

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization SKY LAKES MEDICAL CENTER
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2865 DAGGETT AVENUE
City or town, state or province, country, and ZIP or foreign postal code
KLAMATH FALLS, OR 97601

D Employer identification number
93-0508781
E Telephone number
(541) 274-6311

F Name and address of principal officer
PAUL STEWART
2865 DAGGETT AVENUE
KLAMATH FALLS, OR 97601

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) ( ) (insert no )
4947(a)(1) or
527

J Website: WWW SKYLAKES ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1979

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SKY LAKES MEDICAL CENTER WILL CONTINUALLY STRIVE TO REDUCE THE BURDEN OF ILLNESS, INJURY AND DISABILITY, AND TO IMPROVE THE HEALTH, SELF- RELIANCE AND WELL-BEING OF THE PEOPLE WE SERVE WE WILL DEMONSTRATE THAT WE ARE COMPETENT AND CARING IN ALL WE DO WE SHALL ENDEAVOR TO BE SO SUCCESSFUL IN THIS EFFORT THAT WE WILL BECOME A PREEMINENT HEALTHCARE CENTER

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: RICHARD RICO VP/CFO
Date: 2020-08-13

Paid Preparer Use Only
Print/Type preparer's name: MOSS ADAMS LLP
Preparer's signature
Date: 2020-08-13
Check if self-employed
PTIN: P00448102
Firm's EIN: 91-0189318
Firm's address: 805 SW BROADWAY STE 1200 PORTLAND, OR 97205
Phone no: (503) 242-1447

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

SKY LAKES MEDICAL CENTER WILL CONTINUALLY STRIVE TO REDUCE THE BURDEN OF ILLNESS, INJURY AND DISABILITY, AND TO IMPROVE THE HEALTH, SELF- RELIANCE AND WELL-BEING OF THE PEOPLE WE SERVE WE WILL DEMONSTRATE THAT WE ARE COMPETENT AND CARING IN ALL WE DO WE SHALL ENDEAVOR TO BE SO SUCCESSFUL IN THIS EFFORT THAT WE WILL BECOME A PREEMINENT HEALTHCARE CENTER

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 547,539,221 including grants of \$ 182,398 ) (Revenue \$ 651,211,910 )  
See Additional Data

**4b** (Code ) (Expenses \$ 19,494,785 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code ) (Expenses \$ 4,696,773 including grants of \$ 67,023 ) (Revenue \$ 1,988,758 )  
See Additional Data

(Code ) (Expenses \$ 48,277,580 including grants of \$ 0 ) (Revenue \$ 11,275,279 )  
EXPENSES RELATED TO MEDICAL CENTER SUPPORTING SERVICES SUCH AS ADMINISTRATION, INFORMATION SYSTEMS, FINANCIAL SERVICES, REVENUE CYCLE PROCESSES, HUMAN RESOURCES, ENGINEERING, ENVIRONMENTAL SERVICES, RISK MANAGEMENT, AND SAFETY AND SECURITY

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 48,277,580 including grants of \$ 0 ) (Revenue \$ 11,275,279 )

**4e Total program service expenses** ▶ 620,008,359

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and various organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	1,786			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>		No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
[ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RICHARD RICO VPCFO 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601 (541) 274-6150

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL STEWART ..... PRESIDENT/CEO/SECRETARY/TREAS	50 00 ..... 1 00	X		X				829,103	0	46,134
(2) JOHN BELL ..... CHAIRMAN	3 00 ..... 1 00	X		X				0	0	0
(3) ROD WENDT ..... VICE CHAIRMAN	1 00 ..... 1 00	X		X				0	0	0
(4) HEIDI NEEL BIGGS ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
(5) CLARK PEDERSON ..... BOARD MEMBER	1 00 ..... 3 00	X						0	0	0
(6) JEAN PHILLIPS ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
(7) WENDY WARREN MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
(8) DOUGLAS MCINNIS DVM ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
(9) HOLLY MONTJOY MD ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
(10) ROBERT JACKMAN MD ..... BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
(11) RICHARD E RICO ..... VP/CFO	50 00 ..... 0 00			X				459,262	0	51,258
(12) STANTON T SMITH MD ..... MEDICAL PROVIDER	40 00 ..... 0 00					X		598,734	0	32,758
(13) MARC ORLANDO MD ..... MEDICAL PROVIDER	40 00 ..... 0 00					X		591,393	0	32,758
(14) JARED OGAO MD ..... MEDICAL PROVIDER	40 00 ..... 0 00					X		583,740	0	32,758
(15) BRADLEY A KRAMER MD ..... MEDICAL PROVIDER	40 00 ..... 0 00					X		582,849	0	32,758
(16) DAVID CHADBOURNE MD ..... MEDICAL PROVIDER	40 00 ..... 0 00					X		537,847	0	32,758

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							4,182,928	0	261,182	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 194

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH CONSTRUCTION COOREGON 2905 SW FIRST AVENUE PORTLAND, OR 97201	CONSTRUCTION	21,903,045
KLAMATH ORTHOPEDIC CLINIC 2200 BRYANT WILLIAMS DR KLAMATH FALLS, OR 97601	PHYSICIAN PRACTICE	8,555,378
KLAMATH RADIOLOGY ASSOCIATES 2900 DAGGETT AV KLAMATH FALLS, OR 97601	PHYSICIAN PRACTICE	4,115,190
EDWARD SCOTT HUDSON 4625 NADINE LN FRANKLIN, TN 37064	STAFFING SERVICES	2,533,208
MEDICAL SOLUTIONS 1010 NORTH 102ND ST OMAHA, NE 68114	STAFFING SERVICES	2,142,168

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 33



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,205,100		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,205,100		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PATIENT REVENUE		622110	654,305,753	654,305,753		
<b>b</b> OTHER PROGRAM REVENUE		622110	10,729,696	10,729,696			
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			665,035,449				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			4,716,967			4,716,967	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶							
	<b>5</b> Royalties . . . . . ▶							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			623,048					
		<b>b</b> Less rental expenses		679,268				
		<b>c</b> Rental income or (loss)		-56,220				
	<b>d</b> Net rental income or (loss) . . . . . ▶				-56,220			-56,220
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . . ▶							
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		13,300,079					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	5,727,651					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			7,572,428			7,572,428	
Miscellaneous Revenue	Business Code							
<b>11a</b> NONOPERATING INCOME	900099		1,970,300			1,970,300		
<b>b</b> PASSTHROUGH INCOME	622110		-552,187	-559,502	7,315			
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,418,113					
<b>12 Total revenue.</b> See Instructions . . . . . ▶			679,891,837	664,475,947	7,315	14,203,475		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	139,065	139,065		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	110,356	110,356		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,495,218		1,495,218	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	101,854,205	89,940,414	11,913,791	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,644,161	3,103,088	541,073	
<b>9</b> Other employee benefits.	12,330,259	10,552,157	1,778,102	
<b>10</b> Payroll taxes.	7,084,535	5,679,376	1,405,159	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	1,794,303	62,410	1,731,893	
<b>b</b> Legal.	518,068		518,068	
<b>c</b> Accounting.	152,372		152,372	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,832,257	23,810,494	21,763	
<b>12</b> Advertising and promotion.	1,151,271	360,831	790,440	
<b>13</b> Office expenses.	2,117,545	1,051,188	1,066,357	
<b>14</b> Information technology.	8,871,194	1,032,471	7,838,723	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	3,679,348	2,114,348	1,565,000	
<b>17</b> Travel.	123,620	123,620		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	920,785	625,748	295,037	
<b>20</b> Interest.	3,310,162	3,235,818	74,344	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	10,649,788	10,620,541	29,247	
<b>23</b> Insurance.	1,909,018	1,545,578	363,440	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRACTUAL ALLOWANCE	390,911,184	390,911,184		
<b>b</b> SUPPLIES	37,949,458	37,667,663	281,795	
<b>c</b> BAD DEBTS	7,964,416	7,964,416		
<b>d</b> TAXES PAID ON UBI	33,000		33,000	
<b>e</b> All other expenses	33,853,079	29,357,593	4,495,486	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	656,398,667	620,008,359	36,390,308	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,522,782	<b>1</b>	16,024,633
	<b>2</b> Savings and temporary cash investments . . . . .	13,038,735	<b>2</b>	7,867,442
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	31,182,469	<b>4</b>	28,811,596
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	977,608	<b>5</b>	1,160,671
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	5,362,360	<b>8</b>	5,985,486
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,647,174	<b>9</b>	3,560,897
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	239,986,919		
	<b>b</b> Less accumulated depreciation	149,662,597		
	<b>11</b> Investments—publicly traded securities . . . . .	62,963,378	<b>11</b>	56,978,078
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	83,188,163	<b>12</b>	98,122,949
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	73,656,546	<b>15</b>	108,026,934
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	379,169,745	<b>16</b>	416,863,008	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	35,562,792	<b>17</b>	44,295,858
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,374,116	<b>19</b>	2,340,678
	<b>20</b> Tax-exempt bond liabilities . . . . .	75,180,639	<b>20</b>	76,825,727
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	6,542,525	<b>25</b>	6,608,587
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	119,660,072	<b>26</b>	130,070,850
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	259,509,673	<b>27</b>	286,792,158
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	259,509,673	<b>33</b>	286,792,158	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	379,169,745	<b>34</b>	416,863,008	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	679,891,837
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	656,398,667
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	23,493,170
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	259,509,673
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,225,382
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	279
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	563,654
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	286,792,158

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 93-0508781

**Name:** SKY LAKES MEDICAL CENTER

Form 990 (2018)

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### Form 990, Part III, Line 4a:

PATIENT CARE EXPENSES - ACUTE INPATIENT CARE FOR ADULT AND PEDIATRIC PATIENTS, A LEVEL III TRAUMA EMERGENCY DEPARTMENT, SERVICES RELATED TO CHILD ABUSE, HOME CARE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, A CANCER TREATMENT CENTER WITH BOTH MEDICAL AND RADIATION ONCOLOGY, AND DIAGNOSTIC TESTING (LABORATORY AND DIAGNOSTIC IMAGING) AVAILABILITY IN SETTINGS AROUND THE COMMUNITY

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**Form 990, Part III, Line 4b:**

UNCOMPENSATED CARE - DURING FISCAL YEAR 2019, CHARGES WRITTEN OFF UNDER OUR BROAD-REACHING CHARITY CARE POLICY TOTALLED \$11,530,369 IN ADDITION TO CHARITY CARE WRITE OFFS, CHARGES WRITTEN OFF AS BAD DEBT TOTALLED \$7,964,416 AS A PERCENTAGE OF CHARGES, FISCAL YEAR 2019 WRITE OFFS REPRESENT 1.7% (CHARITY CARE) AND 1.2% (BAD DEBT), RESPECTIVELY

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**Form 990, Part III, Line 4c:**

EDUCATIONAL SUPPORT - SKY LAKES MEDICAL CENTER COMMITS SIGNIFICANT DOLLARS AND HOURS TO BENEFIT EDUCATIONAL EFFORTS IN AND FOR THE COMMUNITY AMONG THOSE COMMITMENTS ARE THE FOLLOWING OREGON HEALTH & SCIENCE UNIVERSITY AFFILIATED FAMILY PRACTICE RESIDENCY PROGRAM AND CLINIC, AN RN I TRAINING PROGRAM TO INCLUDE 6 MONTHS OF ONE-ON-ONE SUPERVISED ORIENTATION TO THE INPATIENT CARE AREAS, AWARDING OF SCHOLARSHIPS TO COMMUNITY MEMBERS AND/OR EMPLOYEES IN HEALTHCARE- RELATED PROGRAMS, A HOSPITAL DEPARTMENT, LEARNING RESOURCES, DEDICATED TO THE EDUCATION OF PHYSICIANS, EMPLOYEES AND COMMUNITY MEMBERS, COMMITMENT TO EMPLOYEES ACTING, EITHER FULL-TIME OR PART-TIME, AS INSTRUCTORS IN ACCREDITED COURSES AT THE HIGH SCHOOL, COMMUNITY COLLEGE OR UNIVERSITY LEVEL, STIPEND PAYMENTS TO STUDENTS PERFORMING WORK AND/OR ON-THE-JOB TRAINING WITHIN THE HOSPITAL SETTING, TUITION REIMBURSEMENTS PAID TO EMPLOYEES ENROLLED IN COLLEGE-LEVEL COURSEWORK, JOINT PARTICIPATION IN A SIMULATION LABORATORY WITH OIT, FREE OR MINIMAL COST COMMUNITY EDUCATIONAL OPPORTUNITIES SUCH AS DIABETES EDUCATION, NUTRITION AND OTHER EDUCATION PROGRAMS IN OR FOR THE SCHOOLS, AND HEALTH FAIRS

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SKY LAKES MEDICAL CENTER

Employer identification number  
93-0508781

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 93-0508781

**Name:** SKY LAKES MEDICAL CENTER

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
SKY LAKES MEDICAL CENTER

**Employer identification number**  
93-0508781

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	4,337,398	3,795,751	16,327,034	14,766,429	15,555,625
<b>b</b> Contributions . . . . .	33,078	189,824	207,062	831,608	128,097
<b>c</b> Net investment earnings, gains, and losses	237,779	561,415	649,810	1,640,023	183,989
<b>d</b> Grants or scholarships . . . . .	40,455	209,418	203,150	21,511	15,940
<b>e</b> Other expenditures for facilities and programs . . . . .	184	174	13,185,005	587,712	878,284
<b>f</b> Administrative expenses . . . . .				301,803	207,058
<b>g</b> End of year balance . . . . .	4,567,616	4,337,398	3,795,751	16,327,034	14,766,429

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,178,507		4,178,507
<b>b</b> Buildings . . . . .		138,306,785	76,133,800	62,172,985
<b>c</b> Leasehold improvements		5,376,354	3,752,404	1,623,950
<b>d</b> Equipment . . . . .		88,743,912	69,356,864	19,387,048
<b>e</b> Other . . . . .		3,381,361	419,529	2,961,832
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				90,324,322

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENTS IN OTHER COMPANIES	5,973,530	C
(B) LIFE INSURANCE	89,205,705	F
(C) DEFERRED COMP PLAN ASSETS	2,943,714	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	98,122,949	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	1,635,100
(2) OTHER ASSETS	1,189,518
(3) RISK POOL WITHHOLD RECEIVABLE	7,269,368
(4) CONSTRUCTION IN PROCESS	47,845,138
(5) OTHER RECEIVABLES	50,087,810
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	108,026,934

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATIONS	4,992,131
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	1,616,456
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	6,608,587

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 93-0508781

**Name:** SKY LAKES MEDICAL CENTER

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENTS ARE HELD BY A RELATED ORGANIZATION, SKY LAKES MEDICAL CENTER FOUNDATION, FOR THE BENEFIT OF SKY LAKES MEDICAL CENTER

