efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

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
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

G Gross receipts $ 632,224,319

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? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,692
6	Total number of volunteers (estimate if necessary)	**6**	280
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,900
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,902

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	703,711	1,564,000
9	Program service revenue (Part VIII, line 2g)	594,048,546	620,520,661
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,418,026	2,524,778
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	908,549	2,389,639
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	600,078,832	626,999,078
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	393,014	571,853
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	110,202,768	117,767,961
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	459,799,032	494,030,357
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	570,394,814	612,370,171
19	Revenue less expenses Subtract line 18 from line 12	29,684,018	14,628,907

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	334,383,334	352,003,938
21	Total liabilities (Part X, line 26)	113,037,601	113,903,102
22	Net assets or fund balances Subtract line 21 from line 20	221,345,733	238,100,836

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

****** 2018-08-13
Signature of officer Date

Richard Rico VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Wendy Campos	Wendy Campos	2018-08-01		P00448102

Firm's name ▶ Moss Adams LLP — Firm's EIN ▶ 91-0189318
Firm's address ▶ 805 SW Broadway Ste 1200 Portland, OR 97205 — Phone no (503) 242-1447

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 526,632,840 including grants of $ 518,702) (Revenue $ 606,658,176)
See Additional Data

4b (Code) (Expenses $ 15,008,765 including grants of $ 0) (Revenue $ 0)
See Additional Data

4c (Code) (Expenses $ 4,445,782 including grants of $ 53,151) (Revenue $ 1,927,772)
See Additional Data

(Code) (Expenses $ 34,293,633 including grants of $ 0) (Revenue $ 11,235,142)
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 $ 34,293,633 including grants of $ 0) (Revenue $ 11,235,142)

4e **Total program service expenses ▶** 580,381,020

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	241		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	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	**2a**	1,692		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	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)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	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? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2			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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a	Yes	
b	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?	16b		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 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 ☑ 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) JOHN BELL CHAIRMAN	3 00 1 00	X		X				0	0	0
(2) ROD WENDT VICE CHAIRMAN	1 00 1 00	X		X				0	0	0
(3) PAUL R STEWART PRESIDENT/CEO/SECRETARY/TREASURER	50 00 1 00	X		X				673,433	0	61,596
(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) DWIGHT SMITH MD BOARD MEMBER	1 00 1 00	X						0	0	0
(11) RICHARD E RICO VP/CFO	50 00			X				434,298	0	67,923
(12) MARC ORLANDO MD MEDICAL PROVIDER	40 00					X		594,395	0	34,202
(13) STANTON T SMITH MD MEDICAL PROVIDER	40 00					X		565,779	0	20,079
(14) FAISAL SAIFUL MD MEDICAL PROVIDER	40 00					X		536,510	0	34,202
(15) JARED OGAO MD MEDICAL PROVIDER	40 00					X		529,298	0	34,202
(16) DAVID CHADBOURNE MD MEDICAL PROVIDER	40 00					X		495,018	0	20,952

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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,828,731	0	273,156

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 ▶ 143

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	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	
5	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
PERLO CONSTRUCTION 16101 SW 72nd Av SUITE 200 PORTLAND, OR 97224	CONSTRUCTION	9,137,849
HUDSON STAFFING PLLC 4625 NADINE LN FRANKLIN, TN 37064	STAFFING SERVICES	4,030,348
MEDICAL SOLUTIONS 1010 NORTH 102ND ST OMAHA, NE 68114	STAFFING SERVICES	3,946,652
KLAMATH RADIOLOGY ASSOCIATES 2900 DAGGETT AV KLAMATH FALLS, OR 97601	PHYSICIAN PRACTICE	3,648,684
KLAMATH ORTHOPEDIC CLINIC 2200 BRYANT WILLIAMS DR KLAMATH FALLS, OR 97601	PHYSICIAN PRACTICE	3,124,339

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 ▶ 32

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
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	1,014,000		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	550,000		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		1,564,000		
Program Service Revenue		Business Code			
	2a PATIENT REVENUE	622110	606,658,176	606,658,176	
	b Other Program Revenue	622110	13,862,485	13,862,485	
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		620,520,661		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,587,164		2,587,164
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,067,190			
	b Less rental expenses	1,064,511			
	c Rental income or (loss)	2,679			
	d Net rental income or (loss) . . . . . ▶		2,679		2,679
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses		62,386		
	c Gain or (loss)		-62,386		
	d Net gain or (loss) . . . . . ▶		-62,386		-62,386
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a	8,486,296			
	b Less cost of goods sold . . b	4,098,344			
	c Net income or (loss) from sales of inventory . . ▶		4,387,952		4,387,952
	Miscellaneous Revenue	Business Code			
	11a PASSTHROUGH INCOME	622110	-635,718	-699,571	6,900 56,953
	b OTHER INCOME	900099	-1,365,274		-1,365,274
	c _____				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		-2,000,992		
	12 Total revenue. See Instructions . . . . . ▶		626,999,078	619,821,090	6,900 5,607,088

