		- سا	EXTENDED TO AUG	GUSI	17, 2020			0006290
'∲Form	990-T		exempt Organization Bus (and proxy tax und	er se	ction 6033(e))	1909	-	2018
		Forca	lendar year 2018 or other tax year beginning OCT 1, 20		, and ending SEP		-	ZU 10
	tment of the Treasury al Revenuc Service	<b>•</b>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				50	pen to Public Inspection for 01(c)(3) Organizations Only
ΑL	Check box if address changed		Name of organization ( Check box if name of	hanged	and see instructions.)			rer identification number yees' trust, see tions )
<b>B</b> E.	xempt under section	Print	SKY LAKES MEDICAL CENTER				9	3-0508781
X	501(c <b>()</b> /3)	_ or	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.	<del></del> ,		ed business activity code structions )
	408(e) 220(e)	Туре	2865 DAGGETT AVENUE				] `	
	408A530(a) 529(a)		City or town, state or province, country, and ZIP of KLAMATH FALLS, OR 97601	r foreig	n postal code		531390	)
, C Bo	ok value of all assets		F Group exemption number (See instructions.)	<b>&gt;</b>				
at e	end of year 416,863,	008.	G Check organization type ► X 501(c) corp	ooration	501(c) trust	401(a)	trust	Other trust
H En	ter the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) un	related	
tra	de or business here	SI	EE STATEMENT 1		. If only one,	complete Parts I-V.	If more t	han one,
de	scribe the first in the b	lank spa	ce at the end of the provious sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	al trade o	or
<u>bu</u>	siness, then complete	Parts III	-V					
I Du	iring the tax year, was	the corp	oration a cubsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [	Yes	X Nn
			ifying number of the parent corporation.					<u> </u>
			ICHARD RICO, VP/CFO				41-274	
Ra	rt I Unrelated	d Trac	le or Business Income		(A) Income	(B) Expenses	LOLALEN L. S.	(C) Net
1 a	Gross receipts or sale	s						
b	Less returns and allow	wances	c Balance	1c				
2	Cost of goods sold (S	chedule	A, line 7)	2				
. 3	Gross profit. Subtract			3		Parlancia de la compania del compania del compania de la compania del compania del compania de la compania del compania de	AND THE SECOND	
4 a				4a_		ADMINISTRAÇÃO	7.636.6000	
b			art II, line 17) (attach Form 4797)	4b			THE THE	
C	Capital loss deduction			4c	7 215		Comme	7 215
5			ship or an S corporation (attach statement)	5	7,315.		1982-4-512	7,315.
6	Rent income (Schedu			6				
7	Unrelated debt-financ		•	7				
8			nd rents from a controlled organization (Schedule F)	8				<del></del>
9			on 501(c)(7), (9), or (17) organization (Schedule G)	9				···
10 11	Exploited exempt active Advertising income (S		•	11				
12	Other income (See in			12				
	Total. Combine lines		·	13	7,315.	COST AND A SECURITY OF THE PROPERTY OF THE PERSON OF THE P	SI CONTROLOGIA	7,315.
			t Taken Elsewhere (See instructions for			<del></del>		· · · · · · · · · · · · · · · · · · ·
32-7-40-			itions, deductions must be directly connected			income.)		•
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages	,	(				15	
16	Repairs and mainten	ance			•		16	
	Bad debts				. •	•	17	
20 17 20 18	Interest (attach sche	dule) (s	ee instructions)				18	
19 دے	Taxes and licenses						19	234.
20	Charitable contributi	ons (Se	e instructions for limitation rules) STATEMENT	4	SEE STATEMEN	NT 2	20	368.
≥21 ≥21 22	Depreciation (attach	Form 4	562)		21			
22	Less depreciation cla	aiméd oi	Schedule A and elsewhere or return VED	7	22a		22b	
သို့ Viebbo ရုံးပုံ ပျို့ paya ပျို့ သို့	Depletion		· ·	,			23	
<del>5</del> 824	Contributions to defe	erred co	1001 ALLC 0167 0000 17	ŭΙ	,		24	
25	Employee benefit pro	ograms	S AUG 27 2020 S	7	_		25	
તું <del>દ</del> ે 26	Excess exempt expe		chedule I)	Ĕ	•	-	26	
· <b>27</b>	Excess readership co	-		-		rm 2	27	2 400
28	Other deductions (at		ledule)	J	SEE STATEMEN		28	2,400.
29	Total deductions. A					$\mathcal{H}$	29	3,002.
30			ncome before net operating loss deduction. Subtrac			30	30	4,313.
