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SCANNED DEC 0 8 2020

ig '	Form	990-T	E	xempt Organization Bus			ax Return	<u> </u>	OMB N	0 1545-0687	
11 .	-		_	(and proxy tax und lendar year 2018 or other tax year beginning JUL 1,			1904		20	018	
			<u>9</u>		U IO						
		ment of the Treasury I Revenue Service	•	▶ Go to www.irs gov/Form990T for in Do not enter SSN numbers on this form as it may					ublic Inspection for rganizations Only		
	A _	Check box if address changed		Name of organization (hanged	and see instructions)		Emple	D Employer identification number (Employees' trust, see instructions)		
	B Ex	empt under section	Print	WYOMING MEDICAL CENTER	8:	83-0279242					
	X	501(c 0 (3)	Or	Number, street, and room or suite no. If a P.O. bo.	E Unrela (See in	ited busine istructions	ess activity code ;)				
		408(e) 220(e)	Туре	1233 EAST SECOND STREE]						
		408A530(a) 529(a)		City or town, state or province, country, and ZIP of CASPER, WY 82601	541380						
	C Book	k value of all assets nd of year		F Group exemption number (See instructions.)	>						i
		409,770,6	74.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) trust		Other trust	-
	H Ent	er the number of the o	organiza	tion's unrelated trades or businesses.	2	Describe t	he only (or first) ur	related		·	
	trad	le or business here 🕨	► <u>LAI</u>	REVENUE		If only one,	complete Parts I-V	If more	than one	€,	
	des	cribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	or		
		iness, then complete									
		• • •		oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	>	Ye	s <u>X</u>	No	
				tifying number of the parent corporation		·					
				GARY ZMRHAL			ne number 🕨 3				
4				de or Business Income		(A) Income	(B) Expense	s		(C) Net	
ਨੁ		Gross receipts or sale		535,071.		E3E 081				1	
₩ ₩		Less returns and allov		c Balance	1c	535,071.					
₹ 6		Cost of goods sold (S		•	2	F2F 071				25 071	
ŠŠ		Gross profit Subtract			3	535,071.				35,071.	
46 Received in Barching Ogden		Capital gain net incom			4a						
22		- , , ,		art II, line 17) (attach Form 4797)	4b						
Z.		Capital loss deduction			4c						
NOV				ship or an S corporation (attach statement)	<u>5</u>						
0		Rent income (Schedu Unrelated debt-financ		no (Schodula E)	7		-				
2 1				nd rents from a controlled organization (Schedule F)	8						
2020				on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$						
-		Exploited exempt activ			10						
		Advertising income (S	•	· ·	11						
		Other income (See ins		•	12						
		Total. Combine lines		•	13	535,071.			5	35,071.	
				ot Taken Elsewhere (See instructions for	or limita	ations on deductions)					
		(Except for d	contribi	utions, deductions must be directly connected	d with t	the unrelated business	income)				
	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14			
	15	Salaries and wages						15	4	35,790.	
	16	Repairs and mainten	ance					16			
	17	Bad debts		RECEIVED				17			
	18	Interest (attach sche	dule) (s	ee instructions)				18			
	19	Taxes and licenses		e instructions for limitation rules 2020				19			
	20			e instructions for limitation rules 2020			06 100	20			
	21	Depreciation (attach	Form 4	562)		21	26,130.			06 100	
•	22	Less depreciation cla	aimed oi	n Schedule A ard Sevin Equireturi T		22a		22b		26,130.	
1	23	Depletion						23			
,	24	Contributions to defe		mpensation plans				24			
į	25	Employee benefit pro	•					25			
	26	Excess exempt expe	•	•				26			
<u>t</u>	27	Excess readership co	•	•		CDD CM3M	EMENE 1	27		75 474	
Ż	28	Other deductions (at		•		SEE STAT	_	28		75,474.	1
	29	Total deductions. A		-		0 for an large 40	28	30		$\frac{37,394}{02,323}$ \mathcal{C}	λ
3	30			ncome before net operating loss deduction. Subtrac				· · · · · · · · · · · · · · · · · · ·	- 3	04,343.	
Ñ	31			loss arising in tax years beginning on or after Janua	ıry 1, 20	io (see instructions)	31	31	<u></u> 2	02,323.	
	32			ncome. Subtract line 31 from line 30				<i> 3</i> 2		990-T (2018)	1