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	458,597	458,597		
2 Grants and other assistance to domestic individuals See Part IV, line 22	113,256	113,256		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,334,669		1,334,669	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	95,838,838	88,373,097	7,465,741	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,868,882	2,692,713	176,169	
9 Other employee benefits	11,041,985	9,347,393	1,694,592	
10 Payroll taxes	6,683,587	5,143,866	1,539,721	
11 Fees for services (non-employees)				
a Management	1,925,450	101,489	1,823,961	
b Legal	224,319		224,319	
c Accounting	203,271		203,271	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,154,348	17,113,827	40,521	
12 Advertising and promotion	1,134,683	380,093	754,590	
13 Office expenses	2,404,242	1,228,585	1,175,657	
14 Information technology	6,482,917	55,701	6,427,216	
15 Royalties . .				
16 Occupancy	4,422,282	2,792,456	1,629,826	
17 Travel	138,153	138,150	3	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	952,009	651,153	300,856	
20 Interest	3,113,588	3,054,825	58,763	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	13,602,574	10,320,938	3,281,636	
23 Insurance . . .	1,546,600	1,430,996	115,604	
24 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)				
a Contractual Allowance	371,419,845	371,419,845		
b Supplies	35,301,212	35,110,712	190,500	
c BAD DEBTS	5,774,640	5,774,640		
d TAXES PAID ON UBI	500		500	
e All other expenses	28,229,724	24,678,688	3,551,036	
25 **Total functional expenses.** Add lines 1 through 24e	612,370,171	580,381,020	31,989,151	0
26 **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 ▶ ☐ 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
Assets	1	Cash–non-interest-bearing	32,207,245	1	6,945,698
	2	Savings and temporary cash investments	5,576,792	2	23,475,969
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	36,321,734	4	34,624,052
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	630,383	5	801,178
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,939,835	8	4,998,091
	9	Prepaid expenses and deferred charges	2,540,788	9	2,675,441
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 218,043,332			
	b	Less accumulated depreciation — 10b: 128,258,127	92,625,139	10c	89,785,205
	11	Investments—publicly traded securities	48,441,303	11	45,847,367
	12	Investments—other securities See Part IV, line 11	45,167,942	12	60,517,924
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	66,932,173	15	82,333,013
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	334,383,334	16	352,003,938
Liabilities	17	Accounts payable and accrued expenses	27,902,325	17	33,204,841
	18	Grants payable		18	
	19	Deferred revenue	2,440,992	19	2,407,554
	20	Tax-exempt bond liabilities	73,612,390	20	70,149,898
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	9,081,894	25	8,140,809
	26	**Total liabilities.** Add lines 17 through 25	113,037,601	26	113,903,102
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	221,345,733	27	238,100,836
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	221,345,733	33	238,100,836
	34	Total liabilities and net assets/fund balances	334,383,334	34	352,003,938

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	626,999,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	612,370,171
3	Revenue less expenses Subtract line 2 from line 1	3	14,628,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	221,345,733
5	Net unrealized gains (losses) on investments	5	1,440,166
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	686,030
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,100,836

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 93-0508781

Name: Sky Lakes Medical Center

Form 990 (2016)

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

Form 990, Part III, Line 4b:

UNCOMPENSATED CARE - DURING FISCAL YEAR 2017, charges written off under our broad-reaching charity care policy totaled $9,234,126 In addition to charity care write offs, charges written off as bad debt totaled $5,774,640 As a percentage of charges, fiscal year 2017 write offs represent 1 5% (charity care) and 0 9% (bad debt), respectively

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (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

