								.5, 2020		_	213610
•	Form	990-T	r- ÌÉ	Exempt Organ	nization	Bus	ine	ss Income T	ax Return	. L	OMB No 1545-0687
	4							ction 6033(e))	1900	0	0040
			For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019								2018
	_							ons and the latest inform		_	
		ment of the Treasury I Revenue Service	•	Do not enter SSN number	-						Open to Public Inspection for 50 1(c)(3) Organizations Only
	<u> </u>	Check box if		Name of organization / Check how if game changed and see instructions \ D Employer id.							yer identification number
	^	address changed		, , , , , , , , , , , , , , , , , , , ,							oyees' trust, see ctions )
	B Ex	empt under section	Print	OTERO COUNTY	Z HOSPIT	יאר.	ASSC	ОСТАТТОМ		<sub>8</sub> ,	5-0138775
		501(c\()\(\beta\)	10	Number, street, and room						E Unrela	ited business activity code
		408(e) 220(e)	Type	2669 SCENIC		0.00	A, 300 II	isti uctions		(See in	nstructions)
	=	408A 3530(a)		City or town, state or prov		nd ZID o	r forma	n noctal code			
	<u> </u>	529(a)		ALAMOGORDO,		311-0				722	320
		k value of all assets		F Group exemption numb			<u>033 </u>			1 2 2 .	320
	at e	263,140,6	ΩΩ	G Check organization type				501(c) trust	401(a)	truct	Other trust
	U Ent			tion's unrelated trades or b			3			•	Other trust
		te or business here	-		usiliesses -		<del></del>		the only (or first) un		than one
						nlata Da	rto I on		complete Parts I-V.		
				ce at the end of the previou	is sentence, com	ipiete Pa	ii is i an	u II, complete a Schedule	IN TOT EACH AUDITION	ai traue	UI
		iness, then complete i			/					7,,	s X No
				oration a subsidiary in an a			it-Subsi	diary controlled group?		Ye	S A NU
				tifying number of the parent				Talanh	one number > 5	75	443-7848
				BASHAR NASER de or Business Inc				(A) Income	(B) Expenses		(C) Net
							T	(A) Illcome	(B) Expenses		(O) Net
		Gross receipts or sale		50,658.	D-1			E0 650			
		Less returns and allov			c Balance		1c	50,658.			
		Cost of goods sold (S		•			2	6,198.	<del></del>		44 460
		Gross profit Subtract					3	44,460.	· · · · · · · · · · · · · · · · · · ·		44,460.
		Capital gain net incom	•	•			4a				/
				art II, line 17) (attach Form	4797)		4b			-/	<u></u>
		Capital loss deduction					4c			/-	<del></del>
		` '		ship or an S corporation (at	tach statement)		5				
		Rent income (Schedul		(O.b. 4.1.5)			6				
		Unrelated debt-finance					7	·			
		=		nd rents from a controlled o	-		8		/		
-				on 501(c)(7), (9), or (17) or	ganization (Sche	edule G)	$\overline{}$			$\dashv$	
0		Exploited exempt activ	•	,			10			-	
		Advertising income (S		•			11				
		Other income (See ins		•			12	44,460.			44,460.
~		Total. Combine lines		<sup>gn 12</sup> o <b>t Taken Elsewher</b> e	0 (0	A	13		L		44,400.
<u> </u>	Pai			utions, deductions must					income )		
=		•							moome /	1	
$\Box$	14	•	icers, dii	rectors, and trustees (Sche	dule K)		RE(	CEIVED		14	
SCANNED	15	Salaries and wages				[		1 5 2020		15	
ź	16	Repairs and mainten	ance			B106	11.11	15 2020		16	
Ä	17	Bad debts	<b></b>			2	JOL	1 6 5050 18		17	
ည္တ	18	Interest (attach sche	aule) (si	ee instructions)		1				18	
99	19	Taxes and licenses	(0			1 1	OG	DEN, UT		19	
	20			e instructions for limitation	ruies)	<u></u>				20	
	21	Depreciation (attach						21			0.
	22		umea or	n Schedule A and elsewhere	e on return			22a		22b	<u> </u>
	23	Depletion								23	
	24	Contributions to defe		mpensation plans						24	
	25	Employee benefit pro								25	
	26	Excess exempt exper								26	
	27	Excess readership co								27	
	28	Other deductions (at								28	
	29	Total deductions. A		=						29	0.
	30	/		ncome before net operating						30	44,460.
	31/	•	-	loss arising in tax years beg		er Janua	ry 1, 20	118 (see instructions)		31	44 460
	32			ncome Subtract line 31 from						32	44,460.
٠	823701	01-09-19 LHA <b>Fo</b>	r Paper	work Reduction Act Notice	. see instruction	18					Form <b>990-T</b> (2018)

