`			_			· . •	
Form 990-T	Ex	cempt Organization		siness Income der section 6033		rn 06	OMB No 1545-0687
Asia.	For cale	ndar year 2017 or other tax year begin					
Department of the Treasury		► Go to www irs.gov/Form990		<u> </u>			
lí vémai Revenue Service	▶ Do	not enter SSN numbers on this form a	:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if		Name of organization (Check be	ox if na	me changed and see instruction	ons)		oyer identification number
address changed	<u> </u>					(Empi	oyees trust, see instructions)
B Exempt under section		SAN JUAN REGIONAL M	EDIC	AL CENTER			
X 501(C)(C)	Print	Number, street, and room or suite no. I	faPO	box, see instructions		85-0	127924
408(e) 220(e	Type						lated business activity codes instructions)
408A530(a		801 WEST MAPLE STRE	ĒΤ			" "	isi delleris y
529(a)		City or town, state or province, country		ZIP or foreign postal code			
C Book value of all assets at end of year		FARMINGTON, NM 8740			-	- 9000	99
		up exemption number (See instruct					
420,125,704.	G Che	eck organization type X 501	(c) co	rporation 501(c) trust	401(a)	
		orimary unrelated business activity					
•		corporation a subsidiary in an affili	_		controlled group?		► Yes X No
	-	identifying number of the parent co	rporati	on ►	one number ▶ 50	5-600	
J The books are in ca				Ĭ			
		or Business Income	1	(A) income	(B) Exper された されたれ		(C) Net
1a Gross receipts or		c Balance ▶					
b Less returns and allow Cost of goods so		lule A, line 7)	1 c		EALONING FULTOR		# \$255 FEBRUARY
•	•	2 from line 1c	3	-	**************************************		en managaran da menen dan inderensera. B
·		attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b		E . W. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	- 1770 T	<u> </u>
*		trusts	4c		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		ps and S corporations (attach statement)	5		# N. O. S.		
			6			- V-	
		come (Schedule E)	7				
		nts from controlled organizations (Schedule F)	8				
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exemp	t activity i	ncome (Schedule I)	10				
11 Advertising inco	me (Sched	dule J)	11				
12 Other income (S	ee instruc	ctions, attach schedule)	12	49,259.	**ATCH 1		
		ough 12	13	49,259.			49,259.
		Taken Elsewhere (See insti				Except 1	for contributions,
		be directly connected with t					
		directors, and trustees (Schedule K)					
							<u> </u>
					DECEN	16	
				_ I _	RECEIV	181	
•						ກະຕຸ 19	
		See instructions for limitation rules)			JOH A S	20	
	-	4562)				¥₩	
		on Schedule A and elsewhere on re			ACREN.	LI 122b	
•							
		compensation plans				1	
25 Employee benef	t program:	s				25	
26 Excess exempt e	xpenses (Schedule I)				26	
		chedule J)					
28 Other deduction:	s (attach s	schedule)				28	
		s 14 through 28					6,805.
		le income before net operating					42,454.
		on (limited to the amount on line 30					<u> </u>
		e income before specific deduction					42,454.
	•	ally \$1,000, but see line 33 instruc					1,000.
		ble income Subtract line 33 fro			eater than line 3	34	41,454.
enter the smaller	or zero or	line 32				34 (تر	1 21,404.

9/2

Pa	rt III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group			
	members (sections 1561 and 1563) check here \blacktriangleright X See instructions and			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
•	(x) 23,927. (x) 12,500. (x) 5,027.			
ь	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000)			
_	Income tax on the amount on line 34	35c		8,563.
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		
27	_	37		
37	Proxy tax See instructions			
38 20:	Alternative minimum tax	38		
	Tax on Non-Compliant Facility Income. See instructions	39		0 5 6 2
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		8,563.
	rt IV Tax and Payments			_
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
	Other credits (see instructions)			
С	General business credit Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42		8,563.
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		8,563.
45 a	Payments A 2016 overpayment credited to 2017			
	2017 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
f				
	Other credits and payments Form 2439			
9	Form 4136			
46		46		
46	Total payments Add lines 45a through 45g			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47		8,563.
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0,363.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded	50		
Par				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	-		^ ·
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign	country	
	here >			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	?	X
	If YES, see instructions for other forms the organization may have to file			1
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$, and
	Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the bi	est of m	knowledge	and belief, it is
Sig	true, cocrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		DC	Abor and an
Her		•	rs discuss preparer sh	this return own below
			ns)?XYe	
	Pront/Type preparer's name Preparer's signature / // Date Check	ıf	PTIN	
Paid	ADAM R SMITH CPA (1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	mployed	P009	58966
	parer Sums ages > BKD, LLP		4-0160	
Use	Firm's address 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848 Phone		19 471	
_	Prione	110 /		90-T (2017)

