AMENDED RETURN  Form 990-T   Exempt Organization Business Income Tax Return								
•	(and proxy tax under section 6033(e)) For celender year 2018 or other tax year beginning						2018	
	For calendar year 2018 or other tax year beginning, and ending, and ending  Go to www.irs.gov/Form990T for instructions and the latest information.					<del></del>	20 10	
Department of the Treasury Internal Revenue Service	▶	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if address changed	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Name of organization ( ☐ Check box if name changed and see instructions.)  RECEIVED CHECK					loyer identification number ployees' trust, see uclions)		
B Exempt under section	Print	COUNTRY DOCTOR COMMUNI	TY (	CLINIC -			걸-7100868	
$\mathbf{X}$ 501( $\mathbf{c}$ )(3)	or	Number, street, and room or suite no. If a P.O. box	-	1071	1111 3 1 2	020 E U	ated business activity code restructions)	
408(e) 220(e)	Туре	2101 EAST YESLER WAY,		210	300 0 1 0	1 19	X)	
408A530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code	OCDEN		=	
529(a) C Book value of all assets		SEATTLE, WA 98122 OGDEN, UT						
C Book value of all assets at end of year 20,778,385.   G Check organization type ▶   X 501(c) corporation 501(c) trust 401(a) trust								
			1		ibe the only (or fir		Other trust	
trade or business here	► <u>NO</u>	ACTIVITY - REFUND CLAIR	M	If only o	ne, complete Part	s I-V. If more	e than one,	
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Sched	ule M for each ad	ditional trade	e or	
business, then complete								
		oration a subsidiary in an affiliated group or a parer tifying number of the parent corporation.	IT-SUDS	diary controlled group	7	<b>▶</b> □ Y	es X No	
		MARGARET M. TAYLOR		Tele	phone number	<b>≥</b> 206-	299-1941	
		le or Business Income		(A) Income	(B) Exp		(C) Net	
1a Gross receipts or sale	s							
b Less returns and allow	vances	c Balance	10		ļ ·			
•								
•	3 Gross profit. Subtract line 2 from line 1c							
4a Capital gain net incom		art II, line 17) (attach Form 4797)	4a 4b		+			
<ul> <li>b Net gain (loss) (Form</li> <li>c Capital loss deduction</li> </ul>			4c		Z.		<del></del>	
•		thip or an S corporation (attach statement)	5					
6 Rent income (Schedu			6					
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7					
8 Interest, annuities, roy	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					-		
		n 501(c)(7), (9), or (17) organization (Schedule G)	9		<b>_</b>			
10 Exploited exempt activ	-		10					
<ul><li>11 Advertising income (S</li><li>12 Other income (See ins</li></ul>		•	11			7 .,		
13 Total. Combine lines		· · · · · · · · · · · · · · · · · · ·	13	0		<u>:</u>		
		t Taken Elsewhere (See instructions fo						
(Except for o	ontribu	itions, deductions must be directly connected	with t	he unrelated busine	ss income.)			
14 Compensation of offi	cers, dır	ectors, and trustees (Schedule K)				14		
15 Salaries and wages						15		
16 Repairs and maintena	ance					16 17		
	$\cdot$							
19 Taxes and licenses								
	·							
22 Less depreciation cla	Less depreciation claimed on Schedule A and elsewhere on return							
23 Depletion	·							
							· <u> </u>	
28 Other deductions (attach schedule)								
29 Total deductions. Add lines 14 through 28							0.	
	30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							
						31	0.	
						32	0.	
823701 01-09-19 LHA For	r Paperv	vork Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)	

Form 990-	(2018) COUNTRY DOCTOR COMMUNITY CLINIC		23-710	0868	Page	
Part						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)		33	0.	
34	Amounts paid for disallowed fringes	,		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	•		<del>  "  </del>		
30	·					
	lines 33 and 34			36	1 000	
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	3b,			0	
District	enter the smaller of zero or line 36	<del></del>		38	0.	
Part I			<del></del>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 from:		1.5.		
	Tax rate schedule or 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	0.	
Part \	Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		[-1, 1]		
b	Other credits (see instructions)	45b		4.		
C	General business credit, Attach Form 3800	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	0.	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	tach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)		,	48	0.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.	
	Payments: A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b	·····	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
_	Tax deposited with Form 8868	50c		144.4		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		.₹.		
	Backup withholding (see instructions)	50e		<b>3</b>		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		35		
y	Other credits, adjustments, and payments: Form 2439  Form 4136  X Other  2,122. Total		2,122.	3 2 2		
-4		50g		.27	2 122	
51		TEMENT. 2	•	51	2,122.	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	52	<del></del>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	▶ .	53	0.100	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	2,122.		
55 Dods \	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refu		55	2,122.	
Part.V		•	ons)		<del></del>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	•			Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-			المُرْزِينَ اللَّهُ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّه	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country				
	here 🕨				_ X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a forei	gn trust?		Х	
	If "Yes," see instructions for other forms the organization may have to file.				13.4	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
•	Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the be	st of my knowled	ge and belief, it i	s true,	
Sign	Maranta managarana	=0	140	the IDS does	s this return with	
Here	Margalle M. Halper +127/20 DEXECUTI	T ( )	preparer shown			
	Signature of officer U Date Title		ıns	ructions)? X	Yes No	
	Print/Type preparer's name Preparer's signature Date	e Ci	neck If	PTIN		
Paid			ff- employed	1		
	KURT BENNION, CPA KURT BENNION, CPA 04	/04/20	·F := <b>&gt; = =</b>	P014	69618	
Preparer Use Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749						
Jac U	10700 NORTHUP WAY, SUITE 200					
	Firm's address ▶ BELLEVUE, WA 98004	İp	hone no. 4	25-250	-6100	
823711 01-	· · · · · · · · · · · · · · · · · · ·	<u>1 '</u>			990-T (2018)	
	•			rum	, 300 1 (2018)	

**FOOTNOTES** 

STATEMENT 1

FORM 990-T IS BEING AMENDED TO REFLECT THE REPEAL OF IRC SECTION 512(A)(7) RELATED TO TAXABLE EMPLOYEE TRANSPORTATION BENEFITS. THE FOLLOWING PARTS OF THE FORM 990-T ARE CHANGED COMPARED TO THE ORIGINAL FILING:

PAGE 1, BLOCKS E, H AND J
PART III, LINES 34, 36 AND 38
PART IV, LINES 39 AND 44
PART V, LINES 46, 48, 50G, 51, 52, 53, 54 AND 55
SCHEDULES A THROUGH K ARE EXCLUDED

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2		
DESCRIPTION		AMOUNT		
OVERPAYMENT DUE TO RI	2,122.			
TOTAL INCLUDED ON FOR	RM 990-T, PAGE 2, PART V, LINE 50G	2,122.		