•				
Form 990-T	OTERO COUNTY HOSPITAL ASSOCIATION	85-01	38775	Page 2
Partil		-		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	Í	33	44,460.
34	Amounts paid for disallowed fringes	•	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	fT 1	35	44,460.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		+I+	
	lines 33 and 34	,	36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	7	37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			0
	epter the smaller of zero or line 36		38	0.
	Tax Computation			0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		40	
44	Tax rate schedule or Schedule D (Form 1041)		1 10 -	
	Proxy tax See instructions Alternative minimum tax (trusts only)		42	
42	Tax on Noncompliant Facility Income See instructions		48	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part	Tax and Payments		1 '8 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)			
C	General business credit Attach Form 3800 45c		_]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ach schedule)	<del>- :</del>	
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018		_  3	
	2018 estimated tax payments		<b>⊣</b> j <b>a s</b> il	
	Tax deposited with Form 8868 50c			
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d  50d			
-	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  506  507			
Ţ	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439			
9	Form 4136 Other Total <b>50g</b>			
51	Total payments. Add lines 50a through 50g		51	
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	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	nded 🕨	<b>5</b> 5	
[PartiV	[II] Statements Regarding Certain Activities and Other Information (see instruct	ons)		
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 >			_   X
57	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.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	et of my know	wledge and helief it	19 7119
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bicorrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL	St Of His Know	vieuge and belief, it	15 0 00;
Here	CHIEF FINANCIAL OFFICER	•		
	Signature of officer Date Title		the preparer shown instructions)?	
		heck	if PTIN	.,
D-: :		elf- employe	1	
Paid	DAMELA ALEVANDED CON ALEVANDED CON 06/22/20	Simploye		18925
Prepa	S MOCC ADAMC LID	Firm's EIN		189318
Use C	6565 AMERICAS PARKWAY NE STE 600			
		Phone no	505-878	-7200
823711 01-	•			m <b>990-T</b> (2018)