(44 tt)		83-02	79242	^÷ 2
Pert	II Total Unrelated Business Taxeble Income			
33	Tetal at varieties business bounds mecons consider torough sorties) trains to businesses (see	(MICHARDS)	13	640,538.
44	Acrostes said has disablesed broads	• • •	31.	
15	tieranter, he not operated him mission in the year's dependent battle directly (, 294) than militar	*laten#i	35.	Charles and an annual pro-
15	Total of anywhited increases imaging angular being at soldier declaration. February for In 1997 We are		-	
75	1999 20 789 74		. -	640,538.
		116	ስ ፲ -	1,000.
	RESERVE CHESTE A (Generally \$1,000), and sale are \$1 text resistance for exceptions;		- بنائد	A,000-
45		^{1.} 7.√		£00 000
	nto te crube al mais de 30		11.2	639,538.
Part	V Tex Computation		_,	
36	Eigentricking Carabia as Cooperations, Wishiph Dre (4) by 27% 4531;	un	· L*L	134,303.
40	Totals Tarable of Texts Affect. See instructions his descriptional former has an the arrest of	TATE OF SEE		
	Handle schools in Schools Differen 1941	. 1	1 40	
45	Principles See Authoritors		. [.]	- the second sec
at.	Ann wither their main the 20 cuts or 51	•	9	
43	Tables Reseased and Factors Income. See manualizations		177	
***		i i i	7	134,303.
(n-1)	Total And Street 41 47, 2nd 4) it into 10 or 49, abeliance argum		 	114,505.
40-11-4	/ Tax and Payments			
	Foreign the tredit (corporation at table form 1115) which restriction (1115)	41 3		
*	Give profes (san innoverses)	450]	-1	
4	General basinsen ersekt. Altech Form 3000	45¢ }	_	
4	Credit for price year enforcers has (2000) for (340) for (\$27)	434 4	_	
	Telephinian And byth fin Prompt 455		العادا	
48	Support and the time the sale	• • • •	48	134,303.
43	the best Chart Hapt _ form 486 [feet 8511 [fan 855] [fon 855]	2 1" CENT 11 10 10 10 10 10 10 10 10 10 10 10 10	, 6	
	Total Lan Add Bron 45 and 47 (see Instructions)	110	14	134.303.
		- [1	1	0.
43	2018 not \$15 ton basis ty mais Rapid Tome \$150 A. or Tome \$150-B. Part M. College A. C.	A 222 740	34	
	Patters 42017 characteristic totals to 21.13		~	
	All minimum to the contract of	30,000	- 1	
	Tax deposition with first 1850)	Sat .	-1 .1	
•	foreign of gunicultures fact pase on withhird at course fore medium graft	994	_l i	
	Rad up (CDROSP4 (See MATACOSIA)	604	_ 1	
1	Cieff by 1774 configurations are seen and configuration for the configuration of the configur	\$ 4 00		
	filler mucht administration productive open film affilia		_ [
•	Four 4106 OPM	934	1 1	
33	Rettil payments Add bres 50m firetigh 50g	<u> </u>	٦,,	168,288.
1.2	Eprophel to proper (the extraction) Chart I for a 2270 a mached by		52	
	Ter gas it the St is loss than the stated brief \$8, 60, and 52, men artendoned			
.53		55	733	33.985.
34	Designment of the 17 is in great the Control of the		M 1	0.
-			1.33.1	
	[1] Sistements Regarding Cortain Activities and Other Information		-	
N	his balt faced breach the both of the course from the contraction of the course of the course of			111
	tion a projecte automat flame, reception, in other) and direct, containing a just, the expensions	Cary House to fits		1 1
	Forbill Face 156, Region of Forder Nate and Federal Associate, 475 m, Federal diseases into 6	STAND STANDS		1 1
	nere 🕪			<u>X</u>
57	Out et la la la pair, du de crassitation recess à del bishes from, et aus à l'et grant et et le	古神文 味らむべいりなり		X
•	All et sont give consequence by cotto versus and an experience and the			
EA	Erro the arrowed of the county owners increased as also and during the baryon 5			1 1
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	Signature of critical / Date / Fig.			X ver 15
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Polid		ectors the		
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11-4	MAN TOTAL & CLIPTONIARSONALIBN LLP	14003 6 76	61	-0746749
OPG (10700 NORTHUP WAY, SUITE 200	i		
	SHORESHING > BELLEVUE, WA 98004	item m	425~25	50-6100
82 PY' 8				um 900-T CDIS
A. L. B.	*F *			P-9/104