31			loss arising in tax years beginning on or after Janua	ry 1, 20	118 (see instructions)	31	31 8	4,313.
32	<del></del>		ncome. Subtract line 31 from line 30		· ·	<del></del>	32	Form <b>990-T</b> (2018)
82370	11 01-09-19 LHA FC	or Paper	work Reduction Act Notice, see instructions.					101111 000 1 (2010)

C FORM 990-	1 (20 18)	SKI LAKES MEDICAL C	ENTER			93-0508	/01	- age 2
Part		Total Unrelated Busine	ss Taxable Income					
33	Total	of unrelated business taxable inco	ome computed from all unrelated trades	or businesses (s	ee instruct	ions)	33	4,313.
34		unts paid for disallowed fringes	•	`		,	34	
35			g in tax years beginning before January 1	. 2018 (see insti	ructions)		35	
36			ome before specific deduction. Subtract					
		33 and 34				<b>~</b> 2	36	4,313.
37			out see line 37 instructions for exceptions	s)		20	87	1,000.
38			Subtract line 37 from line 36, if line 37 is	-	9.36		<del>/"</del>	<del></del>
00		the smaller of zero or line 36	Subtract fine of from fine so, if fine st is	greater than his	00,	31	28	3,313.
Part		Tax Computation	· · · · · · · · · · · · · · · · · · ·			3.15	1 90 I	
39		nizations Taxable as Corporations	e Multiply line 38 by 21% (0.21)			——— <i>Th</i>	39	696.
40	-	=	structions for tax computation. Income to	v on the amoun	t on line 38	from:	7,58	
70	1103		nedule D (Form 1041)	ix on the amount	i on mic oo	· II OIII.	40	
41	Draw	tax. See instructions	icadie D (FOITH 1041)				41	
	-	native minimum tax (trusts only)						
42			Can instructions			_	42	
43 44		on Noncompliant Facility Income. . Add lines 41, 42, and 43 to line 3				) X	43	696.
Part V		Tax and Payments	55 of 40, willchever applies				44	
			Form 1110: trusto attach Form 1116\		45a		7814	
_		credits (see instructions)	Form 1118; trusts attach Form 1116)		45a 45b	<del></del>		
b		ral business credit. Attach Form 38	800		$\overline{}$	·		
G					45c		1. 1. A	
d		t for prior year minimum tax (attac	•		45d	<del></del>	45e	
		credits. Add lines 45a through 45	ou .				46	696.
46		act line 45e from line 44	4255 Form 8611 Form 869	7	occ [	Otherwise	47	
47		•		I/ FOIII 8	000	Other (attach schedule)	48	696.
48		tax. Add lines 46 and 47 (see inst	•	(I.) I 0		ч	49	0.
49			m 965-A or Form 965-B, Part II, column	(K), line 2 /人仏	l shall	15,479.	1 49 +	
		ents: A 2017 overpayment credite	ed to 2018	Six	50a 50b	2,641.		
		estimated tax payments		6		2,041.		
		eposited with Form 8868			50c			
		gn organizations; Tax paid or with	neld at source (see instructions)		50d			
е		up withholding (see instructions)			50e		{^}	
ī			nce premiums (attach Form 8941)		50f		∤્રફે	
g		credits, adjustments, and paymer					***	
-4		Form 4136	Other	Total 🕨	50g	<del></del>	-5	18,120.
51		payments. Add lines 50a through	-				51 52	10,120.
52			. Check if Form 2220 is attached L			_	<del></del>	<del></del>
53			of lines 48, 49, and 52, enter amount ov				53	17,424.
√) <sup>54</sup> -			he total of lines 48, 49, and 52, enter am	ount overpaid	2,800.	) p.44.	1 2 1	14,624.
Part \	/I:	Statements Regarding	Credited to 2019 estimated tax  Certain Activities and Othe	r Informatio		Refunded >	<del>1 39 45</del>	14,024.
