

1812

Form 990-T

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

OMB No 1545-0087

2018

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

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending
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).

A Check box if address changed
B Exempt under section 501(c)(3)
Name of organization: COUNTRY DOCTOR COMMUNITY CLINIC
Number, street, and room or suite no.: 2101 EAST YESLER WAY, NO. 210
City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98122
D Employer identification number: 23-7100868
E Unrelated business activity code

C Book value of all assets at end of year: 20,778,385.
F Group exemption number
G Check organization type: 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 1
Describe the only (or first) unrelated trade or business here: NO ACTIVITY - REFUND CLAIM

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: MARGARET M. TAYLOR Telephone number: 206-299-1941

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, 14-22a, 22b, 22c. Rows 14-32.

43 Received in Batch Processing on 12/1/2021

INTERNAL REVENUE SERVICE RECEIVED AUG 25 2021 SEATTLE APPEALS

Handwritten initials and marks at the bottom right of the page.

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	0.
34	Amounts paid for disallowed fringes	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	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	0.

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	0.
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)	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	0.

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
45b	Other credits (see instructions)	
45c	General business credit. Attach Form 3800	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
45e	Total credits. Add lines 45a through 45d	
46	Subtract line 45e from line 44	0.
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)	
48	Total tax. Add lines 46 and 47 (see instructions)	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0.
50a	Payments: A 2017 overpayment credited to 2018	
50b	2018 estimated tax payments	
50c	Tax deposited with Form 8868	
50d	Foreign organizations: Tax paid or withheld at source (see instructions)	
50e	Backup withholding (see instructions)	
50f	Credit for small employer health insurance premiums (attach Form 8941)	
50g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 2,122. Total 2,122.	
51	Total payments. Add lines 50a through 50g. SEE STATEMENT 2	2,122.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	2,122.
55	Enter the amount of line 54 you want credited to 2018 estimated tax. Refunded	2,122.

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? If "Yes," see instructions for other forms the organization may have to file.	Yes No
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

Sign Here	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.		
	Signature of officer <i>Margaret M. Taylor</i>	Date 7/27/20	Title <i>CFO</i> EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/type preparer's name KURT BENNION, CPA	Preparer's signature KURT BENNION, CPA	Date 04/04/20
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Check <input type="checkbox"/> if self-employed
	Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004	Phone no. 425-250-6100	PTIN P01469618
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 REPEAL OF IRC SECTION 512(A)(7)

2,122.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

2,122.