Form 990-T		-027924	2 Page 2
Part II	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	640,538.
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		C40 E20
	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 36,		620 F20
-	enter the smaller of zero or line 36	38	639,538.
Part I	<u> </u>		424 202
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39_	134,303.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	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	134,303.
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 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	134,303.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s		
48	Total tax. Add lines 46 and 47 (see instructions)	48	134,303.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
		248.	
		040.	
	Tax deposited with Form 8868 50c	0 10.	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		•
	Credit for small employer health insurance premiums (attach Form 8941) Sthemand the development and approximately premium (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g		
-4			168,288.
51	Total payments. Add lines 50a through 50g	51	100,200.
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	33 005
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	33,985.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 33,985 Refunded		0.
Part V)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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		<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	ust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Sia-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge and b	pelief, it is true,
Sign		May the IR	S discuss this return with
Here	Signature of officer Date SENIOR VP AND CFO	the prepare	r shown below (see
	Signature of officer Date Title	instructions	s)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTI	N
Paid	self- e	mployed	
Prepa	KURT BENNION, CPA KURT BENNION, CPA 06/30/20		01469618
Use C		s EIN ▶ 4	1-0746749
500 0	10700 NORTHUP WAY, SUITE 200		
	Firm's address ► BELLEVUE, WA 98004 Phor	e no. <u>4</u> 25 -	250-6100
823711 01		_	Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	aluation > N/	Α	· · · <u></u>			
1 Inventory at beginning of year	1		6 Inventory at end of year 6						
2 Purchases	2		7	Cost of goods sold.	Subtract I	ine 6			
3 Cost of labor	3		1	from line 5 Enter he	ere and in F	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	dule) 4a 8 Do the rules of section 263A (with respect to							Yes	No
b Other costs (attach schedule)	4b		1	property produced (or acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	<u> </u>	<u>L</u>	the organization?					
Schedule C - Rent Income (I	From Real I	Property and	Pers	sonal Property	Lease	d With Real Prop	erty)		
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	_	ed or accrued				3(a) Deductions directly	connected	with the income ii	1
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of than	or rent for p	ersonai	onal property (if the perce property exceeds 50% or ed on profit or income)	ntage ıf	columns 2(a) ar	nd 2(b) (attac	h schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	(A) 7-4-1 d- d			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			١,	. Gross income from		3 Deductions directly con to debt-finance		or allocable	
1 Description of debt-fine	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b	Other deduction (attach schedule)	ns
							_		
(1)									
(2)			-						
(3)			-				-		
(4)			-		_				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct imn 6 x total of co 3(a) and 3(b))	
(1)				9					
(2)				9					
(3)									
(4)			<u> </u>	. 9	<u> </u>				
						inter here and on page 1, Part I, line 7, column (A)		r here and on pag t I, line 7, column	
Totals					>	0			0.
Total dividends-received deductions in	cluded in columr	18				_	<u> </u>		0.
-								Form 990-T	(2018)