Form 990-T (2018) OTERO COU	NTY HOS	PITAL ASSO	CIATION		85-0138	775 Page 3
Schedule A - Cost of Goods	Sold. Ente	r method of invent	ory valuation   N	/A		
1 Inventory at beginning of year	1	0.	6 Inventory at end o			6 0.
2 Purchases	2		7 Cost of goods sold	•	ct line 6	
3 Cost of labor	3		from line 5 Enter		1	
4a Additional section 263A costs	<del>    -  </del>		line 2		[	$\frac{1}{7}$ 6,198.
(attach schedule) STMT 2	2 4a	6,198.	8 Do the rules of sec	tion 2634	\(\(\subset\) (with respect to	Yes No
b Other costs (attach schedule)	4b				red for resale) apply to	
	5	6,198.	the organization?	or acquir	od for rosalo, apply to	X
Schedule C - Rent Income (				v I eas	ed With Real Prope	
(see instructions)	i rom ricai	rroperty and	· croonar ropor	, <b></b>	ou with hour ropo	
Description of property	-	<u>.</u>				
(1)	•					
(2)						
(3)	<del></del>					
(4)		*				
<u> </u>	2. Rent recei	ved or accrued				
(a) From personal property (if the perconent for personal property is more	centage of	(b) From real an	d personal property (if the pere	centage or if	3(a) Deductions directly coolumns 2(a) and	onnected with the income in 2(b) (attach schedule)
10% but not more than 50%)	than the same of t		is based on profit or income)			
(1)		<del> </del>				
(2)	-		· · ·			
(3)		<del></del>				
(4)		T-4-1		0		
Total	0.	Total	··	0	<del></del>	
(c) Total income Add totals of columns		nter		^	(b) Total deductions Enter here and on page 1,	
here and on page 1, Part I, line 6, column		l Incomo /		0	Part I, line 6, column (B)	<u> </u>
Schedule E - Unrelated Deb	t-rinanced	income (see i	nstructions)			
			2 Gross income from		3 Deductions directly conne to debt-finance	
1. Description of debt-fir	nanced property		or allocable to debt- financed property		a) Straight line depreciation	(b) Other deductions
	,		, manda proporty		(attach schedule)	(attach schedule)
				_		
(1)				_		
(2)						
(3)		· · · · <del>· · · · · · · · · · · · · · · </del>				
	<del></del> _			_	<del></del>	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e edjusted basis allocable to anced property ch schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	Allocable deductions (column 6 x total of columns     3(a) and 3(b))
(1)				%		
(2)	<del>                                     </del>			%		<u> </u>
(3)	<u> </u>		<del></del>	%		
-				%		
	<u> </u>		<u> </u>	/0		Full bases to the
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					0.	0.
Total dividends-received deductions in	ncluded in colum	n 8				0.

Form 990-T (2018)

7

Schedule F - Interest,		<u> </u>		Controlled O		_			tructions	
Name of controlled organize	ation	2 Employer identification number	3. Net unr (loss) (see	elated income instructions)	4 Tota paym	al of specified nents made	ınclude	t of column 4 that is ed in the controlling lation's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)		-								
(4)										
Nonexempt Controlled Organ	iizations									
7. Taxable Income	8. Net unrelate (see inst	d income (loss) ructions)	9 Total	of specified payr made	nents	10 Part of column the controlling gross	nn 9 that i ng organia i income	is included zation's		luctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)			_							
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)
Totals			me * / * **		<b>▶</b>			0.		0.
Schedule G - Investme	ent Income of tructions)	f a Section	n 501(c)(7	), (9), or (	17) Org	anization				
	scription of income			2. Amount of	ıncome	3. Deduction directly conner (attach sched	cted	4 Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)						<u> </u>				
(2)										
(3)										
(4)										
.,				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			•	ļ	0.					0.
Schedule I - Exploited (see instr	_	ivity Incon	ne, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busine income from trade or busine	directl with	Expenses ly connected production unrelated less income	4. Net incom from unrelated business (co minus colum gain, comput through	f trade or slumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6</b> Exp attributs colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1				İ					
(2)	1									
(3)	1	ĺ		<del></del>						
(4)	<u> </u>									
	Enter here and page 1, Part I line 10, col (A	pag line	here and on te 1, Part I, 10, col (B)		•		•			Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	ing Income	0.	<u>0.</u>	<u> </u>						0
Part I Income From				solidated	Basis				-	
1 Name of periodical	adve	rtising a	3. Direct dvertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute trough 7	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				7						
(3)				1					$\neg \neg$	
(4)				1						
		0.	0							0
Totals (carry to Part II, line (5))	<u> </u>	U • [	<u> </u>	• 1		.1	i			Form <b>990-T</b> (201

## Form 990-T (2018) OTERO COUNTY HOSPITAL ASSOCIATION 85-01387 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)			<del></del>				
(3)							
(4)							
Totals from Part I	<b></b>	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	<ol> <li>Percent of time devoted to business</li> </ol>	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08	27,319.	27,319.	0.	0.
06/30/09	39,480.	39,480.	0.	0.
06/30/10	54,524.	54,524.	0.	0.
06/30/15	74,496.	0.	74,496.	74,496.
06/30/16	15,650.	0.	15,650.	15,650.
06/30/17	91,211.	0.	91,211.	91,211.
06/30/18	228,458.	0.	228,458.	228,458.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	409,815.	409,815.

