

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

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 Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

83-0279242

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

WYOMING MEDICAL CENTER, INC.

Number, street, and room or suite no If a P.O. box, see instructions.

1233 EAST SECOND STREET

City or town, state or province, country, and ZIP or foreign postal code

CASPER, WY 82601

541380

C Book value of all assets at end of year 409,770,674.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 2 Describe the only (or first) unrelated trade or business here LAB REVENUE

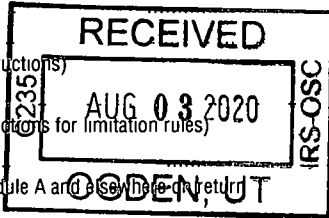
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of GARY ZMRHAL Telephone number 307-577-2211

Table with 5 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, gross profit, and total income of 535,071.

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)

Table with 5 columns: Line number, Description, Amount. Rows 14-32 showing various deductions totaling 375,474, resulting in a net income of -302,323.



SEE STATEMENT 1 28 31

99 21

46 Received in NOV 02 2020 SCANNED DEC 08 2020

Part III Total Unrelated Business Taxable Income	
33 Total of unrelated business taxable income computed from all separate returns or businesses (See instructions)	31 640,538.
34 Amount paid for charitable program	32
35 Deduction for net operating loss arising in tax year beginning January 1, 2018 (see instructions)	33
36 Total of unrelated business taxable income before specific deductions. Subtract line 35 from the sum of lines 33 and 34	34 640,538.
37 Excess of 0.00 (if Generally S corporation, but see the 34 instructions for exceptions)	35 1,000.
38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the surplus of zero on line 38	36 639,538.

Part IV Tax Computation	
39 Organizations (eligible S Corporations). Multiply line 38 by 21% (21%)	40 134,303.
40 Taxes payable in final return. See instructions for the corporation. Income tax as the amount on any 28 return for the calendar or 60999-D (Form 991)	41
41 Priority tax. See instructions	42
42 Additional amounts (see instructions)	43
43 Tax on RMDs/rollovers of qualified income. See instructions	44
44 Total. Add lines 41, 42, and 43. If line 39 is 0, check this box	45 134,303.

Part V Tax and Payments	
45a Foreign tax credit (or foreign tax credit carryover) (see instructions)	46
b Other credits (see instructions)	47
c General business credit. Attach Form 3800	48
d Credit for prior year overpayment (attach Form 9478 or 9479)	49
e Total credits. Add lines 45a through 49	50 134,303.
46 Subtract line 45e from line 44	51 0.
47 Other taxes. Check if 990-E <input type="checkbox"/> Form 4226 <input type="checkbox"/> Form 5611 <input type="checkbox"/> Form 9821 <input type="checkbox"/> Form 9999 <input type="checkbox"/> Other (attach schedule)	52
48 Total tax. Add lines 46 and 47 (see instructions)	53 134,303.
49 2018 net 325 tax liability paid from Form 990-A or Form 990-B, Part II, column (c)	54 0.
50 a Payments. A 2017 overpayment is carried to 2018	55 132,248.
b 2018 estimated tax payments	56 36,040.
c Tax deposited with Form 990	57
d Foreign tax payments: tax paid or withheld at source (see instructions)	58
e Rollover withholding (see instructions)	59
f Credit for small employer health insurance contributions (Form 8879)	60
g Other credits, adjustments, and overpayments. Form 2432 <input type="checkbox"/> Other <input type="checkbox"/>	61
51 Total payments. Add lines 50a through 61	62 168,288.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached	63
53 Tax due. If line 51 is less than the total of lines 48, 49, and 50, enter amount owed	64 33,985.
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 50, enter amount overpaid	65 0.
55 Total overpayment of tax. If you enter a credit to 2018 estimated tax	66 33,985.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)	
67 At any time during the 2018 calendar year, did the organization have an individual who is a signature or other authority over a foreign account, bank, securities, or other financial institution? If "Yes," the organization may have to file Form 9866-INT (Report of Foreign Bank and Financial Accounts) if "Yes," enter the name of the foreign country	Yes No
68 Did the organization receive a check, debit card, or cash if the amount of the check or cash is \$10,000 or more? If "Yes," the instructions for other forms the organization may have to file	Yes No

Sign Here Kurt Bennion Secretary of Officer	Date 7/9/2020	Title SENIOR VP AND CFO	Preparer's Signature Kurt Bennion, CPA	Date 06/30/20	Preparer's ID No. PD1469618
Paid Preparer Use Only Firm's name CLIFTON ARSONALLEN LLP		Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004		Firm's phone 425-250-6100	

Part III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 640,538.
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 34 640,538.
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 36 639,538.

Part IV Tax Computation	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 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)
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 134,303.

Part V Tax and Payments	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
b	Other credits (see instructions)
c	General business credit. Attach Form 3800
d	Credit for prior year minimum tax (attach Form 8801 or 8827)
e	Total credits. Add lines 45a through 45d
46	Subtract line 45e from line 44 134,303.
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) 134,303.
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 132,248.
b	2018 estimated tax payments 36,040.
c	Tax deposited with Form 8868
d	Foreign organizations: Tax paid or withheld at source (see instructions)
e	Backup withholding (see instructions)
f	Credit for small employer health insurance premiums (attach Form 8941)
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total 168,288.
51	Total payments. Add lines 50a through 50g 168,288.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached
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 33,985.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 33,985. Refunded 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
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		X
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		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here
 Signature of officer: _____ Date: _____ Title: **SENIOR VP AND CFO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **KURT BENNION, CPA** Preparer's signature: **KURT BENNION, CPA** Date: **06/30/20** Check self-employed: PTIN: **P01469618**
 Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**
 Firm's address: **10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004** Phone no.: **425-250-6100**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3 Cost of labor	3						
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
5 Total. Add lines 1 through 4b	5						

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals			0.
Total dividends-received deductions included in column 8			0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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)					
Nonexempt Controlled Organizations					
7 Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0.	0.			0.

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.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

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			0.

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, LINE 28

375,474.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ 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 (99)

Name of the organization **WYOMING MEDICAL CENTER, INC.** Employer identification number **83-0279242**

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ **PASS-THROUGH INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
	c Balance ▶	1c		
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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach 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		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12		13	640,538.	640,538.

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) (see instructions)		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	22b	
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	640,538.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income Subtract line 31 from line 30		32	640,538.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018