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

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

900 2019

2018

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

	rnal Revenue Service	▶	<ul> <li>Do not enter SSN numbers on this form as it may</li> </ul>	y be ma	ide public if yo	ur organiz	ation is a 501(c)(3	3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check box if name of	hanged	and see instru	ictions.)		Empl)	oyer identification number oyees' trust, see ctions )
_	Exempt under section	Print	Central Valley Medical	Ce	nter				7-0419324
	Y 501(d) 3 ) Of Number street and room or suite polifica P.O. hove see instructions.								
Ē	408(e) 220(e)	Туре	PO Box 412	A, 300 I	isti uctions.			(See ir	estructions)
ᅣ	408A 530(a)		City or town, state or province, country, and ZIP of	r foreic	n postal code			┥	
	529(a)	Ì	Nephi, UT 84648	1 101019	ii postai oodo			446	110
CE	Sook value of all assets	\ \	E Group exemption number (See instructions.)	<b></b>					
¯ a	93,233,6	66.	G Check organization type ► X 501(c) cor	poratio	j 50	1(c) trust	401(	a) trust	Other trust
H E	nter the number of the	organiza	ition's unrelated trades or businesses.	2	<del></del>	Describe	the only (or first) u		
t	rade or business here	► Re	tail Pharmacy		.1	f only one,	complete Parts I-\	. If more	than one,
		_	ice at the end of the previous sentence, complete Pr	arts I ar	d II, complete	a Schedule	M for each addition	onal trade	or
b	usiness, then complete	Parts III	-V.						
ī	During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	nt subs	idiary controlle	d group?	<b></b>	Ye	s X No
!	f "Yes," enter the name a	ınd iden	tifying number of the parent corporation.						
J 1	The books are in care of	<b>&gt;</b> 3	Brent Davis			Telepho	one number 🕨	(435	) 623-3000
P	art I Unrelated	d Trac	de or Business Income		(A) Ince	ome	(B) Expens	es	(C) Net
1:	a Gross receipts or sale	s	1,128,100.						
ı	Less returns and allow	vances	c Balance	1c	1,128	,100.			1
2	Cost of goods sold (S	chedule	A, line 7)	2	639	,720.			
3	Gross profit. Subtract			3	488	,380.			488,380.
<b>4</b>	a Capital gain net incon	ne (attac	h Schedule D)	4a					
6707	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b					
	Capital loss deduction	for trus	sts	4c					
# 5 ⊶ 5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5				•	
<b>~</b> 6	Rent income (Schedu			6					
7	Unrelated debt-financ	-	ne (Schedule E)	7					
8			and rents from a controlled organization (Schedule F)	8					
9			on 501(c)(7), (9), or (17) organization (Schedule G)	9					•
10	Exploited exempt activ	vity inco	me (Schedule I)	10					
11	Advertising income (S	Schedule	: J)	11					
12	Other income (See ins	struction	s; attach schedule)	12					
13	Total. Combine lines	3 throu	gh 12 .	13	488	<u> 380.</u>			488,380.
P			ot Taken Elsewhere (See instructions for						
\	(Except for d	contribi	utions, deductions must be directly connecte			<del>l'business</del>	s-income.) <sup>i</sup>		
<b>5</b> 14	Compensation of off	icers, di	rectors, and trustees (Schedule K)	100	MAY	<b>2 6</b> 20	non led	14	
15	Salaries and wages			ľ	o] '"''	20 20	720 [J)	15	181,416.
16	Repairs and mainten	ance		l	000	gard K ) )	<del></del>	16	19,019.
17	Bad debts			- 1	UGD	EN, l	JT	17	
18	Interest (attach sche	dule) (s	ee instructions)	-		· · · · · · · · · · · · · · · · · · ·		18	
19	Taxes and licenses							19	1,720.
20	Charitable contribution	ons (Se	e instructions for limitation rules) Stateme	nt	4 See	State	ement 2	20	0.
21	Depreciation (attach	Form 45	562)			21	5,673	·	
_ 22	Less depreciation cla	aimed oi	n Schedule A and elsewhere on return			22a		22b	5,673.
23	Depletion							23	
24	Contributions to defe	erred co	mpensation plans					24	·
25	Employee benefit pro	-						25	44,717.
26	Excess exempt expe		•					26	
27	Excess readership co	•	•		_		_	27	
28	Other deductions (at				See	State	ement 3	28	142,178.
29	Total deductions. A		_			•	73	29	394,723.
30			ncome before net operating loss deduction. Subtrac				-	30	93,657.
31		_	oss arising in tax years beginning on or after Janua	ry 1, 20	)18 (see instru	ctions)	31	31	}
32			ncome. Subtract line 31 from line 30				<u> </u>	32	93,657.
823	701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.						Form <b>990-T</b> (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Amounts paid for disallowed fringes  Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34  34  35  93,657.	Part I	II Total Unrelated Business Taxable Income		
Section for net operating loss arong in tax years beginning before Anionary 1, 2018 (see instructions)  Total controlled bissiness taxable income before specific deductions. Subtract the 35 from the sum of lines 33 and 34  35 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  36 Unicipated bissiness taxable income. Subtract line 37 from the 37 from the sum of lines 33 and 34  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unicipated bissiness taxable income. Subtract line 37 from the 37 from the 37 from the sum of lines 33 from 15	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	93,657.
38 37 Specific defluction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable incense. Subtract line 37 from line 36, lift line 37 is greater than line 36, entry line smaller of zero or line 36  Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Transit Taxable as Transit Rate. See instructions for tax computation. Income tax on the amount on line 38 from:  □ Tax rate schedule or □ Schedule 0 [Form 1041) 41 Proxy lax. See instructions 42 Affortance minimum bax (fucts only) 43 Tax on Noncompliant Facility lincome. See instructions 44 Total Adult lines 4, 124, and 45 lines 30 in less 30 in 40, whichever applies 45 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118; linus statish Form 1118; linus st	34	Amounts paid for disallowed fringes	34	