								Van Na
56			ear, did the organization have an interest es, or other) in a foreign country? If "Yes					Yes No
		• •	is, or other) in a foreigh country? If "Yes," ente					
			ink and rinancial Accounts. If 165, ente	the hame of the	s loreign co	Junity ,		X
57	here	·	n receive a distribution from, or was it th	a granter of or t	ranafarar t	o o foreign trust?		x
37		- · · · · · · · · · · · · · · · · · · ·	s the organization may have to file.	e grantor or, or t	i ansieror i	o, a loreign must		37,1 (TA)
58			t received or accrued during the tax year	<b>P S</b>				
	Ur	der penalties of perjury, I declare that I h	ave examined this return, including accompanying	ng schedules and st	atements, an	nd to the best of my knowle	ge and bel	ief, it is true,
Sign	co	rrect, and complete. Declaration of prepa	arer (other than taxpayer) is based on all informat	ion of which prepare	er has any kn	owledge		
Here		Mar 12	8/14/20	VP/CFO				fiscuss this return with shown below (see
		Signature of officer	Date	Title	7		structions)?	
		Print/Type preparer's name	Preparer's signature	n	 ate		f PTIN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D-2-1		The Type property 3 Hailie	i Teparer 3 Signature	ا	u	self- employed	`   ` ''' <b>'</b>	
Paid		WENDY CAMPOS	WENDY CAMPOS	na	/12/20	Sch - chiployeu	POO	448102
Prepa		Firm's name MOSS ADAMS			,	Fırm's EIN ▶		1-0189318
Use C	חוע		BROADWAY STE 1200			THIII S LIN		
			D, OR 97205			Phone no. 5	03-242-	-1447
823711 01	-09-19					7		Form 990-T (2018)
	5							(2010)

Schedule A - Cost of Goods Sold. E	nter method of inven	tory valuation N/A		<u> </u>
1 Inventory at beginning of year 1		6 Inventory at end of year	 ar	6
2 Purchases 2		7 Cost of goods sold. S		
3 Cost of labor 3		from line 5. Enter here		
4 a Additional section 263A costs		line 2	,,	7
(attach schedule) 4a		8 Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule) 4b			acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?	, , , , ,	
Schedule C - Rent Income (From Re (see instructions)	al Property and	Personal Property L	eased With Real Pr	roperty)
1. Description of property				
(1)			<u> </u>	
(2)				
(3)				
(4)	<del></del>			
2. Rentr	eceived or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age 3(a) Deductions du columns 2	rectly connected with the income in (a) and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)	1			
Total	0. Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b here and on page 1, Part I, line 6, column (A)	<b>&gt;</b>		(b) Total deduction Enter here and on page Part I, line 6, column (B	1,
Schedule E - Unrelated Debt-Finance	ed income (see	instructions)	<del>,</del>	
		2. Gross income from		y connected with or allocable inanced property
Description of debt-financed property	,	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	n (b) Other deductions (attach schedule)
(1)				
(2)	<u> </u>			
(3)				
(4)				
debt on or allocable to debt-financed property (attach schedule) deb	erage adjusted basis of or allocable to t-financed property attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 . Altocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			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		•		00.
Total dividends-received deductions included in co	umn 8			▶ 0.

		Ities, and Re	npt Controlled O	rganization	s .		structions	<u> </u>	
1. Name of controlled organiza	ıdent	mployer 3. N	let unrelated income s) (see instructions)	4. Total o	of specified 5. I	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)									
(2)	<del></del>								
(3)			-						
(4)									
lonexempt Controlled Organ	nizations		-		<u> </u>				
7、Taxable Income	8. Net unrelated inco (see instruction		Total of specified payr made	nents 1(	Part of column 9 t in the controlling org gross incor	janization's		uctions directly connecte ncome in column 10	
1)	<del> </del>	<u> </u>							
2)				_					
3)									
(4)									
.,		-	-		Add columns 5 a Enter here and on pa line 8, column	ge 1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
otals						0.			
