

Form 990-T

AMENDED RETURN

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUN 1, 2017, and ending MAY 31, 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 Only

Department of the Treasury
Internal Revenue Service

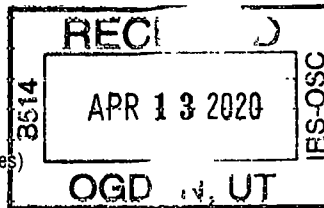
A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MOUNTAIN FAMILY HEALTH CENTERS		D Employer identification number (Employees' trust, see instructions) 84-0742145	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 2700 GILSTRAP COURT, NO. 100		E Unrelated business activity codes (See instructions)	
City or town, state or province, country, and ZIP or foreign postal code GLENWOOD SPRINGS, CO 81601		F Group exemption number (See instructions.)			
C Book value of all assets at end of year 7,629,902.		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. **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
If "Yes," enter the name and identifying number of the parent corporation.J The books are in care of **ANNETTE FRANTA** Telephone number **970-945-2840**

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)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
9 Investment income of a section 501(c)(7); (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		0.		

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)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
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	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	0.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.



Part 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) \$

c Income tax on the amount on line 34**35c** 0.**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 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies**40** 0.**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)**41a****b Other credits** (see instructions)**41b****c General business credit.** Attach Form 3800**41c****d Credit for prior year minimum tax** (attach Form 8801 or 8827)**41d****e Total credits.** Add lines 41a through 41d**41e****42 Subtract line 41e from line 40****42** 0.**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** 0.**45a Payments.** A 2016 overpayment credited to 2017**45a****b 2017 estimated tax payments****45b****c Tax deposited with Form 8868****45c****d Foreign organizations:** Tax paid or withheld at source (see instructions)**45d****e Backup withholding** (see instructions)**45e****f Credit for small employer health insurance premiums** (Attach Form 8941)**45f****g Other credits and payments:**☐ Form 2439☐ Form 4136☒ Other

1,157.

Total

45g 1,157.**46 Total payments.** Add lines 45a through 45g

SEE STATEMENT 2

46 1,157.**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐**47****48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed**48****49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid**49** 1,157.**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax

Refunded

50 1,157.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 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

X

52 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

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year**53****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.

FAB

4/8/2020

CHIEF EXECUTIVE

OFFICER

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KURT BENNION

KURT BENNION

03/13/20

P01469618

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 370 INTERLOCKEN BLVD., SUITE 500

BROOMFIELD, CO 80021

Phone no. 303-466-8822

Form 990-T (2017)

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 AND H
PART I, LINES 12 AND 13
PART II, LINES 30, 32 AND 34
PART III, LINES 35C AND 40
PART IV, LINES 42, 44, 45G, 46, 48, 49 AND 50

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT

2

DESCRIPTIONAMOUNT

OVERPAYMENT DUE TO REPEAL OF SECTION 512(A)(7)

1,157.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

1,157.