In less 33 and 34 37 37 38 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Userlated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, onter the manufact caze or circle.    Part IV   Tax Computation 39 Organizations Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Tax Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax computation. Income tax on the amount on line 38 from:     Taxable at Trust Rates. See instructions for lax seeds from 118; trusts attach Form 118; trusts attach Form 118; trusts attach Form 1118; trusts attached form 1118; tru	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 5	35	93,657.
37 Specific deduction (Generally \$1,000. but see line 37 instructions for exceptions) 38 Understate business trabelle is comes. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36  19 Organization Taxable as Compositions. Multiply line 38 by 21% (0.21) 40 Trusts Taxable as Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:    Tax saxble as Trust Rates. See instructions of tax computation. Income tax on the amount on line 38 from:    Tax saxble as Trust Rates. See instructions   Add	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
and the imagine of zero or line 36 in the 37 from line 36. If line 37 is greater than line 38, enter the smaller of zero or line 36 in the 37 is greater than line 38, enter the smaller of zero or line 36 in the 37 is greater than line 38, and 0.    Part IV   Tax Computation			36	
and the imagine of zero or line 36 in the 37 from line 36. If line 37 is greater than line 38, enter the smaller of zero or line 36 in the 37 is greater than line 38, enter the smaller of zero or line 36 in the 37 is greater than line 38, and 0.    Part IV   Tax Computation	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	\$7	1,000.
Part V   Tax Computation   39   Organizations Nullaply line 38 by 21% (0.21)   39   Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21)   39   O.	38			
39 Organizations Tazable as Corporations, Multply line 38 by 21% (0.21)		enter the smaller of zero or line 36	38	0.
Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:    Tax rate schedule or	Part I	V Tax Computation	1	
Tax rate schedule or   Schedule D (Form 1041)	39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
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 45 Foreign tax credit (corporations attach form 1118; trusts attach Form 1116) 5 Other credits (see instructions) 6 General business credit. Attach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 7 Total redits. Add lines 45 startough 456 6 O. 7 Total tax, Add lines 45 and 47 (see instructions) 7 So a Payaments: A 2017 overspanient credited to 2018 8 Duting stems of the startough form 10 total tax, Add lines 45 and 47 (see instructions) 8 Duting stems of the startough form 10 total tax, Add lines 45 and 47 (see instructions) 9 2018 near 985 tax liability paid from Form 985-8, Part III, column (ki), line 2 9 So a Payaments: A 2017 overspanient credited to 2018 9 2018 estimated tax payaments can be started to 2018 9 2018 estimated tax payaments can be started to 2018 9 2018 estimated tax payaments can be started to 2018 9 2018 estimated tax payaments can be started to 2018 9 Spb	40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
4 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  45 Foreign fax credit (corporations attach form 1118; trusts attach Form 1116)  5 Other credits (see instructions)  6 Ceredit for prior year minimum tax (attach Form 8801 or 8827)  7 Total credits. Add lines 46 at through 45d  48 Subtract thin 45e from line 44  47 Other taxes. Check of from 11 Form 855 or Form 8611		Tax rate schedule or Schedule D (Form 1041)	40	
Tax and Noncompilant Facility Income. See instructions   4   Total Add lines 4.1, 2a. and 4.5 to line 39 or 40, whichever applies   4   0.	41	Proxy tax. See instructions	4	
Part V   Tax and Payments   43	42	Alternative minimum tax (trusts only)	42	
Part V   Tax and Payments	43			
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 3801 or 8827) c Total credits. Add lines 45a through 45d d Subtract line 45a from line 44 d Other taxes. Otheck if form: Form 4255 Form 8611 Form 8697 Form 8866 Other (which schedule) d Total tax. Add lines 45a through 45d d Subtract line 45a from line 44 d Other taxes. Otheck if form: Form 4255 Form 8611 Form 8697 Form 8866 Other (which schedule) d Total tax. Add lines 45a dray d 7(see instructions) d 2018 net 955 tax lability paid from Form 955-8, Part II, column (k), line 2 0 a Payments. A 2017 overgayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations; Tax paid or withhelid at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) 0 Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 50a through 509 c Estimated tax penalty (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) 0 Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 50a through 509 c Estimated tax penalty (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) 0 Other credits, adjustments, and payments: Form 2439 Form 4136 Tax due, it line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid f Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid f Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid f Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid f Overpayments. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid f Overpayments. If line 51 is larger than the total of lines 48,			4/4	0.