FORM 990-T	ADDITIONAL SECTION 263 COSTS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER COSTS		6,198,
TOTAL TO FORM 990-T	C, SCHEDULE A, LINE 4A	6,198.

### **SCHEDULE M** '(Form 990-T)

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

Employer identification number

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

For calendar year 2018 or other tax year beginning  $\underline{JUL}$  1,  $\underline{2018}$  , and ending  $\underline{JUN}$  30,  $\underline{2019}$ 

► 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

	OTERO COUNTY HOSPITAL A		CIATION		02-01	38/	<u>/ ɔ</u>
	Inrelated business activity code (see instructions) $ ightharpoonup 44611$						
	escribe the unrelated trade or business PHARMACY	SAL	3S				
Pai	t I Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
1a	Gross receipts or sales 58,463.						
	Less returns and allowances c Balance	1c	58,4	63.			
2	Cost of goods sold (Schedule A, line 7)	2	41,0	35.			
3	Gross profit Subtract line 2 from line 1c	3	17,4	28.			17,428.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Schedule C)	6	·				
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled			- 1			
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)			- 1			
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11	<del></del>				
12	Other income (See instructions, attach schedule)	12					
<u>13</u>	Total. Combine lines 3 through 12	13	17,4	28.			17,428.
14	deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the uncompensation of officers, directors, and trustees (Schedule K)					14	or contributions,
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			ļ	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a			22b	0.
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	22 525
28	Other deductions (attach schedule)		SEE S	ITATE	EMENT 3	28	93,525.
29	Total deductions. Add lines 14 through 28					29	93,525.
30	Unrelated business taxable income before net operating loss deduc-				13	30	-76,097.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (	see			
	instructions)					31	76 007
32	Unrelated business taxable income Subtract line 31 from line 30					32	-76,097.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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OTERO COU	NTY HOSE	PITAL ASS	OCIATION		85-0138	775
Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation $ ightharpoonup N/I$	4		
1 Inventory at beginning of year	1_1		6 Inventory at end of ye	ar		6
2 Purchases	2	41,035.	7 Cost of goods sold S	Subtract	ine 6	
3 Cost of labor	3		from line 5 Enter here	e and in l	Part I,	
4a Additional section 263A costs			line 2			$7 \mid 41,035.$
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to	
5 Total Add lines 1 through 4b	5	41,035.				X
Schedule C - Rent Income (	(From Real	Property and	Personal Property I	Lease	d With Real Proper	rty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	<del></del> :	ed or accrued			0(-)0-4	
<ul> <li>(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)</li> </ul>	centage of than	` of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly co columns 2(a) and	innected with the income in 2(b) (attach schedule)
(1)	-					······································
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (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	nstructions)	<del></del>		
			2. Gross income from		<ol> <li>Deductions directly connect to debt-financed</li> </ol>	cted with or allocable property
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<del></del>					<u> </u>
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%	1		
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	.]	0.	0.
Total dividends-received deductions in	icluded in column	n 8	•		<b>&gt;</b>	0.
						Form <b>990-T</b> (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PURCHASED SERVICES UTILITIES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL DUES LICENSES AND CREDENTIALS		89,757. 26. 957. 1,676. 210. 37. 862.
TOTAL TO SCHEDULE M, PART II, L	INE 28	93,525.

# SCHEDULE M '(Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

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

2018

OMB No 1545-0687

2

Department of the Treasury Internal Revenue Service (99) ▶ 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