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	FIN 48 (ASC 740) UNCERTAIN TAX POSITION FOOTNOTE - THE MEDICAL CENTER AND FOUNDATION ARE TAX-EXEMPT ORGANIZATIONS AND ARE NOT SUBJECT TO STATE OR FEDERAL INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME, IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE MEDICAL CENTER AND FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AT SEPTEMBER 30, 2019 OR 2018 THE MEDICAL CENTER AND FOUNDATION RECOGNIZE INTEREST ACCRUED AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS AN ADMINISTRATIVE EXPENSE DURING THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THE MEDICAL CENTER AND FOUNDATION RECOGNIZED NO INTEREST AND PENALTIES THE MEDICAL CENTER FILES AN EXEMPT ORGANIZATION INFORMATION RETURN AND AN UNRELATED BUSINESS INCOME TAX RETURN IN THE U S FEDERAL JURISDICTION AND AN UNRELATED BUSINESS INCOME TAX RETURN WITH THE OREGON DEPARTMENT OF REVENUE THE FOUNDATION FILES AN EXEMPT ORGANIZATION INFORMATION RETURN IN THE U S FEDERAL JURISDICTION

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			4,151,592	9,340	4,142,252	0.640 %
<b>b</b> Medicaid (from Worksheet 3, column a)			64,899,368	56,450,415	8,448,953	1.300 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			69,050,960	56,459,755	12,591,205	1.940 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			980,066	131,588	848,478	0.130 %
<b>f</b> Health professions education (from Worksheet 5)			4,696,773	1,988,758	2,708,015	0.420 %
<b>g</b> Subsidized health services (from Worksheet 6)			23,133,361	18,088,421	5,044,940	0.780 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			589,235		589,235	0.090 %
<b>j Total.</b> Other Benefits			29,399,435	20,208,767	9,190,668	1.420 %
<b>k Total.</b> Add lines 7d and 7j			98,450,395	76,668,522	21,781,873	3.360 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			615,916	444,283	171,633	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			11,206	0	11,206	0 %
8 Workforce development			1,349,268	0	1,349,268	0.210 %
9 Other						
<b>10 Total</b>			1,976,390	444,283	1,532,107	0.240 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	80,325,142
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	113,260,247
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-32,935,105
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 SKY LAKES MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

Community Health Needs Assessment		Yes	No
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SKYLAKES ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>HEALTHYKLAMATH ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SKYLAKES ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

SKY LAKES MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
	<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
	<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
	<b>c</b> <input type="checkbox"/> Asset level		
	<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
	<b>e</b> <input type="checkbox"/> Insurance status		
	<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
	<b>g</b> <input checked="" type="checkbox"/> Residency		
	<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
	<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
	<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
	<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
	<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . .	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
	<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SKYLAKES ORG</u>		
	<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SKYLAKES ORG</u>		
	<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SKYLAKES ORG</u>		
	<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
	<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
	<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
	<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
	<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
	<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
	<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

SKY LAKES MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SKY LAKES MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 18

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO WAS USED FOR THE FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS TABLE THE RATIO WAS DERIVED USING WORKSHEET 2, 'RATIO OF PATIENT CARE COST-TO-CHARGES '



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 7,964,416

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>COMMUNITY SUPPORT ACTIVITIES INCLUDE KLAMATH-LAKE CHILD ABUSE RESPONSE AND EVALUATION SERVICES (CARES) CARES IS DEDICATED TO PROVIDING SAFE, COMPREHENSIVE, OBJECTIVE MEDICAL ASSESSMENTS, AND TO RAISING AWARENESS ABOUT CHILD ABUSE THROUGH COORDINATED, COLLABORATIVE EDUCATIONAL PROGRAMS FOUR TIMES PER YEAR, DISCOUNTED AND FREE PRESCRIPTION DRUGS, ALONG WITH EDUCATIONAL SUPPORT BY LICENSED PHARMACISTS, ARE PROVIDED TO LOW INCOME ELDERLY THROUGH LOCAL SENIOR CENTERS THE NO ONE DIES ALONE PROGRAM IS A VOLUNTEER PROGRAM THAT PROVIDES THE REASSURING PRESENCE OF A VOLUNTEER COMPANION TO DYING PATIENTS WHO WOULD OTHERWISE BE ALONE SKY LAKES ALSO PARTICIPATES IN RELAY FOR LIFE, UNITED WAY AND OTHER LOCAL FUNDRAISING AND AWARENESS INITIATIVES, AS WELL AS ONGOING EFFORTS IN THE PERIOD OF PURPLE CRYING COMMUNITY EDUCATION CAMPAIGN THERE ARE A NUMBER OF OTHER COMMUNITY SUPPORT ACTIVITIES THAT ARE PROVIDED, INCLUDING BUT NOT LIMITED TO SPONSORSHIP OF SUPPORT GROUPS FOR CANCER, ADOPTING FAMILIES AT CHRISTMAS, TRANSPORTATION ASSISTANCE TO INDIGENT PATIENTS, STAFF VOLUNTEER PARTICIPATION IN COMMUNITY EVENTS, AND FREE ACCESS TO MEETING ROOMS COALITION BUILDING THE LOCAL HEALTH DEPARTMENT, IN CONJUNCTION WITH THE OREGON HEALTH DEPARTMENT, PERIODICALLY PERFORMS HEALTH ASSESSMENTS OF THE PEOPLE IN THE COMMUNITIES SERVED BY SKY LAKES THE MEDICAL CENTER WORKS WITH LOCAL HEALTH AUTHORITIES TO DETERMINE THE HEALTH INITIATIVES THAT CAN BE JOINTLY ADDRESSED BY COMMUNITY LEADERS, WITH SKY LAKES MEDICAL CENTER SERVING A SIGNIFICANT LEADERSHIP ROLE SKY LAKES MEDICAL CENTER ACTIVELY PARTNERS WITH AGENCIES SUCH AS THE KLAMATH COUNTY HEALTH DEPARTMENT, OREGON HEALTH &amp; SCIENCE UNIVERSITY, AND THE UNITED WAY OF THE KLAMATH BASIN IN HEALTH-IMPROVEMENT INITIATIVES EMPLOYEES VOLUNTEER THEIR TIME FOR LEADERSHIP KLAMATH, KLAMATH HOSPICE AND MANY OTHER COMMUNITY SERVICE ORGANIZATIONS WHERE LEADERS COME TOGETHER COMMUNITY HEALTH IMPROVEMENT ADVOCACY SKY LAKES HEALTH IMPROVEMENT ADVOCACY TAKES PLACE VIA AN ANNUAL HEALTH FAIR AND ONGOING EDUCATIONAL OFFERINGS FOR HEART DISEASE, CHOLESTEROL SCREENING, WEIGHT MANAGEMENT, NUTRITION, DUII, EATING ON BUDGET, BREASTFEEDING, SMOKING CESSATION, CAR SEAT SAFETY, AIDS/HIV, AND DIABETES IN ADDITION TO COMMUNITY MEMBERS, EDUCATIONAL OFFERINGS INCLUDE NURSING STUDENTS, ELEMENTARY, MIDDLE, HIGH SCHOOLS AND LOCAL COLLEGES EMPLOYEE SUPPORT - TIME AND MONETARY DONATIONS - OF LOCAL FOOD BANKS IS ALSO ENCOURAGED WORKFORCE DEVELOPMENT SKY LAKES UNDERWRITES THE WAGES AND BENEFITS OF SELECTED NEW GRADUATES FROM THE LOCAL BACCALAUREATE NURSING PROGRAM THESE NURSES SPEND 6 MONTHS ORIENTING TO VARIOUS INPATIENT UNITS BY SHADOWING EXPERIENCED REGISTERED NURSES IN ORDER TO DETERMINE THE BEST EMPLOYMENT "FIT" FOR THEM AND FOR SKY LAKES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBTS ARE ACCRUED MONTHLY AT A FIXED PERCENTAGE OF GROSS CHARGES BOOKED BAD DEBT EXPENSE IS ROUTINELY COMPARED TO ACTUAL BAD DEBT WRITEOFFS, WHICH INCLUDE PAYMENTS TO PREVIOUSLY RECORDED BAD DEBTS, AND THE ACCRUAL PERCENTAGE IS ADJUSTED ACCORDINGLY THIS PROCESS HAS THE INTENDED EFFECT OF REALIZING BAD DEBT EACH MONTH AS A LESS VOLATILE EXPENSE BAD DEBT EXPENSE INCLUDES PAYMENTS - PATIENT AND INSURANCE - TO PREVIOUSLY RECORDED BAD DEBTS SKY LAKES MEDICAL CENTER OFFERS A CHARITY CARE APPLICATION TO ALL PATIENTS, EITHER IN PERSON OR MAKING IT AVAILABLE VIA US MAIL OR ON THE HOSPITAL'S WEBSITE A SAMPLE OF PROCESSED CHARITY CARE APPLICATIONS WAS TAKEN WE FOUND THAT 15% OF CHARITY CARE APPLICATIONS WERE TURNED TO BAD DEBT DUE TO LACK OF INFORMATION SUPPLIED BY THE HOUSEHOLD WE ASSUME THAT ALL REMAINING BAD DEBT ACCOUNTS WERE CORRECTLY CLASSIFIED DURING OUR COLLECTION PROCESS THIS 15% REPRESENTS \$1,194,662 THE FOOTNOTE THAT DISCUSSES BAD DEBT EXPENSE IS CONTAINED ON PAGE 14 OF THE ATTACHED FINANCIAL STATEMENTS, ENTITLED 'PATIENT ACCOUNTS RECEIVABLE '

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE REIMBURSEMENTS DO NOT COVER THE COSTS OF DELIVERING CARE TO THE COMMUNITY IN ADDITION, SKY LAKES IS A TEACHING HOSPITAL THAT PROVIDES ACCESS TO PRIMARY CARE IN A RURAL COMMUNITY THAT HAS A PHYSICIAN SHORTAGE SKY LAKES DOES NOT UTILIZE A COST ACCOUNTING SYSTEM VENDORS AND SURVEYING AGENCIES (GOVERNMENTAL AND NON-GOVERNMENTAL) ARE PROVIDED WITH THE MEDICARE COST REPORT COST-TO-CHARGE RATIO WHEN THEY REQUEST IT COSTS OF ROUTINE AND ICU NURSING SERVICES ARE CALCULATED ON A PER DIEM ANCILLARY SERVICE COSTS ARE CALCULATED BASED ON TOTAL COSTS INCLUDING OVERHEAD TO TOTAL CHARGES BY ANCILLARY SERVICE TO DEVELOP A RATIO OF COSTS-TO-CHARGES (RCC), WITH MEDICARE'S APPORTIONMENT CALCULATED BY TAKING MEDICARE CHARGES MULTIPLIED BY THE RCC DEVELOPED ON THE COST REPORT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	SKY LAKES PLACES ALL ACCOUNTS IDENTIFIED AS ELIGIBLE FOR FINANCIAL ASSISTANCE ON HOLD AND THEN MAKES ANY NECESSARY ADJUSTMENTS BEFORE STATEMENTS ARE SENT MANY OF THESE ACCOUNTS ARE ADJUSTED OFF COMPLETELY AND NO STATEMENTS ARE SENT SKY LAKES ALSO CALLS PAST DUE ACCOUNTS (THIRD STATEMENT) AND REVIEWS TO SEE IF FINANCIAL ASSISTANCE IS AVAILABLE LARGER ACCOUNTS ARE REVIEWED BY FINANCIAL COUNSELORS AND CHANGE HEALTHCARE FOR FINANCIAL ASSISTANCE ELIGIBILITY OR MEDICAID ELIGIBILITY BOTH GROUPS MAKE PROACTIVE CALLS AND FOLLOW UP WITH PATIENTS TO GET THE NECESSARY INFORMATION TURNED IN

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	SKY LAKES MEDICAL CENTER ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES BY MONITORING THE HEALTHY COMMUNITIES INSTITUTE (HCI) INDICATORS TRACKED AND DISPLAYED AT HEALTHYKLAMATH.ORG THAT WEBSITE IS THE COMMUNICATIONS TOOL OF THE LOCAL COMMUNITY COLLABORATIVE AIMED AT IMPROVING THE LIVABILITY OF THE REGION THERE ARE MORE THAN 100 INDICATORS THAT MONITOR ACCESS QUESTIONS, RATES OF DISEASES INCLUDING CANCER AND DIABETES IN THE POPULATION, AS WELL AS MATERNAL AND INFANT HEALTH, MENTAL HEALTH, AND INDIRECT INFLUENCES OF HEALTH SUCH AS SUBSTANCE ABUSE AND STRESS THE ORGANIZATION ALSO ACTIVELY ENGAGES THE ROBERT WOOD JOHNSON FOUNDATION - UNIVERSITY OF WISCONSIN'S ANNUAL COUNTY HEALTH RANKINGS TO MONITOR INDICATORS FOR HEALTH OUTCOMES, HEALTH BEHAVIORS, AND CLINICAL CARE IN ORDER TO FURTHER REFINE STRATEGIES AND PRIORITIZE ACTIVITIES SKY LAKES REGULARLY ASKS ADULTS TO SELF-REPORT THEIR HEALTH STATUS VIA ANONYMOUS AND RANDOMIZED SURVEYS MAILED TO PATIENTS RECENTLY DISCHARGED FROM THE MEDICAL CENTER (INPATIENTS AND EMERGENCY DEPARTMENT), AND PEOPLE WHO HAVE USED SKY LAKES FACILITIES FOR OUTPATIENT TESTING AND TREATMENTS THE GALLUP-HEALTHWAYS WELL-BEING INDEX ASKS QUESTIONS RELATED TO FIVE ELEMENTS OF WELLBEING PURPOSE, SOCIAL, FINANCIAL, COMMUNITY, AND PHYSICAL THE INDEX WAS LAUNCHED LOCALLY FIRST IN 2015 AND REPEATED ANNUALLY MOST RECENTLY, THE 2018 ASSESSMENT TEAM COLLECTED 765 MAIL SURVEYS FROM INDIVIDUALS INSIDE THE KLAMATH FALLS URBAN GROWTH BOUNDARY SKY LAKES USES FORMAL CONVERSATIONS WITH COMMUNITY PARTNERS AND MEDICAL COLLABORATORS, AND ACTIVELY PARTNERS WITH AGENCIES IN HEALTH-IMPROVEMENT INITIATIVES KLAMATH COUNTY PUBLIC HEALTH, IN CONJUNCTION WITH THE OREGON HEALTH AUTHORITY, PERIODICALLY PERFORMS HEALTH ASSESSMENTS OF THE PEOPLE IN THE COMMUNITIES SERVED BY SKY LAKES THE MEDICAL CENTER WORKS WITH LOCAL HEALTH AUTHORITIES TO DETERMINE THE HEALTH INITIATIVES THAT CAN BE JOINTLY ADDRESSED BY COMMUNITY LEADERS, WITH SKY LAKES SERVING A SIGNIFICANT LEADERSHIP ROLE COMMUNITY MEMBERS' PERCEPTIONS REGARDING HEALTH NEEDS ARE CAPTURED IN NON-SCIENTIFIC SURVEYS CONDUCTED AT THE CONCLUSION OF COMMUNITY EVENTS HOSTED BY THE MEDICAL CENTER