Dither 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 d Subtract tine 45e from line 44 d Other taxes. Check if from:   Form 4255   Form 8611   Form 8697   Form 8666   Other (entach schedule) d Total tax. Add lines 46 and 47 (see instructions) d 2018 net 955 tax lability pad from Form 955-x or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8866 d Foreign organizations. Tax paid or withheld at source (see instructions) e Backup withholding (see instructions). Check if Form 2439   Gither credits, adjustments, and gayments:   Grom 2439   Form 4136   Other credits, adjustments, and gayments:   Grom 2439   Form 4136   Other redits, adjustments, and gayments:   Grom 2439   Form 4136   Other   Total   Diggram 4136   Other   Total   Diggram 4136   Overpayment. Hine 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   51 Total payments. Add lines 50s through 50g   52 Estimated tax penalty (see instructions). Check if Form 2220 is attached   Diggram 4136   Overpayment. Hine 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   54 Overpayment. Hine 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   55 Enter the amount of line 64 you want Chredited to 2019 estimated tax   Refunded   Diggram 4136	Part \	Tax and Payments		
Central business credit. Attach Form 3801 or 8827)  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  47 Other taxes. Check if from:	45 a		_	
d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d  45 Subtract line 45e from line 44  47 Other taxes. Check if from:	b	Other credits (see instructions)		
e Total credits. Add lines 45a through 45d  45 Subtract line 45e from line 44  70 Other taxes. Check if from:	C		] ]	
48 Subtract line 45e from line 44 47 Other bases. Check if from:	d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
Total tax. Add lines 46 and 47 (see instructions)  7	е	Total credits. Add lines 45a through 45d		
Total tax. Add lines 46 and 47 (see instructions)  49				0.
49 2018 net 965 tax lability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018  b 2018 destinated tax payments 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 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 5 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 8  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  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 ▶ 5  57 During the tax year, did the organization receive a distribution from, or was if the granization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here  □ Sign Here □ Signature of Officer □ Sig	47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	-	
b 2018 estimated tax payments:  c Tax deposited with Form 8688  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  Total payments Add lines 50a through 50g  51 Total payments Add lines 50a through 50g  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 owerpaid  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded → ▶  55 Z00,000.  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  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 ▶  57 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year, because that plays examined the signature of the foreign country here penalties of purply, Idealers his type.  CEO  Title  Print/Type preparer's name  Preparer's granter  Preparer's granter  Firm's EIN P 45-0250958  Firm's EIN P 45-0250958  Firm's EIN P 45-0250958	48	Total tax. Add lines 46 and 47 (see instructions)		
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments Add lines 50a through 50g 51 Total payments. Add lines 50a through 50g 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 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax  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 Finc N Form 114, Report of Foreign Bank and Financial Accounts. If Yes," enter the name of the foreign country here  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 Fine amount of tax-exempt interest received or accrued during the tax year  58 Enter the amount of tax-exempt interest received or accrued during the tax year  59 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  60 If Yes, see instructions for other forms the organization may have to file Fire amount of tax-exempt interest received or accrued during the tax year  50 During the tax year, did the organization of pergery is based on all information of which preparer has any knowledge  50 Interest the amount of tax-exempt interest received or accrued during the tax year  51 Interest the amount of tax-exempt interest received or accrued during the	49			0.
c Tax deposted 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:	50 a		<u>.</u> ] '	
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  1 Total payments. Add lines 50a through 50g  5 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  5 Overpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid  5 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ★ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b	<del> </del>		
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 ☐ Form 4136 ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Form	C	<del></del>	]	
f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments:	đ	Foreign organizations: Tax paid or withheld at source (see instructions)	]	
Gode    Storm 4136	е	Backup withholding (see instructions) 50e	]	
Form 4136 Other Total   Sog    51 Total payments. Add lines 50a through 50g  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  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax   84    65 Enter the amount of line 54 you want: Credited to 2019 estimated tax   85    66 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?   X    58 Enter the amount of tax-exempt interest received or accrued during the tax year   \$\$  59 Enter the amount of bravexempt interest received or accrued during the tax year   \$\$  50 Sign Here   Print/Type preparer's name   Preparer's signature   Date   Check   if PTIN    50 Fignature of Officer   Date   Print/Type preparer's name   Preparer's signature   Date   Check   if PTIN    50 Firm's name   Eide Bailly LLP   Firm's EIN   45 - 0250958    51	f	Credit for small employer health insurance premiums (attach Form 8941)	_	
