

29393340016160

Form 990-T

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

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

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions
BILLINGS CLINIC
Number, street, and room or suite no. If a P O box, see instructions
2800 TENTH AVENUE NORTH
City or town, state or province, country, and ZIP or foreign postal code
BILLINGS, MT 59101

D Employer identification number (Employees' trust, see instructions)
81-0231784
E Unrelated business activity code (See instructions)
621500

C Book value of all assets at end of year
1051858268

F Group exemption number (See instructions)
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 5 Describe the only (or first) unrelated trade or business here REFERENCE LAB 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 X No If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of CONNIE PREWITT Telephone number 406-238-2134

Part I Unrelated Trade or Business Income Table with columns (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Total Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere Table with columns 14-32. Includes a RECEIVED stamp from IRS-OSG, OGDEN, UT dated JAN 24 2020.

SCANNED JAN 26 2021 20 Batched in Ogden NOV 30 2020

024

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with handwritten corrections.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 with handwritten corrections.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 with handwritten corrections.

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

Table with 3 columns: Line number, Description, and Yes/No checkboxes. Includes lines 56-58.

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 and Paid Preparer Use Only sections. Includes signature of Adam R Smith, CPA, dated 06/01/2020, and preparer information for BKD, LLP.

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					
4a	Additional section 263A costs (attach schedule)	4a					
	b Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
				8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
						<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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)		%		
(2)		%		
(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)
Total dividends-received deductions included in column 8 ▶				

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

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 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. Rows (1) through (4) and a Totals row with instructions for adding columns.

Totals

Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 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). Rows (1) through (4) and a Totals row with instructions for entering data on page 1.

Totals

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

Table with 7 columns: 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, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses. Rows (1) through (4) and a Totals row with instructions for entering data on page 1.

Totals

Schedule J-Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Rows (1) through (4) and a Totals row with instruction to carry to Part II, line (5).

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 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 ▶			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information

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Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

BILLINGS CLINIC

Employer identification number

81-0231784

Unrelated business activity code (see instructions) ▶ **541519**

Describe the unrelated trade or business ▶ **IT SERVICES TO OTHER ORGANIZATIONS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)	1 c			
3 Gross profit Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D)	3			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 a			
c Capital loss deduction for trusts	4 b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4 c			
6 Rent income (Schedule C)	5			
7 Unrelated debt-financed income (Schedule E)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	7			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8			
10 Exploited exempt activity income (Schedule I)	9			
11 Advertising income (Schedule J)	10			
12 Other income (See instructions, attach schedule) ATCH 3	11	4,424,646.		4,424,646.
13 Total. Combine lines 3 through 12	12	4,424,646.		4,424,646.
	13			

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

14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			2,019,940.
16 Repairs and maintenance	16			685,986.
17 Bad debts	17			
18 Interest (attach schedule) (see instructions)	18			
19 Taxes and licenses	19			34,655.
20 Charitable contributions (See instructions for limitation rules)	20		ATCH 4	46,569.
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a			22 b
23 Depletion	23			
24 Contributions to deferred compensation plans	24			94,244.
25 Employee benefit programs	25			346,330.
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28		ATCH 5	718,763.
29 Total deductions. Add lines 14 through 28	29			3,946,487.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30			478,159.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32 Unrelated business taxable income Subtract line 31 from line 30	32			478,159.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

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Department of the Treasury
Internal Revenue Service

Name of organization

BILLINGS CLINIC

Employer identification number

81-0231784

Unrelated business activity code (see instructions) ▶ **446120**

Describe the unrelated trade or business ▶ **COSMETIC & OPTICAL SHOP**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule) ATCH 6		12 899,866.		899,866.
13 Total. Combine lines 3 through 12.		13 899,866.		899,866.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		291,431.
16 Repairs and maintenance		16		28,620.
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		5,584.
20 Charitable contributions (See instructions for limitation rules)		20	ATCH 7	7,504.
21 Depreciation (attach Form 4562)		21	7,053.	
22 Less depreciation claimed on Schedule A and elsewhere on return		22 a		7,053.
23 Depletion		23		
24 Contributions to deferred compensation plans		24		14,966.
25 Employee benefit programs		25		56,878.
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28	ATCH 8	410,785.
29 Total deductions Add lines 14 through 28.		29		822,821.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30		77,045.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income Subtract line 31 from line 30		32		77,045.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
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Employer identification number