ENTITY

Name of the organization OTERO COUNTY HOSPITAL	Employer identificat			
	.120			· <del>-</del>
Describe the unrelated trade or business RENTAL		<del></del>		
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	e ▶ <u>1c</u>			<u> </u>
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			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7	292,224.	369,627.	-77,403.
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8	175,380.	222,872.	-47,492.
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	467,604.	592,499.	-124,895.
Part II Deductions Not Taken Elsewhere (See instructions must be directly connected with the deductions must be directly connected with the deduction of the deduction	he unrelat	er limitations on ded ed business income	e.)	for contributions,
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	<del> </del>
20 Charitable contributions (See instructions for limitation rules)		1 (	20	
21 Depreciation (attach Form 4562)		21	<u></u> _	
22 Less depreciation claimed on Schedule A and elsewhere on re	etum	22a	22b	0.
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			<u>25</u>	
26 Excess exempt expenses (Schedule I)			<u>26</u>	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule)			28	<del></del>
29 Total deductions. Add lines 14 through 28			_29_	0.
30 Unrelated business taxable income before net operating loss of	deduction Si	ubtract line 29 from line	13   <b>30</b>	-124,895.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

-124,895.

31

instructions)

1.4	т	т	т	1	4

OTERO COU	NTY HOSE	PITAL ASSO	OCIATION	85-0138	3775
Schedule A - Cost of Goods	S Sold. Enter	method of invent	ory valuation		
<ol> <li>Inventory at beginning of year</li> </ol>	1		6 Inventory at end of year	r <u> </u>	6
2 Purchases	2		7 Cost of goods sold Su	btract line 6	
3 Cost of labor	3		from line 5 Enter here a	and in Part I,	
4a Additional section 263A costs			line 2	Ł	7
(attach schedule)	4a		8 Do the rules of section	, ,	Yes No
<b>b</b> Other costs (attach schedule)	4b			cquired for resale) apply to	<u> </u>
5 Total Add lines 1 through 4b	5		the organization?	111/21 5 15	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property Lo	eased with Heal Prope	erty)
Description of property					
(1)			<del></del>		
(2)			' ''		
(3)	·				
(4)			· .		
	2. Rent receiv	ed or accrued			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	d personal property (if the percentag asonal property exceeds 50% or if is based on profit or income)		connected with the income in d 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total		Total			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	, , , ,	ter <b>&gt;</b>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•
Schedule E - Unrelated Deb	t-Financed	income (see i	nstructions)		· · · · · · · · · · · · · · · · · · ·
	-		2. Gross income from	3. Deductions directly conn to debt-finance	ected with or allocable ad property
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				STATEMENT 6	STATEMENT 7
(1) FACILITY RENTALS			699,101.	501,050.	383,224.
(2)					ļ
(3)	<del> </del>				
_(4)	1				
debt on or allocable to debt-financed of or allo property (attach schedule) debt-finance		adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 5,320,976.	12	,730,199.	41.80%	292,224.	369,627.
(2)			%		
(3)			%		
(4)			%		
STATEMENT 4	STATE	MENT 5		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>•</b>	292,224.	369,627.
Total dividends-received deductions in	icluded in columi	18		<b></b>	0.