Stimated tax penalty (see instructions). Check if Form 2220 is attached   Stimated tax penalty (see instructions). Check if Form 2220 is attached   Stimated tax penalty (see instructions). Check if Form 2220 is attached   Stimated tax   Stimate	g			
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶			<b>-</b>	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax  Negrunded  Statements Regarding Certain Activities and Other Information (see instructions)  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  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Sign  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.  Sign  Way the IRS discuss this return with the preparer has any knowledge  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  No  Proparer's signature  No  Proparer's signature  No  Proparer's signature  No  Print/Type preparer's name  Pr			51	20,000.
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax    Refunded   S   S   20,000.   Refunded   S   S   S   20,000.   Refunded   S   S   S   S   S   S   S   S   S     Refunded   S   S   S   S   S   S   S   S   S			<del> </del>	
Enter the amount of line 54 you want: Credited to 2019 estimated tax ► Refunded N 55 20,000.    Part VI   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information of the foreign country   Yes   No				
Part VI   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information 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   Statements   Statement		$\mathcal{F}$		
Sign Here  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  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.  Enter the amount of tax-exempt interest received or accrued during the tax year  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pergifer (other than taxpayer) is based on all information of which preparer has any knowledge    Vinder 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 pergifer (other than taxpayer) is based on all information of which preparer has any knowledge    Vinder 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 pergifer (other than taxpayer) is based on all information of which preparer has any knowledge    Vinder 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, statements, and to the best of my knowledge and belief, it is true.    Vinder 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.    Vinder			55	20,000.
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 ▶  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.  58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Sign Here  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Firm's preparer's signature  Wim Hunwardsen, CPA CPA  Firm's name ▶ Eide Bailly LLP  Firm's EIN ▶ 45-0250958				1,, 1,,,
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here    X				Yes No
here 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.  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  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Kim Hunwardsen,  CPA CPA  Date  CEO  Title  Date  Check if PTIN  Self-employed  PO0484560  PO0484560  Firm's name Eide Bailly LLP  Firm's name Firm's EIN Firm's				
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.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$    Sign				
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 ▶\$  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  May the IRS discuss this return with the preparer shown below (see instructions)? ★ Yes ▶ No  Print/Type preparer's name  Preparer's signature  Firm's name ▶ Eide Bailly LLP  Firm's name ▶ Eide Bailly LLP  Firm's EIN ▶ 45-0250958		· · · · · · · · · · · · · · · · · · ·		
Sign Here    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    May the IRS discuss this return with the preparer shown below (see instructions)?				<u>  ^</u>
Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Wim Hunwardsen, CPA CPA  Firm's name ▶ Eide Bailly LLP  Firm's name ▶ Eide Bailly LLP  Title  Print's EIN ▶ 45-0250958				
Here    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   No			wledge and b	elief it is true
Here    May the IRS discuss this return with the preparer shown below (see Instructions)?   Yes   No	Sian	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	oogo ana o	
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature   Preparer's signature   Preparer's signature   No   Preparer's signature   No   No   Print/Type preparer's signature   No   Preparer's signature   No   Print/Type preparer's signature   No   Preparer's signature   No   Print/Type preparer's signature   No   Print/Type p		May 2090 CEO	-	
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature Kim Hunwardsen, CPA CPA  Preparer's signature Kim Hunwardsen, CPA CPA  05/11/20  Po0484560  Pirm's name ▶ Eide Bailly LLP Firm's name ▶ Eide Bailly LLP  5 Triad Center, Ste 600		Signature of officer Date of Title		
Paid Preparer Use OnlyKim Hunwardsen, Kim Hunwardsen, CPAKim Hunwardsen, CPASelf-employed 05/11/20Self-employed P00484560Firm's name► Eide Bailly LLPFirm's EIN45-0250958				
Preparer Use Only  Kim Hunwardsen, CPA CPA 05/11/20 P00484560  Firm's name ► Eide Bailly LLP Firm's EIN ► 45-0250958  5 Triad Center, Ste 600	D-:∃			
Use Only Firm's name ► Eide Bailly LLP Firm's EIN ► 45-0250958  5 Triad Center, Ste 600		Kim Hungardon CDA CDA		484560
5 Triad Center, Ste 600	-	E Deido Deille IID		
· · · · · · · · · · · · · · · · · · ·	use O	111V		
		· · · · · · · · · · · · · · · · · · ·	301-53	2-2200