Schedule F - Interest, A				Controlled O				,000,1110			
1 Name of controlled organization	iden	2. Employer 3. Net un		related income 4. Total		al of specified 5. F		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)						٠					
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ng organ s income	iization's	11 Ded with	luctions directly connected income in column 10	
(1)											
(2)											
(3)			1								
(4)			1			<u> </u>					
			•			Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 we and on page 1, Part I, ine 8, column (B)	
Totals								0.		0	
Schedule G - Investmer (see instr		Section	n 501(c)(7	'), (9), or (17) Org	anization				_	
1 Descr	iption of income			2 Amount of	ıncome	3 Deductio directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)		_									
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Totals			<u> </u>		0.					0	
Schedule I - Exploited I (see instru	*	y Incom	ne, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	Expenses y connected production in elated ass income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6 Exp attribut colu		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,	page	here and on					<u> </u>		Enter here and on page 1, Part II, tine 26	
Totals -	line 10, col (A)		0, col (B)							0	
Schedule J - Advertisir Part I Income From F				solidated	Basis						
	2 Gross		3 Direct		tising gain	5. Cırcula	tion.	6. Read	archin	7 Excess readership costs (column 6 minus	
1 Name of periodical	advertisin income	g ac	dvertising costs	col 3) If a g	ain, comput hrough 7			cos		column 5, but not more than column 4)	
(1)				_		<u> </u>		ļ			
(2)				_				ļ			
(3)				_							
(4)								ļ. —			
Totals (carry to Part II, line (5))	>	0.	0							0	
										Form 990-T (201	

Form 990-T (2018) WYOMING MEDICAL CENTER, INC. 83-02792 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	•	0.	0.				0.
		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)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SUPPLIES		89,102.
PROFESSIONAL FEES		73,584.
OPERATING EXPENSES		187,192.
MISCELLANEOUS		25,596.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	375,474.

SCHEDULE M ·(Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

► 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).

ENTITY OMB No 1545-0687

2018

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

Name of the organization WYOMING MEDICAL CENTER	. INC.		83-0279	
Unrelated business activity code (see instructions) > 5230		<u> </u>	. 1 44 .==.4	
Describe the unrelated trade or business PASS-THR		INCOME		
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)	2		···	
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>	
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach		C40 E30		640 530
statement)	5	640,538.	·	640,538
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			<u> </u>
Exploited exempt activity income (Schedule I)	10			
Advertising income (Schedule J)	11			
Other income (See instructions, attach schedule)	12	640 520		640 520
Total. Combine lines 3 through 12	13	640,538.		640,538
deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrelate	ed business income	e.) 	1
15 Salaries and wages			15	
16 Repairs and maintenance			16	
7 Bad debts			17	
8 Interest (attach schedule) (see instructions)			18	
9 Taxes and licenses			19	
Charitable contributions (See instructions for limitation rules)			20	
Depreciation (attach Form 4562)		21		
Less depreciation claimed on Schedule A and elsewhere on retui	m	22a	22	_
23 Depletion			23	
4 Contributions to deferred compensation plans			24	<u> </u>
5 Employee benefit programs			25	
6 Excess exempt expenses (Schedule I)			26	
7 Excess readership costs (Schedule J)			27	
8 Other deductions (attach schedule)			28	
9 Total deductions, Add lines 14 through 28			25	
Unrelated business taxable income before net operating loss dec	fuction Si	ibtract line 29 from line		640 500
Deduction for net operating loss arising in tax years beginning or			·· •	
instructions)	. 5. 4.10. 0		3.	
Instructions) 1 Involated business taxable income. Subtract line 31 from line 30			30	540 500

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018