Page	4

1		l			Exempt (	Controlled O	rganızatı	ons					
Name of controlled organization     .		on	2 Emp identific numb	ation	Net unrelated income (loss) (see instructions)  4 To pay		<b>4</b> Tot payr	ments made inclu		Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1) GE	RALD											_	
	AMPION-SIERI	R <b>A</b>											
	OVIDENCE CAL												
	TH LAB, LLC		61-175	3921									
Nonexe	mpt Controlled Organiz	ations											
			nrelated incom- ee instructions		9 Total of specified payments made		nents	10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10  STATEMENT 8		
(1)		-											
(2)													
(3)													
(4)	917,886.			0.		175,	380.		175,	380.		222,872	
								Enter here and	column (A)	, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals							<b>•</b>		<u>175,</u>	380.		222,872	
Sched	lule G - Investmer (see instr		ne of a S	ection	501(c)(7	'), (9), or ( <sup>·</sup>	17) Org	ganization					
	1 Descr	iption of incor	me			2. Amount of	ıncomə	3 Deduction directly connection (attach scheen)	ected	4 Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)													
(2)													
(3)													
(4)	·												
Tatala						Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
	lule I - Exploited I	Exempt	Activity	Income	▶ e, Other	Than Adv	ertisin	g Income					
	lule I - Exploited I (see instru	-	Activity	Income	•, Other	Than Adv	ertisin	g Income		· · · · · · · · · · · · · · · · · · ·			
	•	-	iross business e from	3. Exp directly c with pro	penses connected eduction elated	4. Net incomfrom urrelated business (cominus columning gain, compute through	ie (loss) trade or lumn 2 n 3) If a	5 Gross income from activity is not urrela business inco	that ted	6 Exp attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
Sched	(see instru	2. Gunrelated	iross business e from	3. Exp directly c with pro	penses connected eduction elated	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than	
Sched	(see instru	2. Gunrelated	iross business e from	3. Exp directly c with pro	penses connected eduction elated	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2)	(see instru	2. Gunrelated	iross business e from	3. Exp directly c with pro	penses connected eduction elated	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2) (3)	(see instru	2. Gunrelated	iross business e from	3. Exp directly c with pro	penses connected eduction elated	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2) (3) (4)	(see instru	2. Gunrelated	e and on	3. Exp directly c with pro of unit business	penses connected duction elated s income	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2) (3) (4)	(see Instru  1 Description of exploited activity	2. Gunrelated income trade or the trade or t	e and on Part I, col (A)	3. Exterdiscolor directly control of unity business.  Enter her page 1 line 10,	penses connected duction elated s income	4. Net incomfrom unrelated business (cominus columinus computer)	ie (loss) trade or lumn 2 n 3) If a	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
(1) (2) (3) (4)	(see instru  1 Description of exploited activity	2. Gurrelated income trade or the page 1, line 10,	e and on Part I, col (A)	3. Experience of unrobusiness	penses connected duction elated s income	4. Net incomfrom urrelated business (cc minus colum gain, comput through	te (loss) trade or tumn 2 n 3) if a s cols 5 7	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
(1) (2) (3) (4) Totals Scheo	1 Description of exploited activity	2. Gurrelated income trade or the page 1, line 10,	e and on Part I, col (A)	3. Experience of unrobusiness	penses connected duction elated s income	4. Net incomfrom urrelated business (cc minus colum gain, comput through	te (loss) trade or tumn 2 n 3) if a s cols 5 7	5 Gross inc from activity is not unrela	that ted	attribute	ble to	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1,	
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12,730,199.

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 4
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
FACILITY RENTALS	2	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211, 5,331,211,
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		5,320,976.
FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 5
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
FACILITY RENTALS	2	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		13,349,207. 12,111,191.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR

FORM 990-T (M) SCHEDULE E - DEPRECIATI	ON DEDUCTION	1	STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION - SUBTOTAL -	2	501,050.	501,050.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		501,050.
FORM 990-T (M) SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MAINTENANCE AND UTILITIES INTEREST - SUBTOTAL -	2	93,959. 289,265.	383,224
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		383,224
FORM 990-T (M) SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED V		STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION INTEREST EXPENSE - SUBTOTAL -	2	171,011. 51,861.	222,872
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11		222,872