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	SKY LAKES MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY AND APPLICATION FOR ASSISTANCE IS LOCATED ON THE HOSPITAL'S WEBSITE IN ENGLISH AND SPANISH, IS REFERENCED IN THE ONLINE BILL-MANAGEMENT SECTION OF THE SITE, WITH HANDOUT MATERIAL LOCATED IN THE HOSPITAL AND OUTPATIENT CLINICS IN ENGLISH AND SPANISH, AND IS FEATURED IN MEDICAL CENTER PUBLICATIONS DISTRIBUTED TO HOMES IN THE SERVICE AREA THE FINANCIAL ASSISTANCE POLICY AND ASSISTANCE APPLICATION ALSO ARE PROVIDED WHEN PATIENTS REGISTER FOR SERVICES, AT PATIENT FINANCIAL SERVICE WHEN THEY PAY THEIR BILLS IN PERSON, AND WHEN PATIENTS INQUIRE ABOUT THEIR BILLS OR ASSISTANCE FURTHER, A REMINDER WITH THE WEBSITE URL IS ON THE BACK OF PATIENT BILLS IN ADDITION, UNINSURED PATIENTS ARE PROVIDED PATIENT ADVOCACY-BASED ELIGIBILITY AND ENROLLMENT SERVICES FOR MEDICAID AND OTHER BENEFIT PROGRAMS THE MEDICAL CENTER ENSURES INFORMATION ABOUT FINANCIAL ASSISTANCE AND APPLICATIONS FOR ASSISTANCE IS AT ALL PATIENT REGISTRATION AREAS AND OUR SPECIALLY TRAINED FINANCIAL COUNSELORS HELP APPLICANTS COMPLETE THE FORM FINANCIAL COUNSELORS TELEPHONE UNINSURED PATIENTS WITH LARGE BALANCES TO PROACTIVELY OFFER ASSISTANCE OUR ABILITY TO OFFER FINANCIAL ASSISTANCE IS CLEARLY LISTED ON EVERY STATEMENT AND ON MOST FORM LETTERS MAILED TO PATIENTS AND FAMILIES IT ALSO IS COVERED DURING COURTESY PHONE CALLS IF THERE IS MENTION OF DIFFICULTY IN PAYING SKY LAKES ALSO PROVIDES INFORMATION ABOUT FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS WE HAVE ENGAGED THE SERVICES OF CHAMBERLIN EDMONDS, A COMPANY THAT SPEAKS WITH ALL UNINSURED INPATIENTS WHO MEET CLEARLY DEFINED CRITERIA CHAMBERLIN EDMONDS STAFF ALSO REVIEW ALL QUALIFYING OUTPATIENT ACCOUNTS AND CONTACT PATIENTS TO DISCUSS THEIR ELIGIBILITY THOSE STAFF FURTHER ASSIST PATIENTS IN COMPLETING FINANCIAL ASSISTANCE APPLICATIONS IF THEY ARE UNSUCCESSFUL GETTING ON A GOVERNMENT PROGRAM THE SKY LAKES CANCER TREATMENT CENTER, A DEPARTMENT OF THE MEDICAL CENTER, ALSO HAS FINANCIAL COUNSELORS WHO ASSIST WITH PHARMACEUTICAL CO-PAY RELIEF THROUGH THE DRUG MANUFACTURERS, RELIEVING PATIENTS OF SOME OF THAT FINANCIAL OBLIGATION THE MEDICAL CENTER, THROUGH A THIRD-PARTY RELATIONSHIP, ROUTINELY PROVIDES NO-CHARGE MEDICATIONS TO QUALIFYING PATIENTS THROUGH MAJOR PHARMACEUTICAL COMPANIES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITIES IN A 10,000-SQUARE-MILE, FOUR-COUNTY AREA ENCOMPASSING SOUTH-CENTRAL OREGON AND NORTH-CENTRAL CALIFORNIA COMPRISE THE SKY LAKES MEDICAL CENTER SERVICE AREA WHILE KLAMATH COUNTY IS THE LARGEST POLITICAL UNIT IN THE SERVICE AREA, A TOTAL OF ROUGHLY 80,000 PEOPLE IN TWO OREGON COUNTIES, KLAMATH AND LAKE, AND TWO CALIFORNIA COUNTIES, MODOC AND SISKIYOU, RELY ON SKY LAKES FOR THEIR ACUTE HEALTHCARE NEEDS BECAUSE THE POLITICAL BOUNDARIES OF THE SERVICE AREA MAKE ACCURATE MEASUREMENTS IMPOSSIBLE, DATA FOR KLAMATH COUNTY ARE USED FOR THIS NARRATIVE THE POPULATION PRIMARILY TARGETED FOR HEALTH IMPROVEMENT ACTIVITIES IS INSIDE THE KLAMATH FALLS URBAN GROWTH BOUNDARY (UGB) KLAMATH COUNTY'S POPULATION IS APPROXIMATELY 67,650 (2018) WITH KLAMATH FALLS, AT 21,540 PEOPLE, BEING THE LARGEST CITY WITH AN EQUALLY LARGE SUBURBAN POPULATION THE POPULATION OF THE UGB WAS ESTIMATED AT 43,500 PEOPLE, AND IT'S WIDELY HELD THAT ANOTHER 12,000 PEOPLE ARE SCATTERED IN ENCLAVES AROUND THE UGB THE POPULATION'S GENDER SPLIT IS EVEN WITH 50 0 PERCENT EACH FEMALE AND MALE, NEARLY 40 PERCENT OF THE TOTAL IS CONSIDERED "RURAL," ALSO, WHITE, NON-HISPANIC ACCOUNT FOR 89 1 PERCENT OF THE TOTAL, 4 9 PERCENT AS AMERICAN INDIAN 13 4 PERCENT HISPANIC OR LATINO, AND ROUGHLY 1 PERCENT AFRICAN AMERICAN THE MEDIAN HOUSEHOLD INCOME IN THE COUNTY (2014-2018) IS REPORTED AT \$43,522, WITH 20 3 PERCENT OF THE POPULATION IN POVERTY THAT COMPARES TO 18 7 PERCENT NATIONALLY AND 14 1 IN OREGON THE COUNTY HEALTH RANKINGS FOR 2019 SHOWS KLAMATH COUNTY IS RANKED 35 OUT OF 36 RANKED OREGON COUNTIES THE REPORT RANKS SUCH FACTORS AS - POOR OR FAIR HEALTH (17 PERCENT VS THE NATIONAL BENCHMARK OF 12 PERCENT AND THE OREGON BENCHMARK OF 16 PERCENT),- ADULT SMOKING (18 PERCENT (DOWN FROM 23 PERCENT TWO YEARS EARLIER) VS 14 PERCENT NATIONALLY AND 16 PERCENT IN OREGON),- UNINSURED ADULTS (9 PERCENT VS 6 PERCENT NATIONALLY AND 7 PERCENT IN OREGON),- PRIMARY CARE PROVIDERS (1,110 1 VS 1,050 1 NATIONALLY AND 1,080 1 IN OREGON),- CHILDREN IN POVERTY (26 PERCENT VS 11 PERCENT NATIONALLY AND 17 PERCENT IN OREGON), AND- VIOLENT CRIME RATE (218 VS 63 NATIONALLY AND 249 IN OREGON)</p>



Form and Line Reference	Explanation
PART VI, LINE 5	<p>BESIDES PROVIDING HIGH-QUALITY HEALTHCARE, SKY LAKES MEDICAL CENTER FURTHERS ITS TAX-EXEMPT PURPOSE AND FULFILLS ITS MEDICAL MISSION TO THE COMMUNITY BY PROVIDING OR SUBSIDIZING NUMEROUS CLASSES, SUPPORT GROUPS, SCREENINGS AND SELF-HELP PROGRAMS, FREE CHILDBIRTH PREPARATION CLASSES FOR MOMS-TO-BE, AND LACTATION EDUCATION FOR NEW MOMS, A FREE COMMUNITY HEALTH FAIR ATTENDED BY MORE THAN 2,500 PEOPLE A YEAR, A VARIETY OF PROGRAMS AIMED AT ENCOURAGING BETTER FITNESS AND IMPROVED NUTRITION, INCLUDING FOOD PREPARATION INSTRUCTION, AND SEPARATE SUPPORT GROUPS FOR PEOPLE AFFECTED BY CANCER AND THOSE WHO HAVE DIABETES. THESE ARE AUTHORIZED BY A 10-MEMBER BOARD OF DIRECTORS SKY LAKES LABORATORY SERVICES, USING EXPERIENCE FROM THE ANNUAL HEALTH FAIR, PROVIDED NO-CHARGE SCREENINGS FOR DIABETES AND HEART DISEASE AT AN EVENT IN A NEARBY COMMUNITY HOSTED BY A NURSING STUDENT ORGANIZATION. ABOUT 60 PEOPLE WERE SERVED ALSO, SKY LAKES HOSTS FREE "WALK WITH A DOC" PROGRAMS IN COOPERATION WITH AREA PHYSICIANS AND CLINICS. THE ABOVE ACTIVITIES ARE PROVIDED AT NO CHARGE AS PUBLIC SERVICES OF SKY LAKES AND ACTIVELY PROMOTED ONLINE, IN SOCIAL MEDIA, AND TRADITIONAL MEDIA. SKY LAKES ROUTINELY WORKS WITH COMMUNITY PARTNERS TO PROMOTE HEALTHIER NUTRITION CHOICES, HANDS-ON COOKING CLASSES, SMOKING CESSATION CLASSES, AND INCREASED PHYSICAL ACTIVITY TO ENCOURAGE PEOPLE TO BE MORE ACTIVE. SKY LAKES OFFERS FREE Pedometers TO PEOPLE INTERESTED IN KEEPING TRACK OF THEIR STEPS EN ROUTE TO A GOAL OF 10,000 STEPS A DAY. Pedometers ARE OFFERED VIA THE MEDICAL CENTER'S QUARTERLY LIVE SMART MAGAZINE, VIA SOCIAL MEDIA, AND AT SKY LAKES-HOSTED EVENTS. SKY LAKES HELPED PROMOTE AND SUPPORT TWO BICYCLE EVENTS THAT SERVED APPROXIMATELY 4,200 PEOPLE IN ALL. THE MEDICAL CENTER ALSO DONATED NEARLY \$2,700 IN SNACKS FOR PARTICIPANTS. SKY LAKES EMERGENCY DEPARTMENT STAFF MEMBERS CONDUCT HAND-HYGIENE EDUCATION AND FREE BLOOD PRESSURE CHECKS AT THE EVERY-OTHER-YEAR AREA SAFETY FAIR HOSTED BY AREA EMERGENCY SERVICES AGENCIES, AND AT SIMILAR COMMUNITY EVENTS. THE MEDICAL CENTER FURTHER PROMOTES HAND HYGIENE BY OFFERING FREE HAND SANITIZER BOTTLES AT COMMUNITY ACTIVITIES AND DURING SCHOOL EVENTS, AND SKIN PROTECTION USING A UV DEMONSTRATION FOLLOWED UP WITH FREE SUN SCREEN SAMPLES. THESE ACTIVITIES ARE IN COORDINATION WITH A MULTI-MEDIA PUBLIC SERVICE CAMPAIGN PROMOTING EARLY DETECTION SCREENINGS AND TESTS FOR CANCER, AND PROMOTING HEALTHIER BEHAVIORS. THE EMERGENCY DEPARTMENT ALSO PURCHASED AND DISTRIBUTED 200 "STOP THE BLEED" KITS AND PROVIDED TRAINING FOR MORE THAN 300 PEOPLE IN 27 CLASSES. THE NATIONALLY RECOGNIZED PROGRAM TEACHES HOW TO RECOGNIZE AND TREAT LIFE-THREATENING BLEEDING. SKY LAKES WAS ONE OF THE PRINCIPAL AGENCIES CONTRIBUTING TO KLAMATH COUNTY BEING AWARDED THE RWJF CULTURE OF HEALTH PRIZE IN 2018, ONE OF ONLY FOUR IN THE NATION. THE PRIZE RECOGNIZES THE COMMUNITY'S EFFECTS TO IMPROVE HEALTH OUTCOMES, WHICH WERE DRIVEN BY THE HEALTHY KLAMATH COALITION AND MANY FUNDED AND SUPPORTED BY SKY LAKES. SKY LAKES IS THE PRINCIPAL UNDERWRITER FOR CASCADES EAST FAMILY MEDICINE, A CLINIC AND A FAMILY PRACTICE RESIDENCY PROGRAM OPERATED IN PARTNERSHIP WITH OREGON HEALTH &amp; SCIENCE UNIVERSITY. FINANCIAL SUPPORT FROM SKY LAKES AMOUNTS TO MORE THAN \$4 MILLION WITH A NET COMMUNITY BENEFIT OF SOME \$2.3 MILLION. KLAMATH-LAKE CHILD ABUSE RESPONSE AND EVALUATION SERVICES (CARES) IS A SKY LAKES DEPARTMENT WITH A BUDGET OF \$540,000 AND A NET COMMUNITY BENEFIT OF \$68,000. AT CARES, CHILDREN WHO MAY BE VICTIMS OF ABUSE RECEIVE A WELL-CHILD MEDICAL EXAMINATION. IF A DISCLOSURE OF ABUSE IS MADE, THEY ARE SAFE TO SHARE THEIR EXPERIENCES MORE THAN 350 CHILDREN ANNUALLY ARE ASSESSED FOR POSSIBLE ABUSE, MOST OF THEM SEXUAL ABUSE CASES ALONG WITH CHILD PHYSICAL ABUSE, DRUG-ENDANGERED CHILDREN, EXPOSURE TO DOMESTIC VIOLENCE, AND NEGLECT. EVEN IF SUSPECTED ABUSE IS NOT VERIFIED DURING AN EXAM, FAMILIES LEAVE CARES WITH PROFESSIONAL RECOMMENDATIONS RANGING FROM A FOLLOW-UP WITH A PRIMARY CARE PHYSICIAN TO A REFERRAL FOR COUNSELING. CARES FOLLOWS THE FAMILY FOR AT LEAST THREE MONTHS AFTER THE ASSESSMENT. IF CARES WAS NOT ASSOCIATED WITH SKY LAKES, THE SERVICE LIKELY WOULD NOT EXIST. LOCALLY A PROGRAM COORDINATED BY SKY LAKES FAMILY BIRTH CENTER IS CLOSELY ASSOCIATED WITH THE WORK AT CARES. SKY LAKES CONTRIBUTES \$10,000 A YEAR AND PROVIDES STAFF TO HELP COORDINATE AND PROVIDE COLLATERAL SUPPORT IN THE WAY OF ADDITIONAL MULTI-MEDIA ADVERTISING TO FURTHER THE MESSAGE OF THE LOCAL "STOP THE HURT" ANTI-CHILD ABUSE CAMPAIGN AND "PERIODS OF PURPLE CRYING" ANTI-SHAKEN BABY CAMPAIGN. THE PROGRAMS ARE AIMED AT STOPPING INCIDENTS OF INFANT AND CHILD ABUSE AT THE HANDS OF ADULTS. IN ADDITION, KLAMATH COUNTY IS A PHYSICIAN-SHORTAGE AREA AND PHYSICIAN RECRUITMENT EFFORTS ARE UNDERWRITTEN BY THE MEDICAL CENTER. THE MEDICAL CENTER INVESTED MORE THAN \$300,000 IN RECRUITING ACTIVITIES IN THE TAX YEAR AND SOME \$2.3 MILLION (NET) IN CLINIC START-UP AND SUPPORT. THIS IS IN ADDITION TO THE UNDERWRITING SUP</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PORT FOR SKY LAKES FOR THE CASCADES EAST FAMILY MEDICINE RESIDENCY PROGRAM A NUMBER OF SK Y LAKES EMPLOYEES PROVIDE VOLUNTEER EDUCATIONAL SUPPORT IN THE FORM OF TEACHING, MENTORING , PROGRAM DEVELOPMENT, AND TOURS AND DEMONSTRATIONS FOR LOCAL SCHOOLS AND COLLEGES SKY LA KES STAFF MEMBERS ALSO VOLUNTEER DURING WORK TIME TO DISTRIBUTE FRESH FRUITS AND VEGETABLE S AT PRODUCE CONNECTION SITES TO FURTHER THE MEDICAL CENTER'S AIM OF IMPROVING NUTRITION A MONG THE POPULATION AND HELPING PEOPLE MAKE BETTER NUTRITION CHOICES TO PROMOTE MORE PHYSI CAL ACTIVITY AMONG YOUNG PEOPLE, SKY LAKES PROVIDED ALL AREA PUBLIC AND PRIVATE SCHOOL THI RD-GRADERS SWIMMING LESSONS AT THE CITY OF KLAMATH FALLS-OWNED MUNICIPAL SWIMMING POOL OVE R A THREE-YEAR SPAN SKY LAKES ALSO FUNDED SCHOLARSHIPS SO 12 QUALIFIED YOUTH COULD PLAY A T VARIOUS ABILITY LEVELS SKY LAKES ENCOURAGES STAFF TO SEEK OPPORTUNITIES TO IMPROVE THE H EALTH OF THE COMMUNITY BEYOND THEIR NORMAL DUTIES AMONG THEM - A SKY LAKES OUTPATIENT CAR E MANAGEMENT EMPLOYEE HELPS PUT ON CLASSES AT THE LOCAL SENIOR CENTER PROMOTING MENTAL FIT NESS AND AGILITY, - SKY LAKES DIETITIANS SHARE THEIR KNOWLEDGE AT PRIVATE WORKSITES IN THE AREA, AND- SKY LAKES DIABETES EDUCATORS REGULARLY PRESENT TO COMMUNITY GROUPS HOW TO PREV ENT DIABETES AND HOW TO RECOGNIZE PREDIABETES SKY LAKES EMERGENCY DEPARTMENT PHYSICIANS, N URSES AND STAFF DONATED NEARLY 500 HOURS TO ASSIST THE MORE THAN 15 COMMUNITY-PARTNER AGEN CIES PUT ON OPERATION PROM NIGHT FOR HIGH SCHOOL SENIORS, AND SUPPORT ITS MISSION OF PREVE NTION THE PROGRAM'S AIM IS TO HELP YOUNG ADULTS REALIZE THE DANGERS OF DISTRACTED DRIVING THE PERFORMANCE THE AGENCIES ORCHESTRATE AROUND THE SPRING PROM SEASON FOR AREA HIGH SCH OOL STUDENTS ILLUSTRATES A GRIM REALITY DISTRACTED DRIVING - DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, TEXTING, OR SIMPLY NOT PAYING ATTENTION - ACCOUNTS FOR THE DEATHS OF HUNDREDS YOUNG DRIVERS ANNUALLY SKY LAKES TAKES AN ACTIVE ROLE IN THE DEVELOPMENT OF PROGR AMS TO HELP PROVIDE MENTAL HEALTH AND SUBSTANCE- DISORDER SERVICES FOR THE COMMUNITY THE L OCAL ALCOHOL AND DRUG PLANNING COMMITTEE EVALUATES THE AVAILABILITY OF TREATMENT PROGRAMS AND ENHANCES COMMUNICATION AMONG PROVIDERS TO IMPROVE ACCESS TO TREATMENT AND SUPPORT FOR RECOVERY AND PREVENTION SERVICES SEVERAL SKY LAKES STAFF MEMBERS ARE PART OF THE COMMITTEE AND ATTEND MEETINGS DURING REGULAR WORK TIMES SKY LAKES WILLINGLY CONTRIBUTES TO CIVIC P ROJECTS AND ENTHUSIASTICALLY SPONSORS AN ASSORTMENT OF EVENTS AND PROGRAMS TO ENCOURAGE IN CREASED PHYSICAL ACTIVITY SKY LAKES SPONSORS THE FALL AND SPRING HEALTHY KIDS RUNNING SER IES, A FIVE-WEEK RUNNING PROGRAM AT A LOCAL ELEMENTARY SCHOOL FOR KIDS FROM PRE-K TO EIGHT H GRADE RECOGNIZING KLAMATH BASIN WINTERS CAN INTERFERE WITH PHYSICAL ACTIVITY, SKY LAKES DONATED \$5,000 TO MAKE AN INDOOR SOCCER PRACTICE FACILITY AVAILABLE SO ADULTS WOULD BE AB LE TO SAFELY WALK SIMILARLY, SKY LAKES SPENT MORE THAN \$900,000 TO DEVELOP A BLIGHTED CIT Y BLOCK NEAR DOWNTOWN AND TURN IT INTO A MULTI-USE PARK WITH OPEN GREEN SPACE, A SPLASH PA D, AND A NATURAL AMPHITHEATER SKY LAKES COMMITTED TO A THREE-YEAR, \$600,000 GIFT (\$200,000 PER YEAR ENDING IN 2018), LEVERAGING AN ADDITIONAL \$1 2 MILLION GIFT FROM THE CAMBIA HEAL TH FOUNDATION AND ENABLED THE LAUNCH OF THE BLUE ZONES PROJECT THAT WILL HELP KLAMATH FALL S BE A HEALTHIER COMMUNITY THE LOCAL BLUE ZONES PROJECT CONTINUES BEYOND THE INITIAL THRE E YEARS, AND SKY LAKES IS THE PRINCIPAL SPONSOR OF THE PROJECT, THE PROJECT STAFF ARE SKY LAKES EMPLOYEES KLAMATH FALLS BECAME THE FIRST BLUE ZONE COMMUNITY IN THE PACIFIC NORTHWES T, AND SKY LAKES WAS THE FIRST DESIGNATED BLUE ZONES WORKSITE IN KLAMATH FALLS [SEE LINE 5 OVERFLOW LATER IN PART VI]</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	OR