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	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*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	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* ***Part VI*** *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*	4c		
5a	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* ***Part VI,*** *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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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* ***Part VI.***	6		
7	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)*	7		
8	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)*	8		
9a	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* ***Part VI.***	9a		
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* ***Part VI.***	9b		
c	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* ***Part VI.***	9c		
10a	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*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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*	1		
2	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? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	1		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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? *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*	2a		
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? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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
1a Beginning of year balance	16,327,034	14,766,429	15,555,625	14,589,830	13,956,740
b Contributions	207,062	831,608	128,097	170,459	12,716
c Net investment earnings, gains, and losses	649,810	1,640,023	183,989	1,968,108	2,126,606
d Grants or scholarships	203,150	21,511	15,940	62,666	10,509
e Other expenditures for facilities and programs	13,185,005	587,712	878,284	896,032	1,214,051
f Administrative expenses	0	301,803	207,058	214,074	281,672
g End of year balance	3,795,751	16,327,034	14,766,429	15,555,625	14,589,830

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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		4,033,542		4,033,542
b Buildings		121,011,376	67,269,189	53,742,187
c Leasehold improvements		4,801,933	3,332,721	1,469,212
d Equipment		84,651,070	57,337,527	27,313,543
e Other		3,545,411	318,690	3,226,721
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				89,785,205

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	2,952,813	C
(B) LIFE INSURANCE	56,216,203	F
(C) DEFERRED COMP PLAN ASSETS	1,348,908	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	60,517,924	

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)		
Total. *(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	17,723,088
(2) Other Assets	1,301,854
(3) RISK POOL WITHHOLD RECEIVABLE	4,368,671
(4) Construction in Process	14,741,088
(5) Other Receivables	44,198,312
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	82,333,013

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Capital Lease obligations	2,014,415
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	6,126,394
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,140,809

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.

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

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.

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

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 TH E BENEFIT OF SKY LAKES MEDICAL CENTER During the fiscal year, the foundation's general fu nd reclassified out of being designated a quasi-endowment fund which resulted in an increa se to line 1e other expenditures of $13,155,005

Supplemental Information

Return Reference	Explanation
Part X, Line 2	FIN 48 (ASC 740) Uncertain Tax Position Footnote - The Medical Center and Foundation are t ax-exempt organizations and are not subject to state or federal income taxes, except on un related 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, 2017 or 2016 The Medical Center and Foundation recognize interest accrued and penalties relat ed to unrecognized tax benefits as an administrative expense During the years ended Septe mber 30, 2017 and 2016, the Medical Center and Foundation recognized no interest and penal ties 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 inco me tax return with the Oregon Department of Revenue

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sky Lakes Medical Center

Employer identification number
93-0508781

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	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			
4	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

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
a Financial Assistance at cost (from Worksheet 1)			16,059,791		16,059,791	2 650 %
b Medicaid (from Worksheet 3, column a)			61,978,482	60,131,427	1,847,055	0 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			78,038,273	60,131,427	17,906,846	2 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			941,854	203,277	738,577	0 120 %
f Health professions education (from Worksheet 5)			4,445,782	2,071,127	2,374,655	0 390 %
g Subsidized health services (from Worksheet 6)			19,852,475	14,445,084	5,407,391	0 890 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			956,370		956,370	0 160 %
j **Total.** Other Benefits			26,196,481	16,719,488	9,476,993	1 560 %
k **Total.** Add lines 7d and 7j			104,234,754	76,850,915	27,383,839	4 510 %

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			574,561	556,276	18,285	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			619	0	619	0 %
7 Community health improvement advocacy			108,475	0	108,475	0 020 %
8 Workforce development			1,041,355	0	1,041,355	0 170 %
9 Other						
10 Total			1,725,010	556,276	1,168,734	0 190 %

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 Heathcare Financial Management Association Statement No 15?		1		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	2 5,774,640			
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	3 860,283			
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	60,037,797
6	Enter Medicare allowable costs of care relating to payments on line 5	6	68,682,697
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,644,900
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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)

Name of hospital facility or letter of facility reporting group SKY LAKES MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) skylakes org			
b	☑ Other website (list url) HealthyKlamath org			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) skylakes org			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☐ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	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)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) skylakes org			
b ☑ The FAP application form was widely available on a website (list url) skylakes org			
c ☑ A plain language summary of the FAP was widely available on a website (list url) skylakes org			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ 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			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ 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
17 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 non-payment?	**17**	Yes	
18 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			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 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)			
a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 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?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ 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

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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? **16**

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 $ 5,774,640

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	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 & 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