Schedule A - Cost of Good	ds Sold. Enter	r method of inven	tory valuation N/A	1		
1 Inventory at beginning of year	1	0.		ar	6	0.
2 Purchases	2	639,720.	7 Cost of goods sold. S			
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2		7	639,720.
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5	639,720.				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Leased With Real Pr	opert	(1)
Description of property						
(1)			,,,			
(2)						
(3)						
(4)				<u> </u>		
		ved or accrued		3(a) Deductions direc	tly connec	ted with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re 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 ' ' columns 2(a)		ittach 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		nter -	•···	(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated De	bt-Financed	Income (see	nstructions)			
			2. Gross income from	3. Deductions directly c		
1. Description of debt-fi	inapped property		or allocable to debt-	(a) Straight line depreciation	I	(b) Other deductions
1. Description of dept-in	manced property		financed property	(attach schedule)		(attach schedule)
(1)				,,,	$\dashv$	
(2)					<u> </u>	
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)			%		$\top$	
(2)						
(3)			%			
(4)			%			
			· · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals			_	(		0.
Total dividends-received deductions in	ncluded in column	n 8				0.
Internal additions		· <del></del>				<u> </u>

Schedule F - Interest,	Annuitie	es, Roya	lties, aı	nd Rents	s From C	ontroll	ed Organiz	zatio	<b>ns</b> (see in	struct	ons)	
				Exempt 0	Controlled O	rganızatı	ions					
1. Name of controlled organiza	ation	2. Em identifi num	cation		elated income instructions)		tal of specified ments made	includ	rt of column 4 ded in the con zation's gross	trolling		Deductions directly onnected with income in column 5
(1)				†				<del> </del>			├─	
(1)								<del> </del>			-	
(2)								-			-	· <del>-</del> ·
(3)		-				<u> </u>	<del>-</del>	┼			<del>                                     </del>	· <del></del> ·
(4)		Į.		l		<u> </u>		<u> </u>			<u> </u>	
Nonexempt Controlled Organ				T								
7. Taxable Income		inrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of column the controlling gross		nization's			ctions directly connected come in column 10
(1)												
(2)												
(3)												
(4)	<b>†</b>			1								·
	<b>.</b>	-		•			Add colun Enter here and line 8, c		e 1, Part I,	1	er here	columns 6 and 11 e and on page 1, Part I, e 8, column (B)
Totals						▶			0.			0 .
Schedule G - Investme	ent Inco	me of a	Section	1 501(c)(	7). (9). or	(17) Or	ganization	1				
	ructions)				.,, (0,, 0.	(, 0.	3	•				
	cription of inco	me			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	-asides schedule	e)	5. Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)								-				
(3)	•											
(4)												
(-)					Enter here and Part I, line 9, co				<u> </u>			Enter here and on page ' Part I, line 9, column (B)
Totals						0.						0.
Schedule I - Exploited (see instri	-	Activity	Incom	e, Other	Than Ac		ing Income	•				
	1	т Т			4. Net incom	ne (loss)			1			
1. Description of exploited activity	unrelated incom	iross business e from business	directly of with pro of unr	penses connected oduction related s income	from unrelated business (cominus colum gain, comput through	I trade or Numn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	attribut	oenses table to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							-					
(2)												-
(3)												
(4)		İ										
Totals		e and on , Part I, col (A)	page 1	re and on i, Part I, col (B)						_		Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	ng Inco		nstruction						·			
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs					6. Read cost			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											T	1
(2)					7						7	
(3)			1		7		<del></del>		<b> </b>		┪	
(4)			_	-· ··	1				<del>                                     </del>		┪	
<u> </u>					+		+		<b></b>		+	
Totale (carry to Part II, line (5))			<b>.</b> .	٥								n