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 OVERFLOW	<p>BEING A MAJOR SUPPORTER OF THE OREGON HEALTHIEST STATE TO HELP KLAMATH FALLS BECOME THE FIRST BLUE ZONES DEMONSTRATION COMMUNITY IN THE NORTHWEST, AND INVESTING IN THE BLUE ZONES PROJECT LOCALLY, SKY LAKES DEMONSTRATED ITS COMMITMENT TO IMPROVING OUR COMMUNITY'S HEALTH FURTHER, ACHIEVING THE DESIGNATION AS THE FIRST BLUE ZONES WORKSITE IN THE NORTHWEST DEMONSTRATES OUR COMMITMENT TO CREATING A HEALTHIER WORK ENVIRONMENT BY SUPPORTING THE WELL-BEING OF OUR EMPLOYEES TO HELP SUPPORT OTHER COMMUNITY NON-PROFIT ORGANIZATIONS HELP THE COMMUNITY FLOURISH, SKY LAKES PLEDGED \$60,000 OVER FIVE YEARS (\$15,000 A YEAR) TO THE KLAMATH COMMUNITY FOUNDATION OTHER PARTNERSHIPS THAT HELP ENSURE THE SUCCESS OF PROGRAMS INCLUDE SKY LAKES SUPPORT OF - KLAMATH-LAKE COMMUNITY ACTION SERVICES PROGRAM BY DONATING MATERIAL FOR ITS PROGRAM TO PROVIDE QUALIFYING INDIVIDUALS AND FAMILIES ACCESS TO MEDICAL AND DENTAL CARE, AND HYGIENE RESOURCES, - THE RED CROSS BY GIVING AT NO-CHARGE SPACE IN SKY LAKES FACILITIES FOR COMMUNITY BLOOD DRIVES,- KLAMATH HOSPICE'S CAMP EVERGREEN BY PROVIDING EMERGENCY MEDICATIONS FOR CAMP NURSES TO HELP KEEP CAMPERS SAFE, AND INDIVIDUAL WATER BOTTLES FOR PARTICIPANTS TO PROMOTE PROPER HYDRATION SKY LAKES IS A REGULAR MAJOR SPONSOR OF THE AGENCY'S FUNDRAISING WALK-RUN TO BENEFIT THE CAMP,- MEDICAL MISSIONS TO CENTRAL AMERICA AND TO FIJI BY DONATING MEDICATIONS AND RELATED SUPPLIES AMOUNTING TO A RETAIL VALUE OF MORE THAN \$5,000,- FRIENDS OF THE CHILDREN-KLAMATH FALLS AND THE LOCAL COURT APPOINTED SPECIAL ADVOCATES TO SUPPORT THEIR MISSIONS OF ADVOCACY FOR AT-RISK CHILDREN AND YOUTH,- SKY LAKES ALSO FUNDED THE FRIENDS OF THE CHILDREN GARDEN AND PANTRY TO HELP ADULTS TEACH MENTEES THE SKILLS NECESSARY TO HAVE SUCCESSFUL VEGETABLE GARDEN THE CHILDREN LATER HARVESTED THEIR PRODUCE AND, THANKS TO ANOTHER GRANT FROM SKY LAKES FOR THE "PANTRY PROJECT," LEARNED HOW TO USE FRESH VEGETABLES IN MEALS,- BEYOND PROGRAMS FOR YOUTH, SKY LAKES ALSO PROVIDED \$5,000 TO THE KLAMATH BASIN SENIOR CENTER TO HELP IMPROVE ACCESS TO HOT MEALS FOR SENIOR CITIZENS, \$5,000 TO HELP FUND AWARMING CENTER FOR AREA HOMELESS, AND \$6,000 TO THE OREGON TECH VETERANS ASSOCIATION TO HELP MILITARY VETERANS,- THE AMERICAN LUNG ASSOCIATION'S FREEDOM FROM SMOKING CLASSES BY PROVIDING TRAINING FOR EDUCATORS, FREE MEETING SPACE FOR THE CLASSES, AND MARKETING MATERIALS AND ADVERTISING TO PROMOTE THE CLASSES AND THEIR INTENT SKY LAKES COMMUNITY PARTNERSHIPS INCLUDE - AMERICAN CANCER SOCIETY- AMERICAN LUNG ASSOCIATION - KLAMATH FALLS GOSPEL MISSION- HEALTHY ACTIVE KLAMATH- KLAMATH FALLS CITY SCHOOLS AND STUDENTS- KLAMATH COUNTY SCHOOL DISTRICT AND STUDENTS- KLAMATH COMMUNITY COLLEGE AND STUDENTS- KLAMATH COUNTY CASA- KLAMATH COUNTY CHAMBER OF COMMERCE- KLAMATH HOSPICE- KLAMATH-LAKE FOOD BANK- OREGON INSTITUTE OF TECHNOLOGY AND STUDENTS - OREGON TECH VETERANS ASSOCIATION- KLAMATH BASIN RESEARCH AND EXTENSION CENTER- PREGNANCY HOPE CENTER- UNITED WAY OF THE KLAMATH BASIN- CITIZENS FOR SAFE SCHOOLS- KLAMATH PROMISE- ELLA REDKEY MUNICIPAL SWIMMING POOL- KLAMATH FALLS LITTLE LEAGUE - BABE RUTH BASEBALL- KLAMATH BASIN UNITED SOCCER- KLAMATH ICE SPORTS- KLAMATH-LAKE FOOD BANK</p>

**Additional Data****Software ID:****Software Version:****EIN:** 93-0508781**Name:** SKY LAKES MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	SKY LAKES MEDICAL CENTER 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601 SKYLAKES.ORG 14-0724	X	X		X			X			