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 $860,283 THE FOOTNOTE THAT DISCUSSES BAD DEBT EXPENSE IS CONTAINED ON PAGE 11 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 SERVICES PROVIDED AND PAID ON THE MEDICARE FEE SCHEDULE (E G OUTPATIENT LAB TESTS, OUTPATIENT THERAPY SERVICES, OR PROVIDER BASED PHYSICIAN SERVICES) ARE NOT INCLUDED IN THE MEDICARE AMOUNTS INCLUDED IN PART III, SECTION B 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 CHAMBERLIN EDMONDS 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 Sky Lakes also asks adults to self-report their health conditions 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 Further, Sky Lakes uses secondary data such as the Klamath-Lake Community Action Services (KLCAS) assessment identifying ways to assist individuals who are trying to climb out of poverty The medical center also uses the annual County Health Rankings data, a Robert Wood Johnson Foundation program, to monitor indicators for health outcomes, health behaviors, and clinical care Sky Lakes also uses formal conversations with community partners and medical collaborators, and actively partners with agencies in health-improvement initiatives The Klamath County Health Department, 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 with links on the homepage, is referenced in the online bill-management section of the site, and is featured in a variety of 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 indigent patients through major pharmaceutical companies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	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 to 100,000 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 Census Bureau's Population Estimates Program (PEP), utilizing current data on births, deaths, and migration to calculate population change since the most recent decennial census, estimates the population in 2017 at 66,443 Of the total, 21 7 percent are younger than 18, and 20 3 percent are 65 or older The population's gender split is almost even with 50 1 percent female, with 37 6 percent of the total listed as being "rural, and 89 1 percent listed as white, 4 7 percent as American Indian, 12 2 percent Hispanic or Latino, and 0 9 percent African American Census data indicate the median household income in the county for the period of 2012-2016 was $41,951, up from $40,336 previously and below the Oregon value of $53,270, with 21 9 percent of the population in poverty That compares to 14 8 percent nationally The County Health Rankings for 2017 shows Klamath County is ranked 36 out of 36 ranked Oregon counties in the categories of "health rankings, and "quality of life," 33 of 36 in "health factors, and 35 of 36 for "health behaviors " The report ranks such factors as - Poor or fair health (18 8 percent vs the national benchmark of 12 percent and the Oregon benchmark of 15 percent),- Adult smoking (19 percent (down from 23 percent three years earlier) vs 14 percent nationally and 17 percent in Oregon),- Uninsured adults (13 percent vs 8 percent nationally and 12 percent in Oregon),- Primary care providers (1,190 1 vs 1,040 1 nationally and 1,070 1 in Oregon),- Unemployment (8 0 percent vs 3 3 percent nationally and 5 7 in Oregon), - Children in poverty (29 percent vs 12 percent nationally and 20 percent in Oregon), and- Violent crime rate (220 vs 62 nationally and 245 in Oregon)