chedule G - Investme	ent Income of a	Section 501(	c)(7), (9), or ( <sup>-</sup>	17) Orga	nization		<u> </u>	<del></del>	
·····	scription of income	•	2. Amount of	income	3. Deductions directly connected	4. Set-	asides schedule)	5. Total deduction and set-asides	
			<del></del>		(attach schedule)	- (4,,45)		(col 3 plus col 4	
1)									
2) 3)			<del>-   </del>			<del>                                     </del>			
						<del> </del>			
4)			Enter here and o	on page 1.			60452:010	Enter here and on pag-	
stala			Part I, line 9, co		en de la companya de Companya de la companya de la compa			Part I, line 9, column (E	
<u>otals</u> schedule I - Exploited	Exempt Activity	/ Income, Ot	her Than Adv	114313	Income	######################################			
(see instr	ructions)	·							
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connecte with production of unrelated business income	minus columi gain, compute	trade or lumn 2 n 3) If a e cols 5	5. Gross income from activity that is not unrelated business income		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
	- <del> </del>	<del> </del>							
1)		1							
	<u> </u>		<u> </u>	<u> </u>					
2)				-					
2)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and o page 1, Part I, line 10, col (B)	n Property of the Control of the Con					Enter here and on page 1, Part II, line 26	
2) 33) 4)	Enter here and on page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)	0.		14.5			on page 1,	
2) 3) 4)  stals  chedule J - Advertisi	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see	page 1, Part I, line 10, col (B)	O.					on page 1,	
2) 3) 4)  stals  chedule J - Advertisi	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see	page 1, Part I, line 10, col (B)	O.					on page 1,	
2) 3) 4) tals chedule J - Advertisi	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see	page 1, Part I, line 10, col (B)	onsolidated  4. Advert or (loss) (or col 3) If a ge cols 5 th	Basis using gain of 2 minus ain, compute rough 7	5. Circulation income	6. Read	ership	on page 1, Part II, line 26  7. Excess readership costs (column 8 minus	
	Enter here and on page 1, Part I, Inne 10, col (A)  ing Income (see Periodicals Rep	page 1, Part I, line 10, col (B)  Instructions)  ported on a C	onsolidated  4. Advert or (loss) (or col 3) If a ge cols 5 th	Basis  Ising gain of 2 minus ain, compute rough 7	5. Circulation	6. Read	ership ts	on page 1, Part II, line 26  7. Excess readership costs (column 6 minus column 5, but not mor	
2) 3) 4) btals Schedule J - Advertise Rartise Income From  1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see Periodicals Rep  2. Gross advertising income	page 1, Part I, line 10, col (B)  Instructions)  ported on a C	onsolidated  4. Advert or (loss) (or col 3) If a ge cols 5 th	Basis  Ising gain of 2 minus ain, compute rough 7	5. Circulation income	6. Read	ership ts	on page 1, Part II, line 26  7. Excess readership costs (column 6 minus column 5, but not more	
2) 3) 4) btals bchedule J - Advertise artill Income From  1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see Periodicals Rep  2. Gross advertising income	page 1, Part I, line 10, col (B)  Instructions)  ported on a C	onsolidated  4. Advert or (loss) (or col 3) If a ge cols 5 th	Basis  Ising gain of 2 minus ain, compute rough 7	5. Circulation income	6. Read	ership ts	on page 1, Part II, line 26  7. Excess readership costs (column 6 minus column 5, but not mor	
2) 3) 4) btals Schedule J - Advertise Cartill Income From  1. Name of periodical	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see Periodicals Rep  2. Gross advertising income	page 1, Part I, line 10, col (B)  Instructions)  ported on a C	onsolidated  4. Advert or (loss) (or col 3) If a ge cols 5 th	Basis  Ising gain of 2 minus ain, compute rough 7	5. Circulation income	6. Read	ership ts	on page 1, Part II, line 26  7. Excess readership costs (column 6 minus column 5, but not mor	
2) 33) 4)  stals  schedule J - Advertisi  Part I Income From  1. Name of periodical  1) 2) 3)	Enter here and on page 1, Part I, line 10, col (A)  Ing Income (see Periodicals Rep  2. Gross advertising income	page 1, Part I, line 10, col (B)  Instructions)  ported on a C	onsolidated  4. Advert or (loss) (cr col 3) If a ge cols 5 th	Basis  Ising gain of 2 minus ain, compute rough 7	5. Circulation income	6. Read	ership ts	on page 1, Part II, line 26  7. Excess readershic costs (column 6 minus column 5, but not more column 6 minus co	

## Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)							
(3)							
(4)	Ì	-					
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		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
	BUSINESS ACTIVITY	

## PERSONAL PROPERTY RENTAL PASSTHROUGH INCOME FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	139,065.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	139,065.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION		2,400.
	LINE 28	2,400.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUT	IONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	YEARS UNUSED CONTRIBUTIONS 31,840 619,817 254,652 458,275 88,881		
TOTAL CARRYOVER TOTAL CURRENT YEAR	10% CONTRIBUTIONS	1,453,465 139,065	
TOTAL CONTRIBUTIONS TAXABLE INCOME LIMI		1,592,530 368	_
EXCESS 10% CONTRIBUTEXCESS 100% CONTRIBUTED TOTAL EXCESS CONTRIBUTED	UTIONS	1,592,162 0 1,592,162	
ALLOWABLE CONTRIBUT	IONS DEDUCTION		 368
TOTAL CONTRIBUTION	DEDUCTION		368