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>PART V, SECTION B, LINE 3J TO BETTER UNDERSTAND THE HEALTH NEEDS OF THE COMMUNITY IT SERVES, SKY LAKES MEDICAL CENTER WORKED WITH AN ASSORTMENT OF COMMUNITY PARTNERS TO DEVELOP A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMPANION COMMUNITY HEALTH IMPROVEMENT PLAN TOGETHER, THE DOCUMENTS DESCRIBE AND HELP US UNDERSTAND THE POPULATION'S HEALTH NEEDS AND WAYS TO ADDRESS THOSE NEEDS AS TOGETHER WE WORK TO IMPROVING THE HEALTH OF THE COMMUNITY THE MAJOR PARTNERS SKY LAKES MEDICAL CENTER, KLAMATH FALLS, ORE , PRIMARILY ENGAGED IN THE NEEDS ASSESSMENT INCLUDE KLAMATH COUNTY (ORE ) PUBLIC HEALTH, KLAMATH HEALTH PARTNERSHIP (AKA KLAMATH OPEN DOOR), WHICH OPERATES FEDERALLY QUALIFIED FAMILY MEDICINE AND DENTAL CLINICS, AND CASCADE HEALTH ALLIANCE, WHICH OVERSEES CARE FOR SOME 18,000 MEDICAID RECIPIENTS IN THE AREA, BASED IN KLAMATH FALLS THESE AND OTHER COMMUNITY PARTNERS ARE ORGANIZED IN THE HEALTHY KLAMATH COALITION THE COALITION REPRESENTS THE HELP AND SUPPORT OF LOCAL ORGANIZATIONS, AGENCIES AND BUSINESSES INCLUDING CASCADES EAST FAMILY MEDICINE CENTER, A RURAL RESIDENCY PROGRAM AND CLINIC IN KLAMATH FALLS, OREGON STATE UNIVERSITY'S EXTENSION IN KLAMATH COUNTY, OREGON HEALTH &amp; SCIENCE UNIVERSITY'S NURSING PROGRAM AT OREGON INSTITUTE OF TECHNOLOGY IN KLAMATH FALLS, THE CITY OF KLAMATH FALLS AND KLAMATH COUNTY GOVERNMENTS, LOCAL SCHOOL DISTRICTS, THE LOCAL NEWSPAPER, THE REGION'S LARGEST RADIO STATION, AND OTHERS SKY LAKES, THE LOCAL PUBLIC HEALTH AGENCY, KLAMATH HEALTH PARTNERSHIP, AND CASCADE HEALTH ALLIANCE COMPRISE THE HEALTHY KLAMATH COALITION LEADERSHIP IT IS THIS COLLABORATION THAT ALSO PROVED INSTRUMENTAL IN BRINGING THE BLUE ZONES PROJECT TO KLAMATH FALLS AND SUSTAINING ITS WORK LOCALLY DATA COLLECTED IN BEHALF OF THE BLUE ZONES PROJECT HELPED CORROBORATE FINDINGS IN THE NEEDS ASSESSMENT AND VALIDATE STRATEGIES IN THE IMPROVEMENT PLAN THE BLUE ZONES PROJECT CONTINUES TO COORDINATE THE HEALTH KLAMATH ACTIVITIES THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FORMALLY ASSESSES AND DOCUMENTS THE HEALTH OF OUR COMMUNITY UTILIZING A COORDINATED AND COLLABORATIVE PROCESS IT IS THE FIRST STEP TO THE ONGOING PROCESS OF COMMUNITY HEALTH IMPROVEMENT CONDUCTING THE ASSESSMENT IS A DYNAMIC PROCESS THAT HELPS THE LOCAL HEALTH CARE COMMUNITY AND OTHERS SEEKING TO IMPROVE THE HEALTH OF THEIR COMMUNITY TO IDENTIFY CURRENT HEALTH ISSUES AND ANALYZE TRENDS OF HEALTH OUTCOMES THE PROCESS ALSO HELPS COMMUNITY PARTNERS GAIN VALUABLE INSIGHT FROM THEIR CONSTITUENCIES ON FACTORS AFFECTING HEALTH AND QUALITY OF LIFE IN THE SERVICE AREA THE CHNA DOCUMENTS KEY FINDINGS AND RECOGNIZES THERE ARE MYRIAD CAUSES FOR POOR HEALTH, THE PROBLEM IS TOO LARGE FOR ANY ONE ORGANIZATION TO TAKE ON ALONE, FURTHER REINFORCING THE COLLABORATIVE NATURE OF THE HEALTHY KLAMATH COALITION THE ASSESSMENT RELIES ON SECONDARY DATA AND USED SURVEYS AND FOCUS GROUPS TO GATHER BOTH QUALITATIVE AND QUANTITATIVE DATA THE INTENT WAS TO HEAR FROM MANY VOICES AND TO STRIVE FOR HA</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>RMONY AS WE WORKED TOGETHER TO MAKE CHANGES, SUPPORTED BY DATA THAT WOULD RESULT IN HEALTHIER BEHAVIORS IN THE POPULATION WE MONITOR OUR PROGRESS USING SOME 150 HEALTHY COMMUNITIES INSTITUTE (HCI) HEALTH AND SOCIO-ECONOMICS INDICATORS AND DISPLAYED ON A PUBLIC WEBSITE, HEALTHYKLAMATH.ORG, THE SITE ALSO LINKS FROM THE MEDICAL CENTER'S SITE, SKYLAKES.ORG THE INDICATORS ARE CONTINUALLY UPDATED AS NEW DATA ARE COLLECTED FOR THE MOST PART, PRIMARY DATA WERE NOT COLLECTED FOR THIS CHNA BECAUSE THOSE EFFORTS WOULD GENERALLY DUPLICATE RECENT EFFORTS OF PARTNER ORGANIZATIONS, WHICH COLLECTED MEANINGFUL DATA THROUGH COMMUNITY SURVEYS, FOCUS GROUPS, AND INTERNAL DATA ANALYSIS RESULTS FROM THOSE REPORTS WERE SYNTHESIZED INTO A COMPREHENSIVE COMMUNITY ASSESSMENT MANY DATA SOURCES WERE UTILIZED THROUGHOUT THIS ASSESSMENT, BUT CERTAIN KEY REPORTS WERE HEAVILY RELIED UPON BECAUSE OF THEIR RICH QUALITATIVE DATA THAT PROVIDES THE STORIES BEHIND THE NUMBERS ASSESSMENTS AND RESOURCES CONTAINING PRIMARY DATA INCLUDE - BLUE ZONES PROJECT-KLAMATH FALLS, ASSESSMENT REPORT THE BLUE ZONES PROJECT ASSESSMENT TEAM IN 2016 CONDUCTED 16 FOCUS GROUPS WITH MORE THAN 220 PEOPLE AND MET WITH MORE THAN 25 KEY LEADERS AND COMMUNITY GROUPS TO LEARN ABOUT KLAMATH FALLS, ITS HISTORY, ECONOMY, AND PEOPLE FOCUS GROUPS WERE ORGANIZED BY SECTOR AND INCLUDED SCHOOLS, WORKSITES, COMMUNITY POLICY, RESTAURANTS, GROCERY STORES, AND FAITH-BASED AND CIVIC GROUPS ADDITIONALLY, A THREE-DAY BUILT ENVIRONMENT AUDIT VIA WALKING, BIKING, AND DRIVING WAS CONDUCTED BY NATIONAL BIKE AND WALKABILITY EXPERTS DAN BURDEN AND SAMANTHA THOMAS THESE DATA WERE REGULARLY REVIEWED AND CONSIDERED FOR THE CURRENT CHNA, AND ADDRESSING THOSE ISSUES IS PART OF THE CURRENT IMPLEMENTATION PLAN - GALLUP-HEALTHWAYS WELL-BEING INDEX, KLAMATH FALLS THIS ASSESSMENT TEAM COLLECTS A SURVEY DATA FROM RESIDENTS IN THE KLAMATH FALLS URBAN GROWTH BOUNDARY TO ANALYZE FIVE ELEMENTS OF WELLBEING PURPOSE, SOCIAL, FINANCIAL, COMMUNITY, AND PHYSICAL THE INDEX WAS LAUNCHED LOCALLY FIRST IN 2015 AND REPEATED ANNUALLY THE CURRENT INDEX WAS CALCULATED THROUGH 765 COMPLETED ADDRESS-BASED SURVEYS ADMINISTERED IN THE SUMMER OF 2018 THOSE DATA INDICATE THE INDEX IN KLAMATH COUNTY INCREASED 2.6 POINTS TO 54.9 THAT'S 3.6 POINTS BELOW THE US VALUE 4.2 POINTS BELOW THE OREGON VALUE COMMUNITY WELL-BEING CAN BE DEFINED AS LIKING WHERE YOU LIVE, FEELING SAFE AND HAVING PRIDE IN YOUR COMMUNITY - OREGON INSTITUTE OF TECHNOLOGY (OIT) POPULATION HEALTH MANAGEMENT STUDENTS IN THE PROGRAM WORKING WITH THE OIT RESEARCH CENTER FIELD A KLAMATH COMMUNITY SURVEY TO COLLECT CURRENT QUALITATIVE DATA TO BETTER UNDERSTAND LOCAL HEALTH STATUS, HEALTH CONCERNS, BARRIERS TO CARE, AND HEALTH BEHAVIORS A TOTAL OF 500 SURVEYS WERE COLLECTED FROM AN ASSORTMENT OF EVENTS AND VENUES INCLUDING THE ANNUAL SKY LAKES HEALTH FAIR HELD AT THE KLAMATH COUNTY FAIRGROUNDS NEAR THE POPULATION CENTER OF KLAMATH FALLS, THE LARGEST CITY IN THE COUNTY PRINCIPAL FINDING</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>S INDICATED ABOUT A FOURTH OF THE RESPONDENTS REPORTED A HOUSEHOLD INCOME OF LESS THAN \$20,000, ABOUT 38 PERCENT HAD EMPLOYER-SPONSORED HEALTH INSURANCE WHILE ANOTHER 38 PERCENT WERE ENROLLED IN A GOVERNMENT-SPONSORED INSURANCE PROGRAM, AND THE TOP THREE RESPONSES TO THE QUESTION "IS THERE ANYTHING YOU FEEL IS KEEPING YOU FROM HAVING BETTER HEALTH?" WERE LACK OF PHYSICAL ACTIVITY, COST, AND CHRONIC ILLNESS - LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) USING THE INSTRUMENTS FROM THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS, THE SURVEY ASKED THREE QUESTIONS IN EACH OF THE 11 CATEGORIES SEEKING INFORMATION ON THE ESSENTIAL PUBLIC HEALTH SERVICES AND HEALTH EQUITY THE MONTH-LONG ELECTRONIC SURVEY RESULTED IN 31 FULLY COMPLETED RESPONSES FROM COMMUNITY PARTNERS REPRESENTING MANY DIFFERENT SECTORS THE RESULTS IDENTIFIED WHERE PARTNERS CAN STRENGTHEN HOW THEY DELIVER ESSENTIAL PUBLIC HEALTH SERVICES - COMMUNITY THEMES AND STRENGTHS ASSESSMENT THIS INSTRUMENT SOUGHT TO IDENTIFY ASSETS IN THE COMMUNITY AND ISSUES THAT ARE IMPORTANT TO PEOPLE LIVING HERE THE ONE-DAY COMMUNITY FORUM WAS ATTENDED BY 25 PEOPLE WHO EVALUATED "HEALTH BEHAVIORS," "CLINICAL CARE," "PHYSICAL ENVIRONMENT, AND "SOCIAL AND ECONOMIC FACTORS " THESE CATEGORIES ALIGN WITH THE NATIONAL COUNTY HEALTH RANKINGS MODEL AMONG THE FINDINGS STRENGTHS INCLUDE - THE HOSPITAL IS VERY INVOLVED IN THE COMMUNITY, AND HOSTS LARGE-SCALE EVENTS SUCH AS THE COMMUNITY HEALTH FAIR,- THERE ARE NUMEROUS WELLNESS INITIATIVES IN THE COMMUNITY, MANY LAUNCHED AND MAINTAINED BY SKY LAKES, FOCUSED ON DIET AND PHYSICAL ACTIVITY, AND- THE FOCUS ON TRAILS, PARKS, AND BIKE LANES, OFTEN WITH SKY LAKES IN A LEADERSHIP POSITION WEAKNESSES INCLUDE - TOBACCO USE,- LOW HEALTH LITERACY,- DISPARITIES BETWEEN POPULATIONS, AND- PUBLIC TRANSPORTATION WHILE THE AREA SERVED BY SKY LAKES AND ITS PARTNERS COVERS MORE THAN 10,000 SQUARE MILES IN FOUR COUNTIES, TWO OF THEM IN NORTHERN CALIFORNIA, THE POPULATION IS CONCENTRATED WITHIN THE KLAMATH FALLS URBAN GROWTH BOUNDARY (UGB) COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE PRIMARILY IMPLEMENTED WITHIN THE UGB TO HAVE THE GREATEST IMPACT ON THE HIGHEST CONCENTRATION OF RESIDENTS KLAMATH COUNTY'S POPULATION IS APPROXIMATELY 67,650 (2018) WITH KLAMATH FALLS, AT 21,540 PEOPLE, BEING THE LARGEST CITY WITH AN EQUALLY LARGE SUBURBAN POPULATION THE POPULATION OF THE UGB WAS ESTIMATED AT 43,500 PEOPLE, AND IT'S WIDELY HELD THAT ANOTHER 12,000 PEOPLE ARE SCATTERED IN ENCLAVES AROUND THE UGB THE REGION IS PREDOMINANTLY WHITE AND NON-HISPANIC, 77.4 PERCENT (2018) THE POPULATION OF PEOPLE IDENTIFYING AS HISPANIC OR LATINO IS STEADILY RISING AT 13.4 PERCENT IN 2018, UP FROM 10 PERCENT IN 2010 THE REGION IS ALSO UNIQUE IN THAT IT HAS A STRONG AMERICAN INDIAN PRESENCE THAT MAKES UP 4.9 PERCENT OF THE POPULATION[SEE LINE 3J OVERFLOW LATER IN PART V]</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 THE KLAMATH COUNTY CHNA COORDINATED BY SKY LAKES MEDICAL CENTER IN PARTNERSHIP WITH OTHER ORGANIZATIONS TAKES INTO ACCOUNT AN UNDERSTANDING OF THE ENVIRONMENT WITHIN WHICH WE OPERATE UNDERSTANDING THE STRENGTHS AND WEAKNESSES OF THE CURRENT LOCAL HEALTHCARE SYSTEM, AS WELL AS SOCIAL, POLITICAL, AND ECONOMIC CONDITIONS, ARE INTEGRAL TO DEVELOPING PRIORITY AREAS OF FOCUS THE MAJOR PARTNERS WITH SKY LAKES MEDICAL CENTER, KLAMATH FALLS, ORE , INCLUDED KLAMATH COUNTY (ORE ) PUBLIC HEALTH, KLAMATH HEALTH PARTNER SHIP (A K A KLAMATH OPEN DOOR), WHICH OPERATES FEDERALLY QUALIFIED FAMILY MEDICINE AND DENTAL CLINICS, AND CASCADE HEALTH ALLIANCE, WHICH OVERSEES CARE FOR SOME 18,000 MEDICAID RECIPIENTS IN THE AREA, BASED IN KLAMATH FALLS OTHER COMMUNITY PARTNERS ARE ORGANIZED IN THE HEALTHY KLAMATH COALITION THE COALITION REPRESENTS THE HELP AND SUPPORT OF LOCAL ORGANIZATIONS AND AGENCIES INCLUDING CASCADES EAST FAMILY MEDICINE CENTER, A RURAL RESIDENCY PROGRAM AND CLINIC IN KLAMATH FALLS, OREGON STATE UNIVERSITY'S EXTENSION IN KLAMATH COUNTY, OREGON HEALTH &amp; SCIENCE UNIVERSITY'S NURSING PROGRAM AT OREGON INSTITUTE OF TECHNOLOGY IN KLAMATH FALLS, THE CITY OF KLAMATH FALLS AND KLAMATH COUNTY GOVERNMENTS, LOCAL SCHOOL DISTRICTS, THE LOCAL NEWSPAPER, THE REGION'S LARGEST RADIO STATION, AND OTHERS SKY LAKES, THE LOCAL PUBLIC HEALTH AGENCY, KLAMATH HEALTH PARTNERSHIP, AND CASCADE HEALTH ALLIANCE COMPRI SE THE HEALTHY KLAMATH COALITION'S LEADERSHIP IT IS THIS COLLABORATION THAT ALSO PROVED INSTRUMENTAL IN BRINGING THE BLUE ZONES PROJECT TO KLAMATH FALLS DATA COLLECTED IN BEHALF OF THE BLUE ZONES PROJECT HELPED CORROBORATE FINDINGS IN THE NEEDS ASSESSMENT AND VALIDATE STRATEGIES IN THE IMPROVEMENT-PLAN ASSESSMENTS AND RESOURCES CONTAINING PRIMARY DATA INCLU DE BLUE ZONES PROJECT-KLAMATH FALLS, ASSESSMENT REPORT THE BLUE ZONES PROJECT ASSESSMENT TEAM IN 2016 CONDUCTED 16 FOCUS GROUPS WITH MORE THAN 220 PEOPLE AND MET WITH MORE THAN 25 KEY LEADERS AND COMMUNITY GROUPS TO LEARN ABOUT KLAMATH FALLS, ITS HISTORY, ECONOMY, AND PEOPLE FOCUS GROUPS WERE ORGANIZED BY SECTOR AND INCLUDED SCHOOLS, WORKSITES, COMMUNITY POLICY, RESTAURANTS, GROCERY STORES, AND FAITH-BASED AND CIVIC GROUPS ADDITIONALLY, A THREE-DAY BUILT ENVIRONMENT AUDIT VIA WALKING, BIKING, AND DRIVING WAS CONDUCTED BY NATIONAL BIKE AND WALKABILITY EXPERTS DAN BURDEN AND SAMANTHA THOMAS THESE DATA WERE REGULARLY REVIEWED AND CONSIDERED FOR THE CURRENT CHNA, AND ADDRESSING THOSE ISSUES IS PART OF THE CURRENT IMPLEMENTATION PLAN GALLUP-HEALTHWAYS WELL-BEING INDEX, KLAMATH FALLS THIS ASSESSMENT TEAM COLLECTS A SURVEY DATA FROM RESIDENTS IN THE KLAMATH FALLS URBAN GROWTH BOUNDARY TO ANALYZE FIVE ELEMENTS OF WELLBEING PURPOSE, SOCIAL, FINANCIAL, COMMUNITY, AND PHYSICAL THE INDEX WAS LAUNCHED LOCALLY FIRST IN 2015 AND REPEATED ANNUALLY THE CURRENT INDEX WAS CALCULATED THROUGH 765 COMPLETED ADDRESS-BASED SURVEYS ADMINISTERED IN THE SUMMER OF 2018 THOSE DATA INDICATE THE INDEX</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>IN KLAMATH COUNTY INCREASED 2 6 POINTS TO 54 9 THAT'S 3 6 POINTS BELOW THE US VALUE 4 2 P OINTS BELOW THE OREGON VALUE COMMUNITY WELL-BEING CAN BE DEFINED AS LIKING WHERE YOU LIVE , FEELING SAFE AND HAVING PRIDE IN YOUR COMMUNITY OREGON INSTITUTE OF TECHNOLOGY (OIT) POP ULATION HEALTH MANAGEMENT STUDENTS IN THE PROGRAM WORKING WITH THE OIT RESEARCH CENTER FI ELDED A KLAMATH COMMUNITY SURVEY TO COLLECT CURRENT QUALITATIVE DATA TO BETTER UNDERSTAND LOCAL HEALTH STATUS, HEALTH CONCERNS, BARRIERS TO CARE, AND HEALTH BEHAVIORS A TOTAL OF 5 00 SURVEYS WERE COLLECTED FROM AN ASSORTMENT OF EVENTS AND VENUES INCLUDING THE ANNUAL SKY LAKES COMMUNITY HEALTH FAIR HELD AT THE KLAMATH COUNTY FAIRGROUNDS NEAR THE POPULATION CE NTER OF KLAMATH FALLS, THE LARGEST CITY IN THE COUNTY PRINCIPAL FINDINGS INDICATED ABOUT A FOURTH OF THE RESPONDENTS REPORTED A HOUSEHOLD INCOME OF LESS THAN \$20,000, ABOUT 38 PER CENT HAD EMPLOYER-SPONSORED HEALTH INSURANCE WHILE ANOTHER 38 PERCENT WERE ENROLLED IN A G OVERNMENT-SPONSORED INSURANCE PROGRAM, AND THE TOP THREE RESPONSES TO THE QUESTION "IS THE RE ANYTHING YOU FEEL IS KEEPING YOU FROM HAVING BETTER HEALTH?" WERE LACK OF PHYSICAL ACTI VITY, COST, AND CHRONIC ILLNESS LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) USING THE I INSTRUMENT FROM THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS, THE SURVEY ASKED THREE QU ESTIONS IN EACH OF 11 CATEGORIES SEEKING INFORMATION ON THE 10 ESSENTIAL PUBLIC HEALTH SER VICES AND HEALTH EQUITY THE MONTH-LONG ELECTRONIC SURVEY RESULTED IN 31 FULLY COMPLETED R ESPONSES FROM COMMUNITY PARTNERS REPRESENTING MANY DIFFERENT SECTORS THE RESULTS IDENTIFI ED WHERE PARTNERS CAN STRENGTHEN HOW THEY DELIVER ESSENTIAL PUBLIC HEALTH SERVICES COMMUNI TY THEMES AND STRENGTHS ASSESSMENT THIS INSTRUMENT SOUGHT TO IDENTIFY ASSETS IN THE COMMU NITY AND ISSUES THAT ARE IMPORTANT TO PEOPLE LIVING HERE THE ONE-DAY COMMUNITY FORUM WAS ATTENDED BY 25 PEOPLE WHO EVALUATED "HEALTH BEHAVIORS," "CLINICAL CARE," "PHYSICAL ENVIRON MENT, AND "SOCIAL AND ECONOMIC FACTORS " THESE CATEGORIES ALIGN WITH THE NATIONAL COUNTY H EALTH RANKINGS MODEL</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	PART V, SECTION B, LINE 7D PRINTED COPIES AT SKY LAKES MEDICAL CENTER, CASCADES EAST FAMILY MEDICINE CLINIC, KLAMATH COUNTY HEALTH DEPARTMENT, KLAMATH COUNTY LIBRARY'S MAIN BRANCH, AND ON REQUEST