81-0231784

Unrelated business activity code (see instructions) ▶ **523110**

Describe the unrelated trade or business ▶ **INTEREST FROM EXPRESS CARE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) ATCH 9	8	151,538.	151,538.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12.	13	151,538.	151,538.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19	9,388.	
20	Charitable contributions (See instructions for limitation rules) ATCH 10	20	12,615.	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28.	29	22,003.	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	129,535.	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income Subtract line 31 from line 30	32	129,535.	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

Department of the Treasury
Internal Revenue Service

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Name of organization

BILLINGS CLINIC

Employer identification number

81-0231784

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ INCOME FROM PARTNERSHIPS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a 1,697.		1,697.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	<u>ATCH 11</u>	5 3,921,598.		3,921,598.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12		13 3,923,295.		3,923,295.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	243,061.
20 Charitable contributions (See instructions for limitation rules)	<u>ATCH 12</u>	20	326,616.
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions Add lines 14 through 28		29	569,677.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	3,353,618.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income Subtract line 31 from line 30		32	3,353,618.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME
REFERENCE LAB

8,680,533.

PART I - LINE 12 - OTHER INCOME

8,680,533.

ATTACHMENT 2

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

SUPPLIES	68,940.
MARKETING	822.
PURCHASED SERVICES	2,133,031.
TRAVEL	48,446.
FREIGHT	759,457.
INDIRECT ALLOCATED COSTS	860,902.
UTILITIES	1,210.
OTHER MISCELLANEOUS	1,094.

PART II - LINE 28 - OTHER DEDUCTIONS 3,873,902.

BILLINGS CLINIC

ATTACHMENT 3

SCHEDULE M - LINE 12 OTHER INCOME

IT SERVICES

4,424,646.

LINE 12 - OTHER INCOME

4,424,646.

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0074099

SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	4,424,646.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	3,899,918.
NOL CARRYOVER	0.
	<u>* 10%</u>
CHARITABLE CONTRIBUTION LIMITATION (10%)	52,473.
CHARITABLE CONTRIBUTION	46,569.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>46,569.</u>

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES	3,651.
PURCHASED SERVICES	196,835.
UTILITIES	280.
TRAVEL	62,710.
INDIRECT OVERHEAD ALLOCATION	380,961.
OTHER MISCELLANEOUS	74,326.

PART II - LINE 28 - OTHER DEDUCTIONS

718,763.

BILLINGS CLINIC

ATTACHMENT 6

SCHEDULE M - LINE 12 OTHER INCOME

COSMETICS

899,866.

LINE 12 - OTHER INCOME

899,866.

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0074099

SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	899,866.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	815,317.
NOL CARRYOVER	0.
	<hr/>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	8,455.
CHARITABLE CONTRIBUTION	7,504.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>7,504.</u>

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES	257,629.
PURCHASED SERVICES	1,120.
FREIGHT	1,145.
INDIRECT OVERHEAD ALLOCATION	150,711.
OTHER MISCELLANEOUS EXPENSE	180.

PART II - LINE 28 - OTHER DEDUCTIONS

410,785.

SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	151,538.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	9,388.
NOL CARRYOVER	0.
	<u>* 10%</u>
CHARITABLE CONTRIBUTION LIMITATION (10%)	14,215.
CHARITABLE CONTRIBUTION	12,615.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>12,615.</u>

PARTNERSHIP INCOME

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

RCHP HEALTHCARE HOLDING	1,044,654.
RCHP BILLINGS - MISSOULA, LLC	2,857,618.
PREMIER HEALTHCARE ALLIANCE, L.P.	19,326.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	<u>3,921,598.</u>

SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	3,923,295.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	243,061.
NOL CARRYOVER	0.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	368,023.
CHARITABLE CONTRIBUTION	326,616.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>326,616.</u>

**SCHEDULE D
(Form 1120)**

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service

▶ 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

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

2018

Name BILLINGS CLINIC	Employer identification number 81-0231784
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Part I Short-Term Capital Gains and Losses (See instructions)

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 price)	(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)
1a 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				
1b 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				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
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 (See instructions)

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 price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-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 8b				
8b 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				
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 1,697.
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 1,697.

Part III Summary of Parts I and II

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 capital gain (line 15) over net short-term capital loss (line 7)				17 1,697.
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 1,697.

Note. If losses exceed gains, see Capital losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Billings Clinic

81-0231784

Federal Footnotes

Cosmetics

Schedule M, Form 990-T, Part II, Line 31

Net Operating Loss Deduction Arising In tax Years Beginning On Or After January 1, 2018

Year Generated	Original	Utilized in Prior years	Utilized in Current Year	Carryforward
2018	15,421.00			15,421 00
Net Operating Loss Carried to 2019	15,421 00	-	-	15,421 00