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

ОТІ	RO COUNTY HOSPITAL	ASSOCIATI	ON					85-0138775
Pa				any listed prop	erty, c	omplete Part \	/ before y	ou complete Part I
1 N	Maximum amount (see instructions)						1	1,000,000.
	otal cost of section 179 property place	2	<u> </u>					
	Threshold cost of section 179 property	· ·	·-				3	2,500,000.
	Reduction in limitation Subtract line 3						4	
	Pollar limitation for tax year Subtract line 4 from line		•	ely, see instructions			5	•
6	(a) Description of pro	operty	(b) Co	st (business use onl	y)	(c) Elected c	ost	<del></del>
		<u> </u>						
7 L	isted property Enter the amount from	line 29			7			
8 7	otal elected cost of section 179 prope	rty Add amounts	ın column (c), lines	6 and 7			8	_
9 1	entative deduction Enter the smaller	of line 5 or line 8					9	
10 (	Carryover of disallowed deduction from	line 13 of your 20	017 Form 4562				10	
11 E	Business income limitation. Enter the s	maller of business	income (not less th	an zero) or line	5		11	
12 9	Section 179 expense deduction Add In	nes 9 and 10, but	don't enter more tha	an line 11			12	
13 (	Carryover of disallowed deduction to 20	019 Add lines 9 a	nd 10, less line 12	<b>&gt;</b>	13			
	: Don't use Part II or Part III below for	listed property In	stead, use Part V					
Pa	rt II   Special Depreciation Allowa	nce and Other D	epreciation (Don't	include listed p	roperty	( )		
14 9	Special depreciation allowance for qual	lified property (oth	er than listed prope	rty) placed in s	ervice d	during		
t	he tax year						14	
15 F	Property subject to section 168(f)(1) ele	ection					15	
_	Other depreciation (including ACRS)						16	==
Pa	rt III MACRS Depreciation (Don't	include listed pro	· · · · · · · · · · · · · · · · · · ·					
			Section A	<b>`</b>				F01 0F0
	MACRS deductions for assets placed in	-				_	17	501,050.
18 1	you are electing to group any assets placed in serv					-al Danuaciat	Sunda	
	Section B - Assets	(b) Month and	e During 2018 Tax (c) Basis for deprecia	tron I		rai Depreciat	ion Syste	rri
	(a) Classification of property	year placed in service	(business/investment only - see instructio	use (a) He	covery rod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	_						
b	5-year property	_						
С	7-year property	_				1		
d	10-year property					+		
_е	15-year property					1		
	10 year property	_						
f	20-year property	-						
f g				25	yrs		S/L	
g	20-year property 25-year property	/		27 5	yrs	ММ	S/L	
<u> </u>	20-year property	/		· 1	yrs	MM	S/L S/L	
g h	20-year property 25-year property Residential rental property	/ /		27 5	yrs yrs	MM MM	S/L S/L S/L	
g	20-year property 25-year property Residential rental property Nonresidential real property	/ / /		27 5 27 5 39	yrs yrs yrs	MM MM MM	S/L S/L S/L S/L	
g h i	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ / / / Placed in Service	During 2018 Tax Y	27 5 27 5 39	yrs yrs yrs	MM MM MM	S/L S/L S/L S/L ation Sys	tem
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g h i 20a b c d Pai	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year rt IV Summary (See instructions) Listed property Enter amount from lines Total. Add amounts from line 12, lines	28 14 through 17, lin	es 19 and 20 in colu	27 5 27 5 39 ear Using the 12 30 40	yrs yrs Alterna yrs yrs yrs yrs	MM MM MM ative Deprecia	S/L S/L S/L S/L Stion Sys S/L S/L S/L S/L S/L S/L	
g h i 20a b c d Pai 21 L 22 1	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year rt IV Summary (See instructions )	228 14 through 17, lin of your return Pa	es 19 and 20 in colu	27 5 27 5 39 ear Using the 12 30 40 simn (g), and linimorporations - see	yrs yrs Alterna yrs yrs yrs yrs	MM MM MM ative Deprecia	S/L S/L S/L S/L stion Sys S/L S/L S/L S/L S/L S/L S/L	501,050.