SAN JUAN REGIONAL MEDICAL CENTER

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Schedule A - Cost of Go	ods Sold. Er	nter metho	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							_
1 Inventory at beginning of y	· -		6 Invento	огу а	at end of yea	ar	6			
2 Purchases			7 Cost	7 Cost of goods so						
3 Cost of labor	3		6 fror	n I	ine 5 En	iter here and in				
4a Additional section 263A co	osts		Part I,	line	2		7			
(attach schedule)	4a			I			ith re	spect to	Yes	No
b Other costs (attach schedu				ty	produced	or acquired for	resale	e) apply		
5 Total Add lines 1 through	4b . 5		to the	orga	anization?					Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Prope	rty	Leased V	Vith Real Proper	ty)			
(see instructions)										
1. Description of property										
(1)								_		
(2)										_
(3)					1					
(4)										
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the	percentage of rent	(b) F	rom real and personal prop	erty ((if the	e 3(a) Deductions directly connected with the income				ome
for personal property is more th more than 50%)	an 10% but not		tage of rent for personal prop r if the rent is based on prof			in columns 2(a) and 2(b) (attach schedule			redule)	
		30 % 0	The trent is based on pro-		income)					
(1)										
(2)										
(3)										
(4)										
Total		Total				(b) Total deduction				
(c) Total income Add totals of co						Enter here and on	page 1,			
here and on page 1, Part I, line 6						Part I, line 6, colun	ın (B) İ	<u> </u>		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	ee instructions)							
1 Description of deb	t-financed property		2 Gross income from o allocable to debt-finance		3 L	Deductions directly con debt-finance			ole to	
			property	_	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)	•			\dashv	•	-		•	,	
(2)				\dashv						
(3)				\neg						
(4)				\neg			·············			
4 Amount of average	5 Average adju	sted basis		寸						
acquisition debt on or	of or alloca		6 Column 4 divided			income reportable		Allocable ded nn 6 x total (
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5	- 1	(columr	1 2 x column 6)	(3(a) and 3(
(1)		•		%						
(2)	_	······································		%						
(3)				%			-			
(4)	·			%						
· ·			. 1		Enter her	e and on page 1,	Enter	here and o	n page	 e 1.
						e 7, column (A)		I, line 7, col		
Totals										
Total dividends-received deducti						D				

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Page 4

Schedule F - Interest, Annu	uities, Royalties	, and I	Rents Fr	rom Control	led Or	ganizat	i ons (see	instructio	ns)		
				ontrolled Org							
1\ Name of controlled organization	2 Employer identification numb	er		elated income e instructions)	l	of specified	included	art of column 4 that is uded in the controlling nization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)				•			1				
(3)											
(4)							 		İ	· <u>··</u>	
Nonexempt Controlled Organiz	zations							-	<u>-</u>		
7 Taxable Income	8 Net unrelated income (loss) (see instructions)			Total of specific payments made	i included in the c		led in the co	ontrolling conn		Deductions directly nected with income in column 10	
(1)			-							1	
(2)											
(3)											
(4)	·										
Totals					▶	Enter	columns 5 a here and on I, line 8, colui	page 1,	Ente	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Schedule G - Investment Ir	come of a Sec	tion 5	01(c)(7)	, (9), or (17) Orga	nizatior	ı (see ınst	tructions)			
1 Description of income	2 Amount of	2 Amount of income 3 Deductions directly connected (attach schedule) (attach schedule)				5 Total deductions and set-asides (col. 3 plus col. 4)					
(1)											
(2)								-			
(3)		1								÷	
(4)											
Totals	Enter here and of Part I, line 9, co	olumn (A)								Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity in	come,	Otner I	nan Adverti	sing in	come (see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	di conne prod un	xpenses irectly ected with luction of irelated ess income	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from a	ss income ctivity that unrelated ss 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)	page	nere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In		· · · · · · · · · · · · · · · · · · ·									
Part I Income From Per	iodicals Report	ed on	a Consc	olidated Bas	is	1		,			
1 Name of periodical	2 Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)										150 160 148 150 1	
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))										Form 990-T (2017)	

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, bu not more than column 4)	
(1)							
(2)							
(3)							
(4)					-		
Totals from Part I ▶				7077XX			
	Enter here and on	Enter here and on				Enter here and	
Totals, Part II (lines 1-5)	page 1, Part I, line 11, col (A)	page 1, Part I, line 11, col (B)				on page 1, Part II, line 27	

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			

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ATTACH	MENT Z
UTIONS	
	49,259.
)	0. 2,088.
	* 10% 4,717.

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBU

UNRELATED TRADE OR BUSINESS INCOME	49,259.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	2,088.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	4,717.
CHARITABLE CONTRIBUTION	166,346.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	4,717.