to Public Inspection for 337
A Check box if address change		<del></del>		me changed and see inst			D Emplo	yer identification number yees' trust, see instructions )
	4	BILLINGS CLINIC						
B Exempt under section	Print	Number, street, and room or suite no	f a P O	hov see instructions		<del></del> .	81-02	231784
X 501( C 323 )	or	Number, street, and room or suite no		DOX, See instructions				ited business activity codes
408(e) 220(	1,700	2800 TENTH AVENUE N	ОВТН					structions)
408A530(	a)	City or town, state or province, countr		ZIP or foreign postal code	·			
529(a) C Book value of all assets	_	BILLINGS, MT 59101	,,	<b>y ,</b>			62150	00 446199
at end of year		oup exemption number (See instruct	ions )	<b>-</b>			<u>I</u>	
882,833,730		eck organization type > X 501	<u> </u>		501(c)	trust	401(a)	trust Other trust
		orimary unrelated business activity		·			<del>-1 \ /</del>	
		corporation a subsidiary in an affil		roup or a parent-subsi	diary o	ontrolled group?		▶ Yes X No
		identifying number of the parent co		on <b>&gt;</b>				
		CONNIE PREWITT		Tele	ephone	e number ► 40	6-238 <b>-</b>	2500
Part I Unrelate	d Trade	or Business Income		(A) Income		(B) Expen	ses	(C) Net
1a Gross receipts of	r sales					<u></u>	, , , , , ,	
b Less returns and allo	wances	c Balance ▶	1 c				• • • •	u
2 Cost of goods s	old (Sched	dule A, line 7)	2				~	med with the Man
· · · · · · · · · · · · · · · · · · ·		2 from line 1c	3	1 1	-	7		1 100
		attach Schedule D)	4a	1,19	99.			1,199.
• , , ,		Part II, line 17) (attach Form 4797)	4b					
•		trusts	4c	5,090,49	20	` nmcu 1		5,090,490.
, ,		ps and S corporations (attach statement)		3,090,43	70.	ATCH_1		3,090,490.
·	•	,	7					
		ncome (Schedule E)	8	121,94	18			121,948.
	•	ints from controlled organizations (Schedule F)	9	121/5				222/3101
		ncome (Schedule I)	10		<del></del>			
		dule J)	11					
		ctions, attach schedule)	12	12,915,28	30.	"ATCH 2		12,915,280.
,		ough 12		18,128,91		-		18,128,917.
		Taken Elsewhere (See insti		ns for limitations	on de	eductions ) (l	Except for	or contributions,
deduction	ns mus	t be directly connected with t	he ur	related business	incor	me)		
							14	
15 Salaries and wa	ges	elirectors and trustees (Schedule K) RECEIVED					15	2,364,727.
16 Repairs and ma	intenance							677,570.
17 Bad debts	. [월] .	MAY 2:0 2019					17	
							· ·   18	F.C2. 072
19 Taxes and licens	ses . !	Seconstructions, for ilmitation rules)		ACUMENT 2			19	563,973. 864,563.
							<u>20</u> 4 . <u></u>	004,303.
		1 4562)		1				53,694.
		on Schedule A and elsewhere on re					- 1 - "	33,031.
		compensation plans						
		S						526,412.
		Schedule I)					1	
		Schedule J)						
		schedule)						5,296,909.
		es 14 through 28						10,347,848.
30 Unrelated busin	ness taxat	ole income before net operating	loss	deduction Subtract	line 2	29 from line 1	3 30	7,781,069.
31 Net operating lo	ss deduct	ion (limited to the amount on line 30	0)				31	
32 Unrelated busin	ess taxabl	e income before specific deduction	Subt	ract line 31 from line 3	30		32	7,781,069.
,	•	rally \$1,000, but see line 33 instruc						1,000.
34 Unrelated busing	ness taxa	ible income Subtract line 33 fr	om lir	ne 32 If line 33 is	great	er than line 3	$\frac{2}{2}$	7 700 000
enter the smalle	r of zero o	fine 32	<del></del>	<u></u>	<u></u>		134-	7,780,069.
FOI Faperwork Redu	LUUII ACI I	Notice, see instructions						Form <b>990-T</b> (2017)

