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B Exempt under section Son Cap 2000	•	· · · · · · · · · · · · · · · · · · ·	.					_, <u>,,,,</u>	Open to	Public Inspection for
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NOVATO, CA 9999 5 41610 812930		7 · · · · · · · · · · · · · · · · · · ·	libbe	9 COMMERCIAL BLVD			100	(See in	structions)	
at end dyser 42, 408, 899. G Check organization number (See instructions) >		529(a)		City or town, state or province, country	y, and a	ZIP or foreign postal code				
42, 408, 899. G Check organization type				NOVATO, CA 94949	_	·		5416	10	812930
H. Describe the organization's ormary unrelated business activity. ► HEADTHCARE CONSULTING SERVICES During the tay year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ► Yes No	aı	•								1.
During the tax year, was the coporation a subsidiary in an affinited group or a parent-subsidiary controlled group? Yes X No If Yes, a cite the name and identifying number of the parent corporation) trust		trust	Other trust
If Yes, "enter the name and identifying number of the parent corporation										
The books are in case of DAYLD KLINETOBE Telephone number 4155268532							controlled group?		▶∟	Yes X No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net					rporati			552601		
1			 	···		T			 	(C) No.
b Less returns and allowances. C Balance					1	(A) income	(b) Expen	363	+	(C) Het
2 Cost of goods sold (Schedule A, line 7). 2 Gross profit Subtract line 2 from line 1c. 3 3 107, 660. 4 Capital gain net income (attach Schedule D). 4 a Capital gain net income (attach Schedule D). 4 b Net gain (loss) (Form 4797. Part II, line 17) (attach Form 4797). 4 b b Capital loss deduction for trusts 5 income (loss) from parinerships and Scoprolations (attach statement) 6 Rent income (Schedule C). 6 Rent income (Schedule C). 7 Unricelated debt-financed microme (Schedule E). 8 MAY 2 0 20/U D S MAY 2 0 20/U D		•			10	107.660				****
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Income (loss) from partnerships and S corporations (attach statement) 5	O 1				4b					
Income (loss) from partnerships and S corporations (attach statement) 5	EP o	: Capital loss dedu	iction for t	trusts	4 c		REC	FIVE	<u> </u>	1
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Taxes and licenses	16	Repairs and main	ntenance					16	<u> </u>	
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For Paperwork Reduction Act Notice, see instructions.		opcome academo	ii (Ociici	any wr,000, but occ mic oo manac		or exceptions)		· - <u>- 59</u>	┼──	
For Paperwork Reduction Act Notice, see instructions.	34	Unrelated busing	ess taxa	bie income. Subtract line 33 fr	om lir	ie 32. It line 33 is grea	iter than line 3	50 1		12 207
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Form	990-T (2017) MARIN COMMUNITY CLINIC	94-2237120	·Page 2
Par	t III . Tax Computation		
35,	Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here See instructions and		_
_			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)]	
	(2) Additional 3% tax (not more than \$100,000)]	
С	Income tax on the amount on line 34	35c	2 <u>,</u> 498.
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	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Tax on Non-Compliant Facility Income. See instructions	40	2,498.
Par	t IV Tax and Payments	*	
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions)]	
С	General business credit Attach Form 3800 (see instructions)]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]	
	Total credits. Add lines 41a through 41d	4 1e	
42	Subtract line 41e from line 40	42	2,498.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	2,498.
45 a	Payments A 2016 overpayment credited to 2017] '	
b	2017 estimated tax payments]	
]	
d	Foreign organizations Tax paid or withheld at source (see instructions) 45d]	
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941)]	
g	Other credits and payments Form 2439		
	Form 4136 Other Total ▶ 45g	<u>{</u>	
46	Total payments. Add lines 45a through 45g	46	11,000.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	77.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	48	0 405
49 0	· · · · · · · · · · · · · · · · · · ·	49	8,425.
502	Enter the amount of line 49 you want Credited to 2018 estimated tax > 6, 549.	50	1,876.
Par			Vaa Na
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	-	(
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	Toreign country	
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust7	21
53	If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		· `
33	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her		y the IRS discuss	
		th the preparer she instructions)? X Ye	
	Print/Type preparer's name Preparer's signature 4 Date	PTIN	_ , , , , , , ,
Paid	VDV0771 V 0DF1001		48198
	parer Firm's name ▶ BKD, LLP	EIN ►44-0160	
Use	Only Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone	417 065	

