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Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

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

1906
2018► 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 OnlyA Check box if address changed

B Exempt under section 501(c)(3)

X	501(c)(3)
	408(e) 220(e)
	408A 530(a)
	529(a)

C Book value of all assets at end of year

1051858268.

Print or Type

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

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 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

		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
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)	11		
13	Total Combine lines 3 through 12	12	8,680,533. ATCH 1	8,680,533.
		13	8,680,533.	8,680,533.

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	334,939.
16	Repairs and maintenance	16	939.
17	Bad debts	17	274,343.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	253,729.
20	Charitable contributions (See instructions for limitation rules)	20	340,949.
21	Depreciation (attach Form 4562)	21	38,130. ATCH 2
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	38,130.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	16,280.
25	Employee benefit programs	25	46,521.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	3,873,902.
29	Total deductions. Add lines 14 through 28	29	5,179,732.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	3,500,801.
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	3,500,801.

For Paperwork Reduction Act Notice, see instructions

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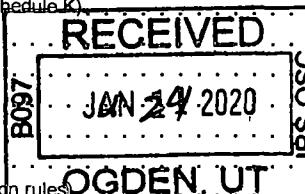
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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	7,539,158.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	7,539,158.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36	38	7,538,158.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	40	► 39 1,583,013.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,583,013.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	1,583,013.
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	1,583,013.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (H), line 2	49	
50a	Payments A 2017 overpayment credited to 2018	50a	938,030.
b	2018 estimated tax payments	50b	1,250,000.
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	2,188,030.
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	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	605,017.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ► 605,017. Refunded ► 55	55	

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ►	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X	
58	If "Yes," see instructions for other forms the organization may have to file	X	
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 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

► *Adam R Smith* | 6/1/20 ► CFO

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Pmt/Type preparer's name ADAM R SMITH CPA Firm's name ► BKD, LLP Firm's address ► 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848	Preparer's signature <i>Adam Smith</i>	Date 06/01/2020	Check <input type="checkbox"/> if self-employed	PTIN P00958966
				Firm's EIN ► 44-0160260	Phone no 719 471-4290

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		
4 a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b		X
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)	(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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals			
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 26
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)) . . . ►						

Form 990-T (2018)

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. ►						
	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
Totals, Part II (lines 1-5) ►						

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 (2018)

SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018For 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

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Open to Public Inspection for 2018
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

Name of organization

BILLINGS CLINIC

Employer identification number
81-0231784Unrelated 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
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
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		
13	Total. Combine lines 3 through 12	12	4,424,646.	4,424,646.
		13	4,424,646.	4,424,646.

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	46,569.
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	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	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.

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Schedule M (Form 990-T) 2018

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SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018For 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.

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Open to Public Inspection for
501(C)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

Name of organization

BILLINGS CLINIC

Employer identification number
81-0231784Unrelated 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
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
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 6	11		
13	Total. Combine lines 3 through 12	12	899,866	899,866
		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	7,504
21	Depreciation (attach Form 4562)	21	7,053
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	7,053
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	14,966
26	Excess exempt expenses (Schedule I)	25	56,878
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions Add lines 14 through 28	28	410,785
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	822,821
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	77,045
32	Unrelated business taxable income Subtract line 31 from line 30	31	77,045
		32	77,045

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue ServiceFor calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

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

Name of organization

BILLINGS CLINIC

Employer identification number
81-0231784Unrelated 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 ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
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) <u>ATCH. 9</u>	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8	151,538.	151,538.
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions, attach schedule)	11		
13	Total. Combine lines 3 through 12	12	151,538.	151,538.
13		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)	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

JSA

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SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

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► Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

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 ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a	1,697.	1,697.
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
		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)	20	326,616.
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	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

JSA

BX2745 1000

BILLINGS CLINIC

81-0231784

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

REFERENCE LAB

8,680,533.

PART I - LINE 12 - OTHER INCOME

8,680,533.

ATTACHMENT 2FORM 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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BILLINGS CLINIC

ATTACHMENT 4

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.
	* 10%
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 DEDUCTIONS718,763.

SCHEDULE M - LINE 12 OTHER INCOME

COSMETICS	899,866.
LINE 12 - OTHER INCOME	<u>899,866.</u>

BILLINGS CLINIC

ATTACHMENT 7SCHEDULE 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.
	* 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 DEDUCTIONS410,785.

ATTACHMENT 9SCHEUDLE M - LINE 8 SCHEDULE F INCOME FROM CONTROLLED ORGANIZATIONS

		EXEMPT CONTROLLED ORGANIZATION				NONEXEMPT CONTROLLED ORGANIZATION				
1 NAME OF CONTROLLED ORGANIZATION	2 EMPLOYER NUMBER	3 IDENTIFICATION NUMBER	4 TOTAL OF SPECIFIED PAYMENTS	5 NET UNRELATED INCOME (LOSS)	6 (4) THAT IS INCLUDED IN THE CONTROLLING ORGANIZATION'S GROSS INCOME	7 DIRECTLY CONNECTED WITH INCOME IN COLUMN 5)	8 NET UNRELATED INCOME 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
BILLINGS CLINIC EXPRESSCARE	46-335549				-720,344	-720,344	151,538	151,538		
									TOTAL OF COLUMN 5 6 COLUMN 10 <u>151,538</u>	TOTAL OF COLUMN 6 6 COLUMN 11

BILLINGS CLINIC

ATTACHMENT 10

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.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	14,215.
CHARITABLE CONTRIBUTION	12,615.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>12,615.</u>

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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><u>3,921,598.</u></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.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10%
CHARITABLE CONTRIBUTION	326,616.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>326,616.</u>

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

OMB No. 1545-0123

► 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

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		Carryforward
		Prior years	Current Year	
2018	15,421.00			15,421.00
Net Operating Loss Carried to 2019	<u>15,421.00</u>	-	-	<u>15,421.00</u>

Attachment