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 ACCORDING TO THE FEDERAL CENTERS FOR DISEASE CONTROL (CDC), THE TOP 10 LEADING CAUSES OF DEATH IN THE UNITED STATES ARE HEART DISEASE, CANCER, CHRONIC LOWER RESPIRATORY DISEASES, STROKE, UNINTENTIONAL INJURIES, ALZHEIMER'S DISEASE, DIABETES MELLITUS, PNEUMONIA AND INFLUENZA, KIDNEY DISEASE, AND SUICIDE SEVEN OF THESE 10 ARE CHRONIC DISEASES THAT PERSIST FOR YEARS, DECREASE QUALITY OF LIFE, AND STRAIN THE HEALTHCARE SYSTEM, TREATING PEOPLE WITH CHRONIC CONDITIONS ACCOUNTS FOR 90 PERCENT OF THE NATION'S HEALTHCARE COSTS THE TOP FIVE LEADING CAUSES OF DEATH IN KLAMATH COUNTY ARE CANCER, HEART DISEASE, CHRONIC RESPIRATORY DISEASES, ACCIDENTS AND SUICIDE FURTHER, ALMOST A FOURTH OF ALL DEATHS IN KLAMATH COUNTY ARE TOBACCO-RELATED SKY LAKES MEDICAL CENTER'S RESPONSE TO CANCER- AND TOBACCO-RELATED DEATHS INCLUDE TRAINING FACILITATORS AND HOSTING FREEDOM FROM SMOKING CLASSES AND MARKETING THE CLASSES ONLINE, IN MASS MEDIA AND IN NEWS CHANNELS SKY LAKES ALSO PROMOTED REGULAR SCREENING (COLORECTAL AND SKIN CANCER SCREENINGS ARE HIGHLIGHTS OF THE 2019 ANNUAL COMMUNITY HEALTH FAIR ORGANIZED BY SKY LAKES, SOME 2,500 PEOPLE ATTEND THE FREE EVENT AT THE KLAMATH COUNTY FAIRGROUNDS) AND MASS MEDIA AWARENESS CAMPAIGNS THE HEALTH FAIR AND OTHER COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY PROGRAMS AMOUNT TO A SKY LAKES INVESTMENT OF MORE THAN \$90,000 (NET) EACH YEAR ACCORDING TO THE FINDINGS WITHIN THE CHINA, MORE THAN HALF THE PEOPLE IN KLAMATH COUNTY HAVE ONE OR MORE CHRONIC CONDITIONS, AND MOST PEOPLE HAVE ONE OR MORE RISK FACTORS FOR A CHRONIC CONDITION RISK FACTORS INCLUDE OBESITY, LACK OF PHYSICAL ACTIVITY, TOBACCO USE, HIGH BLOOD PRESSURE, AND HIGH CHOLESTEROL SKY LAKES PROVIDES PEOPLE IN THE COMMUNITY IT SERVES APPROXIMATELY \$5.5 MILLION (NET) IN SUBSIDIZED HEALTH SERVICES SKY LAKES IS ADDRESSING OBESITY HEAD ON WITH THE IMPLEMENTATION OF THE SKY LAKES WELLNESS CENTER, WHICH OFFERS NUTRITION, EXERCISE, AND STRESS MANAGEMENT COACHING MANY PARTNER ORGANIZATIONS INCLUDING OREGON STATE UNIVERSITY'S EXTENSION PROGRAM, OFTEN IN COOPERATION WITH SKY LAKES DEPARTMENTS, ARE IMPLEMENTING INTERVENTIONS TO PREVENT OBESITY BY OFFERING WALKING GROUPS, AFTER-SCHOOL ACTIVITIES, NUTRITION EDUCATION, AND RECREATION OPPORTUNITIES SKY LAKES DIETITIANS REGULARLY PRESENT AT NO CHARGE TO BUSINESSES AND ORGANIZATIONS IN THE COMMUNITY ADVOCATING FOR BETTER NUTRITION CHOICES THESE AND RELATED COMMUNITY-BUILDING ACTIVITIES INVOLVING SKY LAKES AMOUNT TO APPROXIMATELY \$1.4 MILLION A YEAR (NET) SKY LAKES INVESTED \$600,000 OVER THREE YEARS (\$200,000 A YEAR THROUGH 2018) TO LEVERAGE \$1.2 MILLION MATCHING FUNDING TO BRING THE BLUE ZONES PROJECT TO KLAMATH FALLS THE CITY IS THE FIRST BLUE ZONES DEMONSTRATION CITY IN THE PACIFIC NORTHWEST BLUE ZONES EMPLOYS EVIDENCE-BASED WAYS TO HELP PEOPLE LIVE LONGER WHILE LIVING BETTER BLUE ZONES TAKES A SYSTEMATIC, ENVIRONMENTAL APPROACH TO WELL-BEING, WHICH FOCUSES ON OPTIMIZING POLICY, BUILDING DESIGN, SOCIAL NETWORK</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>ORKS, AND THE BUILT ENVIRONMENT SKY LAKES IS THE PRINCIPAL SPONSOR OF THE CURRENT BLUE ZONES PROJECT AND EMPLOYS ITS LEADERSHIP STAFF TO HELP ENSURE CONTINUITY AND COORDINATION OF LOCAL PROGRAMS THE PROJECT'S FULL-TIME STAFF AND AN EXTENSIVE LOCAL VOLUNTEER CADRE ENCOURAGE INCREASED PHYSICAL ACTIVITY, NO TOBACCO, AND HEALTHIER NUTRITION CHOICES AS WELL AS MORE SOCIAL INTERACTIONS TO RELIEVE STRESS THEY ALSO ADVOCATE FOR POLICIES THAT ENABLE BUILT ENVIRONMENT, ANTI-SMOKING REGULATIONS, AND MORE FRESH FOOD WORK BY SKY LAKES AND LOCAL BLUE ZONES PROJECT STAFF IS AIMED AT ENCOURAGING MORE PHYSICAL ACTIVITY, PROMOTING SELF-AWARENESS ABOUT HEALTHFUL LIFESTYLES, AND CHANGING POLICIES - AT WORKPLACES, IN BUSINESS, AND AT GOVERNMENT LEVELS -- TO ALIGN WITH THAT PHILOSOPHY SKY LAKES WAS INSTRUMENTAL IN THE DEVELOPMENT OF EXTENSIVE AREA TRAILS FOR HIKING, A PROTECTED BIKE LANE FROM CITY-CENTER TO A MUNICIPAL PARK, THE DEVELOPMENT OF A FAMILY-FRIENDLY PLAY AREA AT A NEIGHBORHOOD PARK , AND THE CREATION OF A NEW DOWNTOWN PARK IN RESPONSE TO THE BLUE ZONE PROJECT'S GUIDANCE IN CONCERT WITH THE SKY LAKES WELLNESS CENTER AND OTHER SKY LAKES DEPARTMENTS SKY LAKES SPONSORED A THREE-YEAR "LEARN TO SWIM" PROGRAM FOR AREA THIRD-GRADERS AS A WAY TO FURTHER ENCOURAGE A LIFELONG HABIT OF PHYSICAL ACTIVITY AND WELLNESS THE SPONSORSHIP, APPROXIMATELY \$25,000 A YEAR, INVOLVES NEARLY 800 STUDENTS IN AREA PUBLIC AND PRIVATE SCHOOLS WHO TRAVEL TO THE ELLA REDKEY MUNICIPAL POOL TO GAIN VALUABLE LIFE-SAVING SKILLS TO ENCOURAGE ADULTS, ESPECIALLY SENIORS, TO REMAIN PHYSICALLY ACTIVE, SKY LAKES AND CASCADES EAST HOST THE WALK WITH A DOC PROGRAM EVERY SATURDAY (EXCEPT MAJOR HOLIDAYS) AT A LOCAL SPORT PARK ARE A PHYSICIANS PRESENT ON A HEALTH-RELATED TOPIC AND THEN LEAD AN HOUR-LONG WALK WITH DOZENS OF PEOPLE IN ATTENDANCE SKY LAKES IS ALSO A MAJOR SPONSOR OF COMMUNITY WALK-RUN EVENTS, A CHILDREN-ONLY RUNNING SERIES, AND AMATEUR SPORTS ACTIVITIES INCLUDING PICKLEBALL (SKY LAKES WAS A MAJOR SPONSOR OF NEW COURTS FOR THE LOCAL LEAGUE) AND AN ADULT BASKETBALL LEAGUE , AND BASEBALL SCHOLARSHIPS TO HELP ECONOMICALLY CHALLENGED AREA YOUTH RELATED TO OBESITY IS DIABETES DIABETES PREVENTION AND LIFESTYLE-CHANGE STRATEGIES WERE THE FOCUS OF A MULTI-MEDIA ADVERTISING AND AWARENESS CAMPAIGN COORDINATED BY SKY LAKES DIABETES EDUCATORS REGULAR "COOKING MATTERS" CLASSES HOSTED BY THE SKY LAKES WELLNESS CENTER AND SUPPORTED BY CONTRIBUTIONS FROM THE MEDICAL CENTER ALSO FOCUS ON HEALTHY NUTRITION CHOICES TO SUPPORT WEIGHT REDUCTION AND DIABETES PREVENTION SKY LAKES GENEROUSLY CONTRIBUTES TO LOCAL CHILDHOOD INTERVENTION PROGRAMS SUCH AS CASA, FRIENDS OF THE CHILDREN-KLAMATH FALLS, AND CITIZENS FOR SAFE SCHOOLS TO HELP SUPPORT THEIR EDUCATIONAL AND MENTORING EFFORTS AIMED AT TEACHING HEALTHY LIFESTYLE STRATEGIES TO CHILDREN AND YOUNG ADULTS TO FURTHER SUPPORT HEALTHY NUTRITION, SUPPORTS THE KLAMATH-LAKE FOOD BANK AND ITS PRODUCE CONNECT PROGRAM, WHICH ANNUALLY DISTRIBUTES A QUARTER TON OF F</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	<p>RESH PRODUCE TOMORE THAN 4,000 HOUSEHOLDS IN THE AREA SKY LAKES ALSO OPENS SOME OF ITS FA CILITIES AS DISTRIBUTION SITES, AND ENCOURAGES STAFF TO VOLUNTEER IN THE DISTRIBUTION ACTI VITIES MENTAL HEALTH IS A GROWING CONCERN IDENTIFIED IN THE NEEDS ASSESSMENT KLAMATH COUN TY IS A VIBRANT COMMUNITY FACED WITH SOME CONCERNING MENTAL HEALTH CHALLENGES THERE IS A HIGH PREVALENCE OF MENTAL HEALTH PROBLEMS AND AN UNFORTUNATE LACK OF MENTAL HEALTH PROVIDE RS IN KLAMATH COUNTY MENTAL HEALTH ISSUES OFTEN LEAD TO OTHER SOCIAL AND PHYSICAL HEALTH ISSUES, CREATING BROADER, COMMUNITY-WIDE PROBLEMS ACTIVE INTERVENTION IN MENTAL HEALTH CA SES IS BEYOND THE SCOPE OF SKY LAKES, ALTHOUGH THE ORGANIZATION WORKS IN CLOSE COORDINATIO N WITH KLAMATH BASIN BEHAVIORAL HEALTH AND SUPPORTS THE KBBH ROLE IN THE COMMUNITY SKY LAK ES EMPLOYEES, HOWEVER, PLAY AN ACTIVE ROLE IN COMMUNITY MENTAL HEALTH AND SUBSTANCE DISORD ER PREVENTION ACTIVITIES SKY LAKES WAS PIVOTAL IN CREATING THE KLAMATH WORKS AGENCY, WHER E STAFF HELP CLIENTS LEARN HOW TO APPLY FOR AND RETAIN JOBS, THE AGENCY IS HOUSED IN A SKY LAKES BUILDING SKY LAKES IS AMONG THE AGENCIES BUILDING A NEW FACILITY TO AID PEOPLE IN M ENTAL HEALTH CRISES OR SEEKING ALCOHOL AND SUBSTANCE ABUSE REHABILITATION THERAPY SERVICES SKY LAKES CONTRIBUTED \$200,000 TOWARD THE FACILITY'S CONSTRUCTION, AND, WHEN THE FACILIT Y IS OPEN, SKY LAKES WILL CONTRIBUTE TO ITS OPERATION ACCORDING TO THE CHNA, THE HEALTH RE SOURCES AND SERVICES ADMINISTRATION (HRSA) HAS IDENTIFIED KLAMATH COUNTY AS A HEALTH PROFE SSIONAL SHORTAGE AREA TO HELP COUNTER THE SHORTAGE OF PROVIDERS, SKY LAKES OPERATES THE C ASCADES EAST FAMILY MEDICINE RESIDENCY IN COOPERATION WITH OREGON HEALTH &amp; SCIENCE UNIVERS ITY AND STAFFS THE ASSOCIATED CLINIC EIGHT PHYSICIANS A YEAR STUDY FOR THREE YEARS AT THE KLAMATH FALLS PROGRAM EN ROUTE TO THEIR FAMILY MEDICINE SPECIALTY THIS AMOUNTS TO AN INV ESTMENT OF MORE THAN \$2 3 MILLION (NET) ANNUALLY BY SKY LAKES [SEE LINE 11 OVERFLOW LATER IN PART V]</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SKY LAKES MEDICAL CENTER	PART V, SECTION B, LINE 13H SKY LAKES PROVIDES PRESUMPTIVE ELIGIBILITY BY RELYING ON OUTSIDE AGENCIES DETERMINATION OF INCOME STATUS