PAGE 90

	lax Computation				
35	Organizations Taxable as Corporations. See instructions for tex computation Controlled group		!		
	members (sections 1561 and 1563) check here 🕨 💢 See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ 50,000.   (2) \$ 25,000.   (3) \$ 9,925,000.				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)	]			
C,	Income tax on the amount on line 34	35c	2,	143,6	675.
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax. See instructions				
38	Alternative minimum tax	38			
39	Tex on Non-Compliant Facility Income. See instructions	39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	2,	143,6	575.
Par	tiV. Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
	Other credits (see instructions),	] [			
	General business credit. Attach Form 3800 (see instructions)	]			
d	Credit for prior year minimum tex (attach Form 88D1 or 8827)	] . [			
	Total credits. Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40	42	2,	43,6	575.
	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedula)	43			
44	Total tax. Add lines 42 and 43	144	2,	43,6	575.
45 a	Total tax. Add lines 42 and 43				
b	2017 estimated tax payments	]			
Ç.	Tax deposited with Form 8868	]			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	]			
eì	Backup withholding (see instructions)	1			
f	Credit for small employer health insurance premiums (Attach Form 8941)	]			
	015	1			
_	Form 4136				
46	Total payments. Add lines 45a through 45g	48	3,1	81,7	705.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	47			
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
	Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	9	38,0	30.
<b>3</b> 56_	Enter the amount of line 49 you want: Credited to 2018 estimated tax > 938,030. Refunded >	50			
Par	V Statements Regarding Certain Activities and Other Information (see instruction	s) '			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or	other	authority	Yos	No
	over a financial account (bank, secunties, or other) in a foreign country? If YES, the organization mi	ay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign	Country		
	here >				Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trus	7		X
	If YES, see Instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the lax year > \$				
	Under populities of perjury 1 decision that 1 have externised this return, including accompanying exhebitation and statements, and to the bitue, correct, and complete Declaration of preparer (other than texpayor) is based on all information of which preparer has any knowledge.	est of m	y knowledge	and both	el, h t
Sign	1. /l. \ 1 / 1 \	v the	IRS discuss	this r	elum
Here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		preparer st		
	Signature of officer Date Title (see	e enstructi	ons)?XY	3	No
0-1-	Print/Type preparers name Preparers signature Date Chock	, [_],	PTIN		
Paid	ADAM R SMITH CPA Wolcen Double 5-10-19 self-e	mployed		5896	6
Preparent	TILE TERMS DAME DE DAME DAME LE COMPANION DE LA COMPANION DE L	EIN >	44-0160	260	
USE (	Only Firm's address > 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848 Phone	no	719-471	-429	0
				~~	

Form 990-T (2017)

Schedule A - Cost of Go	oods Sold. Er	ter method	d of invent	ory valuatior	<u> </u>			
1 Inventory at beginning of y	rear . 1			6 Inventor	y at end of ye	ear	6	
2 Purchases	2			7 Cost o	f goods s	old Subtract line		
3 Cost of labor	3			6 from	line 5 E	nter here and in		
4 a Additional section 263A co	osts			Part I, lu	ne 2		7	
(attach schedule)	4a		l			section 263A (v	with respect to Yes No	
b Other costs (attach schedu						or acquired for	GLS NO SAR STORY	
5 Total Add lines 1 through				to the o	ganization?	<u> </u>		
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Perso	nal Proper	y Leased \	With Real Prope	rty)	
1 Description of property								
(1)			_				V——	
(2)								
(3)								
(4)								
	2. Rent recei	ed or accrue	ed	•				
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	age of rent fo	personal proper r personal proper based on profit	rty exceeds		rectly connected with the income (a) and 2(b) (attach schedule)	
(1)								
(2)							· · · · · · · · · · · · · · · · · · ·	
(3)								
(4)								
Total		Total						
(c) Total income Add totals of co		-				(b) Total deduction Enter here and or	n page 1,	
here and on page 1, Part I, line 6 Schedule E - Unrelated D			o instructi			Part I, line 6, colui	mn (B) ▶	
Schedule E - Onfelated D	ent-rinanceu ii	icome (se	ĺ	•	3	Deductions directly con	nnected with or allocable to	
1 Description of det	nt-financed propedy			income from or to debt-financed	ļ	debt-financ	ed property	
T Description of dec	n-interfect property		1	roperty		tht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
/43					-,(811)	acii scriedale)	(attach screedie)	
(1) (2)				•	-		<del> </del>	
	<del></del>				+			
(3)								
4. Amount of average	5 Average adjus	ted hase			+		· · · · · · · · · · · · · · · · · · ·	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocal debt-financed (attach sche	ole to property	4	Column divided column 5		income reportable in 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				q	6			
(2)				q	6			
(3)				q	6			
(4)				Q.	6			
						re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals	ions included in co						Form <b>990-T</b> (2017)	