Forr	m 4562 (2018)	OTE	RO CO	YTMU	HOSP	ITAL	ASSO	CIA	TION			85~	0138	775	Page 2
_	rt V Listed Propert				other veh	ıcles, cer	tain aircr	aft, ar	nd property	used fo	r				
	entertainment,				L4				.at.ma laaa				h. 04a		
	Note: For any v 24b, columns (	venicie for wi a) through (c	nich you a ) of Sectio	e using t n A, all o	ne standa Section I	aro mileaç B, and Se	ge rate o ection C	r aeat if appl	icting leasi licable	e expens	e, com	piete On	iiy 24a,		
	Section A -	Depreciatio	n and Ott	er Inform	nation (C	aution:	See the i	nstruc	tions for li	mits for p	passeng	er auton	nobiles)		
24a	Do you have evidence to s	support the bus	siness/inves	tment use	claimed?	Y	es _	No	24b If "Y	es," is th	e evide	nce writt	ten?	] Yes [	No
	(a)	(b)	(c)	,	(d)		(e)		(f)	(	g)	(	(h)		(i)
	Type of property (list vehicles first)	Date placed in service	Busine investn use perce	ient	Cost or other bas	l (bu	sis for depri isiness/inve use only	stment	Recovery period		thod/ ention		eciation uction	sectio	cted n 179 ist
25	Special depreciation allo				rty placed	d in service	e during	the ta	ax year and	;					
_	used more than 50% in a										25	<u> </u>			
<u> 26</u>	Property used more than	n 50% ın a qı	ualified bus	iness us	e									1	
				%					ļ	ļ		<b></b>		ļ	
				%			-		ļ			<b>ļ</b>		<u> </u>	
				%					<u>i</u> i			l		L	
<u>27</u>	Property used 50% or le	ss in a qualif	ed busine						T	<del></del>		1		1	
				%						S/L·		-			
				%			<del></del>			S/L·		<u> </u>		-	
_				%						S/L·	T	<del>                                     </del>			
	Add amounts in column	` ''	-				page 1				_28	L	T		
29_	Add amounts in column	(i), line 26 E	nter here a				•••						29	<u> </u>	
_					n B - Info					-1-44		16			
	nplete this section for ve		•	•	•				•		•			/enicies	
to y	our employees, first ansv	wer the ques	tions in Se	ction C t	o see if yo	ou meet a	ın excep	tion to	completin	ig this se	ection to	r those v	vehicles		
						1	/a. \	т -	7.3		n	Τ,	- 1		
	Takal business (in cashes and i	ممانية ممانية			(a)		(b)	Ι,	(c)	1	d)		e) buolo	(f	-
	Total business/investment i		uring the		Vehicle	- ve	hicle	<del>                                     </del>	Vehicle	Ver	ncle	Vei	hicle	Veh	icie
	year (don't include commut	• ,	<b>AL</b>			+		<del>                                     </del>		1		-			
	Total commuting miles of	•	•			+		<del>├</del>				1		-	
	Total other personal (no	ncommuting)	miles												
	driven	. 41.0		<u> </u>		+		1		<del> </del>					
	Total miles driven during	•													
	Add lines 30 through 32 Was the vehicle available		al uso	Ye	s No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No.
	during off-duty hours?	e tor persone	ai use		3 140	163	NO	16	5 140	163	140	163	140	163	140
	Was the vehicle used pr	amarily by a r	more	<u> </u>		+		$\vdash$		<u> </u>		<del> </del>			
	than 5% owner or relate		nore										ł		
	Is another vehicle availal	•	nal		<del></del>	+	1	<del>                                     </del>				<del>                                     </del>	<del>                                     </del>		
	use?	ole for persor	i i di										i		
	<u> </u>	Section C	- Question	s for En	aniovers '	Who Pro	vide Vet	icles	for Use by	Their F	mplove	PS	<u> </u>		
Ans	wer these questions to o								-				ren't		
	e than 5% owners or rela	-		· · · · · · · · · · · · · · · · · · ·						,	p.0,000				
	Do you maintain a writte			prohibit	s all perso	onal use o	of vehicle	es, inc	luding con	nmuting,	by you			Yes	No
	employees?			•	•			·	Ū	•	• •				
	Do you maintain a writte	en policy state	ement tha	prohibit	s persona	ıl use of v	ehicles.	excep	t commuti	ng, by yo	our				
	employees? See the ins			•	•		•							ŀ	
	Do you treat all use of ve			•	•	·									
	Do you provide more that	•		•		informat	ion from	your	employees	about					
	the use of the vehicles,		-					•	. ,						
	Do you meet the require					emonstra	ition use	?							
	Note: If your answer to		•						overed veh	ncles					
	rtiVI Amortization	,,							-	-					
	(a)	<del>,</del> -		(b)		(c)			(d)		(e)			(f)	
	Description of	costs		Date amortiza begins	tion	Amortiza amoun			Code section		Amortiz penod or pe			mortization or this year	
42	Amortization of costs the	at begins dui	ring your 2		/ear										

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2018 tax year

Form **4562** (2018)

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