## 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)					-		1
(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)

Footnotes		Statement	1

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Cash Only	N/A	22,777.
Total to Form 990-T, Page 1, 1	ine 20	22,777.
Form 990-T	Other Deductions	Statement 3
Description		Amount
Advertising Supplies Rent Contract services Utilities Professional Fees		1,787. 4,669. 451. 113,976. 20,295. 1,000.
Total to Form 990-T, Page 1, 1	ine 28	142,178.

Form 990-T	Contr	ibutions Summary		Statement	4
Qualified	Contributions Subject	to 100% Limit			
For Tax For Tax For Tax For Tax	of Prior Years Unused Year 2013 Year 2014 Year 2015 Year 2016 Year 2017	1,320,287 101,148			
Total Carr	ryover rent Year 10% Contribu	tions	1,421,435 22,777		
	cributions Available ncome Limitation as Ad	justed	1,444,212		
Excess 100	Contributions Contributions Contributions		1,444,212 0 1,444,212		
Allowable	Contributions Deducti	on —			0
Total Cont	ribution Deduction				0

Form 990-T	Net Net	Operating Loss I	Deduction	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/18	176,734.	0.	176,734.	176,734.
NOL Carryo	ver Available This	Year	176,734.	176,734.

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 1
OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) 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.

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

Internal Revenue Service (99)

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization

Employer identifi

Central Valley Medical Center

Employer identification number 87-0419324

ι	Inrelated business activity code (see instructions)	52300		<del></del>	•		
	Describe the unrelated trade or business $ ightharpoonup$ $ ightharpoonup$ $ ightharpoonup$	estmen	t i	n Partnersh	ıps		
Pai	Unrelated Trade or Business Income			(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales						<u>_</u>
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				
4a	Capital gain net income (attach Schedule D)		4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	n 4797)	4b	•			
С	Capital loss deduction for trusts		4c				
5	Income (loss) from a partnership or an S corporation (a statement) Statement 6	ttach	5	-46,426			-46,426.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a controlle	d					
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (17)					Ī	
	organization (Schedule G)		9			ŀ	
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	-46,426	•	ļ	-46,426.
	deductions must be directly connected		unrela	ated business inco	ome.)	144	
14	Compensation of officers, directors, and trustees (Schools and wasses	edule K)				15	
15 16	Salaries and wages 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	niles)				20	
21	Depreciation (attach Form 4562)			21		<del></del>	
22	Less depreciation claimed on Schedule A and elsewhe	re on return		22a		22b	
23	Depletion			<u> </u>		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)			See Sta	tement 7	28	7,213.
29	Total deductions. Add lines 14 through 28					29	7,213.
30	Unrelated business taxable income before net operation	ıg loss dedu	iction.	Subtract line 29 from	line 13	30	-53,639.
31	Deduction for net operating loss arising in tax years be	ginning on c	or after	January 1, 2018 (see			
	instructions)					31	
32	Unrelated business taxable income Subtract line 31 fr	om line 30				32	-53,639.
LHA	For Paperwork Reduction Act Notice, see instruction	ons.			5	Schedul	e M (Form 990-T) 2018

Form 990-T (M)	Income (Loss) from Partnerships	Statement	6
Description		Net Incomor (Loss	
Bridge Multifamily & Commercial Office Fund III - Net Rental Real Estate Inc		-46,426.	
Total Included on Schedule M, Part I, line 5		-46,4	26.
Form 990-T (M)	Other Deductions	Statement	7
Form 990-T (M) Description	Other Deductions	Statement Amount	7
	Other Deductions		