Form 990-T (2017)	BILLINGS	CLINIC	;			•		8	31-02	31784	Page 4
Schedule ՛F - Interest, Annւ	uities, Royalties	s, and Rer	nts Fr	om Contro	lled Or	ganizati	ons (see	instructio	ns)		
1 Name of controlled organization	2 Employer identification numb	per 3 N	Net unre	ontrolled Orgalisted income instructions)	4 Total	ons of specified ents made	ıncluded	f column 4 th in the contro ion's gross in	olling	6 Deduction connected wi	th income
(1) ATTACHMENT 6											
(2)	•										
(3)											_
(4)											
Nonexempt Controlled Organia	zations					r <u>-</u>					
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifie payments made		ınclude	t of column ed in the co ation's gros	ntrolling		Deductions of nected with ind column 10	
(1)											
(2)											
(3)	<del></del>										
(4)									<del></del>	<del></del> -	
Tabala					<b>&gt;</b>	Enter h Part I,	elumns 5 a ere and on line 8, colu	page 1, mn (A)	Ente	d columns 6 a r here and on i I, line 8, colur	page 1,
Totals	come of a Sec			(9) or (17						-	
1 Description of income	2 Amount of		<u>(C)(, ),</u>	3 Deduction directly contact (attach sch	tions nected	IIIZACIOTI	4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)				(andon con	,					pius sei	•
(2)		•••									
(3)										_	
(4)											
Totals ▶	Enter here and Part I, line 9, c						である。			nter here and Part I, line 9, c	
Schedule I - Exploited Exe	mpt Activity In	come. Otl	ner Th	an Adverti	sing In	come (s	ee instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen direct connected production unrelation	ises ly d with on of ed	4 Net incomfrom unrelate or business 2 minus coll If a gain, cocols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross from act is not ui business	income ivity that nrelated	6 Exper attributal columi	ble to	7 Excess expen (column 6 column 5, more t	ses 6 minus 6 but not han
(1)											
(2)				-							
(3)											
(4)						-				-	
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter he on pag Part II, lii	e 1,
Schedule J - Advertising In	come (see instri	uctions)									
Part I Income From Peri	odicals Report	ed on a C	onsol	lidated Bas	is					· · · · · · · · · · · · · · · · · · ·	
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adverti gain or (loss 2 minus co a gain, con cols 5 thro	s) (col I 3) If npute	5 Circ inco		6 Reade costs	•	7 Excess re costs (co minus colur not more colum	lumn 6 nn 5, but e than
1)				Mario	居然居					The state of	类连续
2)					7.77						672
3)					(S. Y.)					<b>以外</b> 第	No.
4)				<b>建筑建筑</b>	经验					23. Carlo	23.1
Totals (carry to Part II, line (5))										Form <b>990</b> -	T (2017)

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 ▶			THE STATE OF			-
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 27

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		•	

Form 990-T (2017)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

RCHP HEALTHCARE HOLDING RCHP BILLINGS - MISSOULA, LLC PREMIER HEALTHCARE ALLIANCE, L.P. 1,357,878. 3,716,233. 16,379.

INCOME (LOSS) FROM PARTNERSHIPS

5,090,490.

12,915,280.

		_
ATTACHMENT	2	

PART	Ι	_	LINE	12	-	OTHER	INCOME

 REFERENCE LAB
 7,902,495.

 IT CMC
 1,346,765.

 OPTICAL SHOP
 531,833.

 COSMETICS
 292,616.

 IT SUPPORT
 2,841,571.

PART I - LINE 12 - OTHER INCOME

ATTACHMENT	3	

# FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION  LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD  CHARITABLE CONTRIBUTION LIMITATION (10%)	18,128,917. 0. 9,483,285. * 10% 864,563.
CHARITABLE CONTRIBUTION	1,187,898.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	864,563.

BILLINGS CLINIC 81-0231784

### ATTACHMENT 4

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

#### DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

EDUCATION	32.
LICENSE & FEES	2,795.
SUPPLIES	355,594.
MARKETING	2,196.
PURCHASED SERVICES	2,588,635.
TRAVEL	145,446.
FREIGHT	834,872.
INDIRECT ALLOCATED COSTS	1,344,122.
TAX PREPARATION FEES	3,000.
UTILITIES	20,217.

PART II - LINE 28 - OTHER DEDUCTIONS

5,296,909.

0074099

81-0231784 ATTACHMENT 5

# FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	7,780,069.
2	TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	
	COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	2,645,223.
3	TAX ON LINE 1 FIGURED USING THE 21% RATE	1,633,814.
4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	486,721,032.
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	295,720,334.
6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	1,333,482.
7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	, ,
	IN THE CORPORATION'S TAX YEAR	810,193.
8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	2,143,675.

0074099

### SCHEDULE D (Form 1120)

# **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

▶ Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number 81-0231784

BIL	BILLINGS CLINIC					31-0231784
Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	·				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1.7.1.2.1.2.1				
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	( )
7	7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7	
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						· · · · · · · · · · · · · · · · · · ·
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to  (d)  Proceeds  Cost  (g) Adjustments or loss from Fori				n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales pnce)	(or other basis)	column (g)	,	the result with column (g)
8a	otals for all long-term transactions reported on Form 099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, you choose to report all these transactions on Form 8949 eave this line blank and go to line 8b				4,51	
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
				<u> </u>	Γ	
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from Form 6252, line 26 or 37				12	
13	Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13	
14	Capital gain distributions (see instructions)				14	1,199.
15					15	1,199.
Pari	Summary of Parts I and II				т	<u> </u>
16	Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16	
17	Net capital gain Enter excess of net long-term capit				17	1,199.
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete timber gain gain gain gain gain gain gain gain	ete Part IV			18	1,199.
	Note, If losses exceed gains, see Capital losses in the	instructions				