Form **990-T** (2017)

Schedule A - Cost of Goods Sold. E 1 Inventory at beginning of year . 1 2 Purchases	nter method	6 Inventory 7 Cost of	at end of yea	ar	6		
2 Purchases 2		7 Cost of		ar	16		
3 Cost of labor			•	ld Subtract line			
				ter here and in	l _		
4a Additional section 263A costs						<u> </u>	
(attach schedule) 4a				section 263A (w		- 10 P	Yes No
b Other costs (attach schedule) . 4b				or acquired for			
5 Total. Add lines 1 through 4b . 5		to the org	janization?			<u> </u>	
Schedule C - Rent Income (From Real F (see instructions)	roperty a	nd Personal Property	/ Leased V	vith Real Proper	ty)		
Description of property					_		
(1)							
(2)							
(3)							
(4)							
2 Rent rece	ived or accru	ed					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percent	rom real and personal propert age of rent for personal proper r If the rent is based on profit o	ty exceeds	exceeds in columns 2(a) and 2(b) (attach sc			
(1)							
(2)							
(3)							
(4)			- "-				
Total	Total						
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	• •			(b) Total deduction Enter here and on Part I, line 6, colum	page 1		
Schedule E - Unrelated Debt-Financed		ee instructions)		T Tart i, mile e, colair	(5)		
		1	3 [Deductions directly con			to
1 Description of debt-financed property		2 Gross income from or allocable to debt-financed	410	debt-finance			
		property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)			 	,			
(2)			 				
(3)							
(4)							
4 Amount of average 5 Average adjustion debt on or 6 of or allocallocable to debt-financed debt-financed	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
property (attach schedule) (attach sch	iedule)	,				0(4) 4.74 5(5)	
(1)		9/	+				
(2)		9/	+				
(3)		9/					
(4)		9/					
Totals	· · · · · · ·		Part I, lin	e and on page 1, e 7, column (A)		r here and on t I, line 7, colun	

Form **990-T** (2017)

ochedule i - interest, Aint	inics, royanics			ntrolled Or			410113 (300	- III3ti dotto) i i 3 j		
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrel	ated income nstructions)	4 Total		ied included	Part of column 4 that is notuded in the controlling ganization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific		ınc	Part of column uded in the co inization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)								 _			
(3)					_						
(4)											
Totals				 (9) or (17	>	En: Pa	dd columns 5 a er here and on rt I, line 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Conedule G - myestinent ii		AUDIT SO I (C	<u>,,,,,</u>	3. Deduc	tions	nzau				5 Total deductions	
1 Description of income	2. Amount of	income	_	directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)	
(1)									-+		
(2)			1							· · · · · · · · · · · · · · · · · · ·	
(3)			-								
(4)	Enter here and	1	-							Enter here and on page 1	
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, c	, ,	er Th	an Adverti	ising In	come	(see instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with of	4 Net incor from unrelat or business 2 minus col if a gain, co cols 5 thro	ted trade (column lumn 3) ompute	from is n	ross income activity that ot unrelated ness income	6. Expe attributa colum	able to	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 a page 1, Pa	rt I,				•	1		Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J - Advertising In	come (see instr	uctions)		<u> </u>							
				ideted Dec	nia.				 		
Part I Income From Per	odicais Report	ed on a Co	nsoi	idated Bas	SIS			ī —			
1 Name of periodical	2 Gross advertising income	3 Directadvertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation income	6 Reado		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							-				
(2)					j						
(3)	- -			1						7	
(4)		·		1						7	
<u> </u>						_		 		-	
Totals (carry to Part II, line (5))										Form 990-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, ▶						
	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 (2017)

ATTACHMENT 1

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	13,897.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	2,085.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	2,918.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	383,640.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	528,158.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	1,051.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	1,447.
0	0 400
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	2,498.