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3J OVERFLOW	<p>AGE PLAYS A SIGNIFICANT ROLE ON THE HEALTH OF A COMMUNITY, AS DIFFERENT LIFE STAGES TEND TO EXPERIENCE HEALTH OUTCOMES UNIQUE TO THEIR AGE IN KLAMATH COUNTY, THE MEDIAN AGE IS 42.6 YEARS. THOSE 65 AND OLDER COMPRISE 21.2 PERCENT OF THE POPULATION WHILE THOSE UNDER 18 COMPRISE 21.7 PERCENT. THE PRIMARY GOAL OF THE CHNA IS TO BETTER UNDERSTAND THE HEALTH OF OUR COMMUNITY AND TO DEVELOP LOCAL STRATEGIES TO ADDRESS OUR COMMUNITY'S SPECIFIC NEEDS AND IDENTIFIED PRIORITY ISSUES. THE CHNA INFORMS THE GROUP AND HELPS SET COMMUNITY PRIORITIES, ESTABLISHES BENCHMARKS AND MONITORS TRENDS IN THE HEALTH STATUS OF KLAMATH COUNTY RESIDENTS. THERE IS AN ADDED BENEFIT IN THAT THE IMPROVEMENT EFFORTS EXTEND TO OTHER REGIONS IN THE CATCHMENT AREA OUTSIDE THE DEFINED COMMUNITY. WE ACKNOWLEDGE THAT THE CHNA IS A LIVING DOCUMENT, ALLOWING US TO SEEK CONTINUOUS IMPROVEMENT AND FURTHER ANALYZE THE DATA AND, ULTIMATELY, IMPROVE THE HEALTH OF PEOPLE IN OUR COMMUNITY. UNDERSTANDING THAT HEALTH IS A PRODUCT OF MANY CONDITIONS AND FACTORS, AN ADAPTED VERSION OF THE STRATEGIC PLANNING FRAMEWORK DEVELOPED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) IN COOPERATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WAS MADE TO CREATE THIS CHNA. THE STRATEGIC PLANNING FRAMEWORK THAT WAS ADAPTED FOR KLAMATH COUNTY IS KNOWN AS MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP). MAPP IS A COMMUNITY-DRIVEN PROCESS THAT RESULTS IN THE IDENTIFICATION OF HEALTH ISSUES AND HEALTH IMPROVEMENT STRATEGIES THROUGH COMMUNITY MEMBER AND STAKEHOLDER ENGAGEMENT. THE PROCESS IS DESCRIBED MORE FULLY IN THE CHNA. FACILITATED BY COMMUNITY HEALTH LEADERS, MAPP IS INTENDED TO IMPROVE THE EFFICIENCY, EFFECTIVENESS, AND PERFORMANCE OF LOCAL HEALTHCARE SYSTEMS. SKY LAKES IS A PRINCIPAL PART OF THAT LOCAL SYSTEM. MAPP ALLOWS FOR AN ENHANCED UNDERSTANDING OF THE INFLUENCES ON COMMUNITY HEALTH THROUGH THE ANALYSIS OF POPULATION-BASED QUANTITATIVE DATA, LOCALLY GATHERED QUALITATIVE DATA, AND THE EXPERTISE OF KEY STAKEHOLDERS. THESE VARIOUS DATA-COLLECTION METHODS ALLOW FOR A BETTER UNDERSTANDING OF THE SOCIAL DETERMINANTS OF HEALTH. THE SOCIAL DETERMINANTS OF HEALTH ARE THE CIRCUMSTANCES IN WHICH PEOPLE ARE BORN, RAISED, LIVE, AND WORK, IN ADDITION TO AVAILABLE RESOURCES. THEY PROVIDE A LENS THROUGH WHICH TO VIEW DIFFERENT POPULATIONS AND COMMUNITIES AND IDENTIFY CONDITIONS THAT PROMOTE HEALTH, RATHER THAN LIMIT IT. WITH THIS INFORMATION WE CAN COLLECTIVELY BETTER UNDERSTAND THE DRIVERS OF HEALTH OUTCOMES IN KLAMATH COUNTY AND DEVELOP STRATEGIES FOR HEALTH IMPROVEMENT. SKY LAKES AND OUR COMMUNITY PARTNERS COLLABORATIVELY AGREED TO UTILIZE THE HEALTHY COMMUNITIES INSTITUTE (HCI), WHICH MANAGES AND CONTINUALLY UPDATES A CENTRALIZED PUBLICALLY AVAILABLE WEB-BASED SOURCE OF POPULATION DATA AND COMMUNITY HEALTH INFORMATION, AS A PLATFORM. WITH IT, WE HAVE CONTINUAL MONITORING AND TRACKING ON SOME 150 INDICATORS THAT ARE ROUTINELY UPDATED. THESE INDICATORS WERE ASSESSED.</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3J OVERFLOW	<p>N FOUR FACTORS 1) COMPARISON TO OREGON AND NATIONAL BENCHMARKS, 2) TRENDS OVER TIME, 3) HEALTH DISPARITIES, AND 4) SEVERITY OF HEALTH ISSUES THE HEALTH INDICATORS SELECTED MET AT LEAST THREE OF THE FOUR CONDITIONS - KLAMATH COUNTY RATE IS HIGHER THAN THE OREGON STATE AVERAGE AND/OR DOES NOT MEET THE NATIONAL HEALTHY PEOPLE 2020 BENCHMARK, - THE TREND IS WORSENING, - CERTAIN POPULATIONS ARE EXPERIENCING A DISPARITY, OR- LONG-TERM CONSEQUENCE, PREMATURE DEATH, AND/OR HIGH HEALTH-RELATED EXPENDITURES ARE ASSOCIATED THE FORMULATION OF CHNACORDINATED BY SKY LAKES MEDICAL CENTER WAS STRONGLY INFLUENCED BY INPUT FROM COMMUNITY PARTNERS AND STAKEHOLDERS AS WELL AS INDIVIDUALS IN THE COMMUNITIES WE SERVE COMMUNITY INVOLVEMENT IS ESSENTIAL TO SUCCESSFUL PUBLIC HEALTH ACTION, AND THE PRIORITY AREAS FOR HEALTH IMPROVEMENT SHOULD REFLECT THE PROBLEMS OF GREATEST CONCERN TO THE LOCAL COMMUNITIES SKY LAKES AND ITS PARTNERS REGULARLY SEEK COMMUNITY INPUT VIA LISTENING SESSIONS, FOCUS GROUPS, THE HOSPITAL'S PARTNERS IN CARE PATIENT-FAMILY ADVISORY COUNCIL, AND SURVEYS COMMUNITY PERCEPTIONS REGARDING HEALTH NEEDS ARE CAPTURED IN NON-SCIENTIFIC SURVEYS AND INTERVIEWS CONDUCTED AT THE CONCLUSION OF COMMUNITY EVENTS HOSTED BY THE MEDICAL CENTER INFORMATION FROM THESE ACTIVITIES HELPS INFORM FOLLOW-ON STRATEGIES AND PROGRAMS</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 OVERFLOW	<p>TO HELP DEVELOP A NEW GENERATION OF PHYSICAL THERAPISTS, SKY LAKES INVESTED \$200,000 TO HELP OREGON INSTITUTE OF TECHNOLOGY LAUNCH A DOCTOR OF PHYSICAL THERAPY PROGRAM, TO BE OFFERED IN PARTNERSHIP WITH OREGON HEALTH &amp; SCIENCE UNIVERSITY. THE PROGRAM IS OREGON TECH'S FIRST DOCTORAL DEGREE. SKY LAKES ALSO IS A MAJOR SPONSOR OF HIGH SCHOOL AND COMMUNITY COLLEGE PROGRAMS AIMED AT TRAINING NURSES AND NURSE AIDES, AND ENCOURAGING STUDENT PARTICIPATION IN SCIENCE, TECHNOLOGY, ENGINEERING, MATH AND MEDICAL (STEM&amp;M) CURRICULA. SKY LAKES PHARMACY ALSO HAS AN ACTIVE RESIDENCY PROGRAM TO FURTHER DEVELOP HEALTH CARE RESOURCES. SKY LAKES FUNDS THE PHARMACY RESIDENCY AT A NET EXPENSE OF APPROXIMATELY \$250,000 ANNUALLY. SKY LAKES ALSO OFFERS STUDENTS IN A LOCAL COMMUNITY COLLEGE CLASSROOM INSTRUCTION REGARDING VARIOUS ASPECTS OF BEDSIDE CARE. SKY LAKES IS AN ENTHUSIASTIC PARTNER WITH LOCAL SCHOOLS IN ACADEMIC AS WELL AS ATHLETIC PROGRAMS. SKY LAKES ALSO ENCOURAGES PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES AT ALL LEVELS BY PROVIDING FUNDING FOR ROBOTICS, HEALTH OCCUPATIONS COMPETITION, AND ACADEMIC COMPETITIONS. HEALTH EQUITY IS BECOMING A PRIORITY IN THE HEALTH FIELD, AS NOT EVERYONE HAS THE CHANCE TO ACHIEVE OPTIMAL HEALTH DUE TO SOCIAL POSITION OR CIRCUMSTANCE. HEALTH INEQUITIES ARE DEMONSTRATED BY MARKED DIFFERENCES IN QUALITY OF LIFE, DISEASE RATES, AND ACCESS TO RESOURCES. RACIAL AND ETHNIC MINORITIES, SEXUAL MINORITIES, PEOPLE WITH DISABILITIES, AND OTHER VULNERABLE GROUPS MORE OFTEN FACE UNNECESSARY BARRIERS TO ACHIEVING OPTIMAL HEALTH, WHICH CAN BE ELIMINATED. THESE ARE AREAS IN WHICH SKY LAKES ACTIVELY SUPPORTS PUBLIC AND PRIVATE AGENCIES AND GOVERNMENT OFFICES AS THEY SEEK SOLUTIONS, BUT CANNOT BE EXPECTED TO ADDRESS THE NEEDS. TRANSPORTATION IS IDENTIFIED AS A NEED IN THE COMMUNITY, ESPECIALLY AMONG LOWER SOCIO-ECONOMIC POPULATIONS. SKY LAKES OUTPATIENT CARE MANAGEMENT PROVIDES HEALTH CARE-RELATED TRANSPORTATION TO MORE THAN 300 QUALIFYING INDIVIDUALS AT A NET COMMUNITY BENEFIT OF MORE THAN \$22,000. EDUCATION IS ONE OF THE IDENTIFIED SOLUTIONS. IT CAN REDUCE POVERTY, INCREASE INCOME, AND PROVIDE MORE FUTURE OPPORTUNITIES. IT HELPS COMBAT INEQUALITY AND INJUSTICE, IS ASSOCIATED WITH BETTER OVERALL HEALTH, AND DRIVES SUSTAINABLE ECONOMIC GROWTH WITHIN A COMMUNITY. DIRECT INTERVENTION IS BEYOND THE SCOPE OF SKY LAKES, HOWEVER HIGH RATES OF CHRONIC ABSENTEEISM AND MOBILITY WITHIN SCHOOL DISTRICTS HAVE BEEN IDENTIFIED AS MAIN FACTORS DRIVING DOWN RATES OF EDUCATIONAL SUCCESS. THIS IS WIDELY RECOGNIZED AMONG LEADERSHIP GROUPS ACROSS THE COUNTY, AND AS A RESULT, A STRONG PARTNERSHIP BETWEEN THE LOCAL HIGHER EDUCATION INSTITUTIONS, YOUTH MENTORING PROGRAMS, AND PUBLIC SCHOOLS HAS FORMED. KLAMATH PROMISE IS A POWERFUL INITIATIVE FOCUSED ON REDUCING ABSENTEEISM AND PROVIDING MENTORING TO HELP KLAMATH COUNTY ACHIEVE A 100 PERCENT GRADUATION RATE. SKY LAKES GENEROUSLY CONTRIBUTES FINANCIALLY TO KLAMATH PROMISE AND RELATED SCHOOL-BASED PROGRAMS AS WELL AS TO REA</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 OVERFLOW	<p>DING PROGRAMS SUCH AS SMART (START MAKING A READER TODAY) AIMED AT STUDENTS IN GRADES 1-3, AND ROTARY INTERNATIONAL-SPONSORED READING PROGRAMS FOR FIRST-GRADERS OTHER SOCIAL DETER MINANTS OF HEALTH INCLUDE UNEMPLOYMENT, HOMELESSNESS, CRIME AND SAFETY WHILE SKY LAKES WA S INSTRUMENTAL IN THE FORMATION OF THE INNOVATIVE KLAMATH WORKS AGENCY, WHICH HELPS ADDRES S MANY OF THOSE ISSUES, SKY LAKES IS UNABLE TO ADDRESS THE FUNDAMENTAL ISSUES SUBSTANCE A BUSE, A MODIFIABLE HEALTH RISK, WILL BE ADDRESSED BY A SOBERING CENTER ON THE CAMPUS SKY LAKES COMMITTED \$200,000 TO ITS CONSTRUCTION AND PLEDGED TO COVER A SUBSTANTIAL PART OF IT S ANNUAL OPERATION TO ENSURE PROPER PATIENT CARE AND REHABILITATION TREATMENT "BUILT ENVIR ONMENT" IS DEFINED AS OUR HUMAN-MADE SURROUNDINGS THAT INFLUENCE ACTIVITIES AND THEREFORE HEALTH BEHAVIORS AND SOCIAL NORMS IMPROVED POPULATION HEALTH REQUIRES A FOCUS ON IMPROVIN G THE BUILT ENVIRONMENT BECAUSE OF THE IMPORTANT ROLE IT PLAYS IN PROMOTING HEALTH AND PRE VENTING CHRONIC DISEASE FOR EXAMPLE, WHEN THERE ARE SAFE AREAS - GREEN SPACES, PARKS, SAF E ROUTES, AND THRIVING BUSINESSES - EASILY ACCESSIBLE, PEOPLE FIND IT EASIER TO BE PHYSICA LLY ACTIVE AND WALK TO THESE PLACES, FEEL SAFE, AND MEET WITH SOCIAL GROUPS ALL OF THESE ACTIVITIES IMPROVE HEALTH SKY LAKES HAS CONTRIBUTED FINANCIAL AND HUMAN RESOURCES TO HELP CREATE GREENSPACES IN DOWNTOWN KLAMATH FALLS, TO HELP REHABILITATE A MAJOR NEIGHBORHOOD P ARK NEAR THE MEDICAL CENTER, AND ADD A CHILDREN'S PLAY AREA, AND TO HELP CREATE HIKING AND BIKING TRAILS IN AND AROUND THE CITY SKY LAKES HAD A LEADERSHIP ROLE IN CREATING SAFE BI KE LANES CONNECTING DOWNTOWN AND THE LARGEST MUNICIPAL PARK IN THE CITY THESE ARE STRATEG IES INTENDED TO ENCOURAGE PEOPLE TO BE MORE PHYSICALLY ACTIVE WHILE REDUCING VEHICULAR TRA FFIC</p>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - FAMILY MEDICINE RESIDENCY 2801 DAGGETT AVENUE KLAMATH FALLS, OR 97601	MEDICAL CLINIC & MEDICAL RESIDENCY PGM
<b>1</b> 2 - OUTPATIENT IMAGING 2900 DAGGETT AVENUE KLAMATH FALLS, OR 97601	OUTPATIENT DIAGNOSTIC IMAGING CENTER
<b>2</b> 3 - MOB II 3000 BRYANT WILLIAMS DRIVE KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>3</b> 4 - FAMILY PRACTICE CLINIC 1905 MAIN KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>4</b> 5 - MOB I 2200 BRYANT WILLIAMS DRIVE KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>5</b> 6 - CANCER TREATMENT CENTER 2610 URHMAN KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>6</b> 7 - CENTER FOR OCCUPATIONAL HEALTH 2621 CROSBY AVENUE KLAMATH FALLS, OR 97603	HOME HEALTH SERVICES, EMPLOYEE ASSISTANCE PROGRAM
<b>7</b> 8 - ADULT MEDICINE & FAMILY PRACTICE 3001 DAGGETT AVENUE KLAMATH FALLS, OR 97601	MEDICAL CLINICS
<b>8</b> 9 - UROLOGY CLINIC 2630 CAMPUS DRIVE KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>9</b> 10 - MOB III 2680 UHRMANN ROAD KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>10</b> 11 - FAMILY PRACTICE CLINIC 2617 ALMOND STREET KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>11</b> 12 - FAMILY PRACTICE CLINIC 2600 CLOVER KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>12</b> 13 - WELLNESS CENTER 128 SOUTH 11TH STREET KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>13</b> 14 - PULMONARY MEDICINE 2301 CLAIRMONT KLAMATH FALLS, OR 97601	MEDICAL CLINIC
<b>14</b> 15 - COMMUNITY HEALTH EDUCATION 2200 NORTH ELDORADO AVENUE KLAMATH FALLS, OR 97601	COMMUNITY EDUCATION FACILITY

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - HUGH CURRIN HOUSE 2601 DAGGETT AVENUE KLAMATH FALLS, OR 97601	RESIDENTIAL FACILITY FOR FAMILIES UNDERGOING CARE
<b>1</b> 17 - RECOVERY ZONE 2846 EBERLEIN AVE KLAMATH FALLS, OR 97603	REHABILITATION SERVICES
<b>2</b> 18 - PEDIATRIC REHAB 2686 CAMPUS DRIVE KLAMATH FALLS, OR 97601	REHABILITATION SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

SKY LAKES MEDICAL CENTER

Employer identification number

93-0508781

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	14
3	Enter total number of other organizations listed in the line 1 table . . . . .	0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATION REIMBURSEMENT	21	50,779			
(2) PATIENT ASSISTANCE	1115	43,333			
(3) STUDENT LOAN/TUITION ASSISTANCE TO EMPLOYEES	9	16,244			
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE BOARD OF DIRECTORS MAKES DECISIONS ON LARGE GRANT AWARDS SCHOLARSHIP AWARDS ARE BASED ON A WRITTEN POLICY OTHER STIPENDS AND EDUCATIONAL SUPPORT REQUIRE, RESPECTIVELY, WORKED HOURS OR MINIMUM GRADING CRITERIA PATIENT ASSISTANCE GRANTS ARE BASED ON ASSESSMENT OF NEED BY ASSIGNED PERSONNEL

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 93-0508781  
**Name:** SKY LAKES MEDICAL CENTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KLAMATH COUNTY SCHOOL DISTRICT 10501 WASHBURN WAY KLAMATH FALLS, OR 97603	93-6000543	501(C)(1)	21,500				HOSA PROGRAM ASSISTANCE
KLAMATH COMMUNITY FOUNDATION PO BOX 1903 KLAMATH FALLS, OR 97601	20-5502851	501(C)(3)	19,000				SOFTWARE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KLAMATH PUBLIC SAFETY PAC 316 MAIN ST KLAMATH FALLS, OR 97602	46-3281965	501(C)(3)	17,000				COMMUNITY BENEFIT
CITY OF KLAMATH FALLS 222 S SIXTH ST KLAMATH FALLS, OR 97601	93-6002195	501(C)(1)	12,390				CHILDREN'S SWIM PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KLAMATH LAKE COUNTIES FOOD BANK 3231 MAYWOOD DR KLAMATH FALLS, OR 97603	93-0873280	501(C)(3)	10,805				FEED THE HUNGRY
KLAMATH ICE SPORTS INC 5075 FOX SPARROW DR KLAMATH FALLS, OR 97601	93-1279736	501(C)(3)	10,070				BUILDING CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF THE CHILDREN 3837 ALTAMONT DRIVE KLAMATH FALLS, OR 97603	93-1290284	501(C)(3)	8,800				CHILDREN ADVOCACY
CASA OF CHILDREN OF KLAMATH COUNTY 731 MAIN STREET 202 KLAMATH FALLS, OR 97601	93-1261640	501(C)(3)	7,500				CHILDREN ADVOCACY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KCDC 2960 MAYWOOD DRIVE 10 KLAMATH FALLS, OR 97603	93-1175532	501(C)(3)	6,000				MILITARY COMPETITION
KLAMATH BASIN SENIOR 2045 ARTHUR STREET KLAMATH FALLS, OR 97601	46-0716639	501(C)(3)	6,000				SENIOR ADVOCACY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KLAMATH ASSEMBLY OF GOD 235 S LAGUNA ST KLAMATH FALLS, OR 97601	93-0513049	501(C)(3)	5,000				FEED THE HUNGRY
KLAMATH FALLS YOUTH BASEBALL 2261 S SIXTH ST KLAMATH FALLS, OR 97601	68-0494059	501(C)(3)	5,000				CHILDREN'S PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BASIN UNITED SOCCER CLUB 4500 FOOTHILLS BLVD KLAMATH FALLS, OR 97603	35-2190336	501(C)(3)	5,000				WALKING PROGRAM
STEEN'S SPORT PARK 4500 FOOTHILLS BLVD KLAMATH FALLS, OR 97603	93-1226388	501(C)(3)	5,000				CHILDREN'S BASEBALL PROGRAM

**Schedule J**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

### Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2018

**Open to Public Inspection**

Name of the organization  
SKY LAKES MEDICAL CENTER

Employer identification number  
93-0508781

### Part I Questions Regarding Compensation

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL STEWART PRESIDENT/CEO/SECRETARY/TREAS	(i)	529,103	300,000	0	32,250	13,884	875,237	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD E RICO VP/CFO	(i)	385,706	73,556	0	32,250	19,008	510,520	0
	(ii)	0	0	0	0	0	0	0
3 STANTON T SMITH MD MEDICAL PROVIDER	(i)	564,983	33,751	0	13,750	19,008	631,492	0
	(ii)	0	0	0	0	0	0	0
4 MARC ORLANDO MD MEDICAL PROVIDER	(i)	558,402	32,991	0	13,750	19,008	624,151	0
	(ii)	0	0	0	0	0	0	0
5 JARED OGAO MD MEDICAL PROVIDER	(i)	563,740	20,000	0	13,750	19,008	616,498	0
	(ii)	0	0	0	0	0	0	0
6 BRADLEY A KRAMER MD MEDICAL PROVIDER	(i)	582,849	0	0	13,750	19,008	615,607	0
	(ii)	0	0	0	0	0	0	0
7 DAVID CHADBOURNE MD MEDICAL PROVIDER	(i)	537,847	0	0	13,750	19,008	570,605	0
	(ii)	0	0	0	0	0	0	0



---

**Part III**    **Supplemental Information**

---

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

---

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SKY LAKES MEDICAL CENTER

Employer identification number

93-0508781

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	KLAMATH FALLS INTERCOMMUNITY HOSPITAL AUTHORITY	93-1061020	498413EF6	11-29-2012	18,288,334	REFUNDING OF 2002 BONDS, ENERGY EFFICIENCY COSTS, RESERVE FUND		X		X		X
<b>B</b>	KLAMATH FALLS INTERCOMMUNITY HOSPITAL AUTHORITY	93-1061020	498413FR9	06-23-2016	59,146,386	REFUNDING OF 2006 BONDS, NEW MEDICAL OFFICE BUILDINGS, PARKING FACILITIES		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	2,839,000		983,000					
<b>2</b>	Amount of bonds legally defeased . . . . .	11,772,436							
<b>3</b>	Total proceeds of issue . . . . .	18,288,334		59,146,386					
<b>4</b>	Gross proceeds in reserve funds . . . . .	59,879							
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	257,477		846,856					
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	6,198,542		25,000,000					
<b>11</b>	Other spent proceeds . . . . .			33,299,530					
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2013		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .	X		X					
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X		X				

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization SKY LAKES MEDICAL CENTER	Employer identification number 93-0508781
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) PAUL STEWART	PRES/CEO	LIFE INSURANCE POLICY PURCHASE		X	1,050,000	1,160,671		No	Yes		Yes	
<b>Total</b>						▶ \$	1,160,671					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization  
SKY LAKES MEDICAL CENTER

Employer identification number

93-0508781

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE CONTROLLER, CFO AND OTHER STAFF BEFORE FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE DUTY OF THE BOARD OF DIRECTORS OF SKY LAKES MEDICAL CENTER TO SAFEGUARD THE TAX EXEMPT STATUS OF SKY LAKES MEDICAL CENTER, AND AS SUCH THE BOARD WILL TAKE SERIOUSLY ANY CONFLICT OF INTEREST ON THE PART OF ANY BOARD MEMBER OR POTENTIAL BOARD MEMBER. ALL BOARD MEMBERS AND POTENTIAL MEMBERS MUST DISCLOSE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. AN UPDATED STATEMENT OF SUCH POTENTIAL CONFLICTS SHALL BE SUBMITTED YEARLY BY ALL BOARD MEMBERS FOR REVIEW AT THE BOARD'S ANNUAL MEETING. AFTER DISCLOSURE OF THE POTENTIAL CONFLICT OF INTEREST AND AFTER ANY DISCUSSION WITH THE INTERESTED PARTY, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE MINUTES OF THE BOARD AND ALL COMMITTEES OF THE BOARD SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, 2) THE NATURE OF THE FINANCIAL INTEREST, 3) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR THE DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, 4) THE CONTENT OF THE DISCUSSION INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, 5) ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND, 6) THE BOARD OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARATIVE DATA FOR THE CEO FOR THE CEO POSITION ONLY, THE EVALUATION COMMITTEE COMPLETES A PERSONNEL ACTION FORM, WHICH IS SIGNED BY THE BOARD CHAIR FOR ALL VP POSITIONS, ALL EVALUATIONS ARE MADE BY THE CEO, BASED ON A REVIEW OF MARKET DATA THE COMPENSATION REVIEW PROCESS WAS LAST UNDERTAKEN IN JANUARY 2019

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	BOOK/TAX DIFFERENCE FROM PARTNERSHIPS 563,654

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SKY LAKES MEDICAL CENTER

**Employer identification number**

93-0508781

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> SOUTHERN OREGON EMERGENCY CARE LLC 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601 61-1595709	PHYSICIAN SERVICES	OR	0	0	SKY LAKES MEDICAL CENTER

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> SKY LAKES MEDICAL CENTER FOUNDATION 2865 DAGGETT AVENUE  KLAMATH FALLS, OR 97601 93-0946020	FUNDRAISING AND STEWARDSHIP, SUPPORT MEDICAL CENTER	OR	501(C)(3)	LINE 12A, I	SKY LAKES MEDICAL CENTER	Yes	
<b>(2)</b> KLAMATH CARE SERVICES INC 2865 DAGGETT AVENUE  KLAMATH FALLS, OR 97601 93-0946018	SUPPORT MEDICAL CENTER (INACTIVE)	OR	501(C)(3)	LINE 12C, III-FI	SKY LAKES MEDICAL CENTER		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> KLAMATH MEDICAL BUSINESS CENTER LLC 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601 02-0731372	REAL AND PERSONAL PROPERTY RENTAL	OR	SKY LAKES MEDICAL CENTER	INVESTMENT	24,843	509,592		No	7,315	Yes		50 000 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> WEST PHYSICIAN SERVICES LLC 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601 87-0696029	PHYSICIAN SERVICES	OR	SKY LAKES MEDICAL CENTER	C	-5,043,348	3,893,579	100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEST PHYSICIAN SERVICES LLC	D	152,586	INCREASE IN LIABILITY
(2) KLAMATH MEDICAL BUSINESS CENTER LLC	K	120,571	CASH TRANSFERRED

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>