Form and Line Reference	Explanation
Part VI, Line 5	BESIDES PROVIDING HIGH-QUALITY HEALTHCARE, SKY LAKES MEDICAL CENTER FURTHERS ITS TAX-EXEMP T PURPOSE AND FULFILLS ITS MEDICAL MISSION TO THE COMMUNITY BY PROVIDING OR SUBSIDIZING NU MEROUS CLASSES, SUPPORT GROUPS, SCREENINGS AND SELF-HELP PROGRAMS, FREE CHILDBIRTH PREPARA TION CLASSES FOR MOMS-TO-BE, AND LACTATION EDUCATION FOR NEW MOMS, A FREE GENERAL COMMUNIT Y HEALTH FAIR ATTENDED BY MORE THAN 2,500 PEOPLE A YEAR, AND A SEPARATE FREE HEALTH FAIR F OCUSED ON INFORMATION FOR PEOPLE WITH DIABETES, A VARIETY OF PROGRAMS AIMED AT ENCOURAGING BETTER FITNESS AND IMPROVED NUTRITION, INCLUDING PREPARATION INSTRUCTION, AND SEPARATE SU PPORT GROUPS FOR PEOPLE AFFECTED BY CANCER AND THOSE WHO HAVE DIABETES ALSO, SKY LAKES HO STS FREE "WALK WITH A DOC" PROGRAMS IN COOPERATION WITH AREA PHYSICIANS AND CLINICS THE A BOVE ACTIVITIES ARE PROVIDED AT NO CHARGE AS PUBLIC SERVICES OF SKY LAKES SKY LAKES ROUTIN ELY PARTNERS WITH OSU EXTENSION TO PROMOTE HEALTHIER NUTRITION CHOICES, HANDS-ON COOKING C LASSES, AND FOOD-PRESERVATION COURSES TO ENCOURAGE PEOPLE TO BE MORE ACTIVE, SKY LAKES OF FERS FREE PEDOMETERS TO PEOPLE INTERESTED IN KEEPING TRACK OF THEIR STEPS EN ROUTE TO A GO AL OF 10,000 STEPS A DAY PEDOMETERS ARE OFFERED VIA THE MEDICAL CENTER'S QUARTERLY LIVE S MART MAGAZINE AND VIA SOCIAL MEDIA SKY LAKES STAFF MEMBERS CONDUCT HAND-HYGIENE EDUCATION AND FREE BLOOD PRESSURE CHECKS AT THE EVERY-OTHER-YEAR AREA SAFETY FAIR HOSTED BY AREA EM ERGENCY SERVICES AGENCIES, AT SIMILAR COMMUNITY EVENTS, AND AT WORKPLACES THE MEDICAL CEN TER FURTHER PROMOTES HAND HYGIENE BY OFFERING FREE HAND SANITIZER, AND SKIN PROTECTION USI NG A UV DEMONSTRATION FOLLOWED UP WITH FREE SUN SCREEN SAMPLES THESE ACTIVITIES ARE IN CO ORDINATION WITH A MULTI-MEDIA PUBLIC SERVICE CAMPAIGN PROMOTING EARLY DETECTION SCREENINGS AND TESTS FOR CANCER SKY LAKES IS THE PRINCIPAL UNDERWRITER FOR CASCADES EAST FAMILY MEDI CINE, A CLINIC AND A FAMILY PRACTICE RESIDENCY PROGRAM OPERATED IN PARTNERSHIP WITH OREGON HEALTH & SCIENCE UNIVERSITY FINANCIAL SUPPORT FROM SKY LAKES FOR 2017 WAS NEARLY $4 MILL ION WITH A COMMUNITY BENEFIT OF SOME $2 5 MILLION CASCADES EAST ALSO OPERATES A MOBILE CLI NIC THAT PROVIDES NO-CHARGE HEALTHCARE SERVICES TO UN- AND UNDERINSURED POPULATIONS IN THE REGION, SKY LAKES COVERS THE MOBILE CLINIC'S EXPENSES CASCADES EAST MEDICAL STAFF LOG MO RE THAN 1,000 MILES IN THE VEHICLE EACH YEAR AND PERFORM MORE THAN 400 PATIENT EXAMS KLAMA TH-LAKE CHILD ABUSE RESPONSE AND EVALUATION SERVICES (CARES) IS A SKY LAKES DEPARTMENT WHE RE CHILDREN WHO MAY BE VICTIMS OF ABUSE RECEIVE A WELL-CHILD MEDICAL EXAMINATION IF A DIS CLOSURE OF ABUSE IS MADE, THEY ARE SAFE TO SHARE THEIR EXPERIENCES IN 2017, MORE THAN 350 CHILDREN WERE ASSESSED FOR POSSIBLE ABUSE, MOST OF THEM SEXUAL ABUSE CASES ALONG WITH CHI LD PHYSICAL ABUSE, DRUG-ENDANGERED CHILDREN, EXPOSURE TO DOMESTIC VIOLENCE, AND NEGLECT E VEN IF SUSPECTED ABUSE IS NOT VERIFIED DURING AN EXAM, FAMILIES LEAVE CARES WITH PROFESSIO NAL RECOMMENDATIONS RANGING FROM A FOLLOW-UP WITH A PRIMARY CARE PHYSICIAN, OR A REFERRAL FOR COUNSELING CARES FOLLOWS THE FAMILY FOR AT LEAST THREE MONTHS AFTER THE ASSESSMENT SK Y LAKES CONTRIBUTES $10,000 A YEAR AND PROVIDES STAFF TO HELP COORDINATE AND PROVIDE COLLA TERAL SUPPORT IN THE WAY OF ADDITIONAL MULTI-MEDIA ADVERTISING TO FURTHER THE MESSAGE OF T HE LOCAL "STOP THE HURT" ANTI-CHILD ABUSE CAMPAIGN AND "PERIODS OF PURPLE CRYING" ANTI-SHA KEN 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 SO PHYSICI AN RECRUITMENT EFFORTS ARE ALSO UNDERWRITTEN BY THE MEDICAL CENTER RATHER THAN LOCAL MEDIC AL PRACTICES INCURRING THAT EXPENSE THE MEDICAL CENTER INVESTS HUNDREDS OF THOUSANDS OF D OLLARS IN RECRUITING ACTIVITIES AND SOME $4 MILLION IN CLINIC START-UP AND SUPPORT SKY LAK ES PROVIDES FREE EDUCATION IN OR FOR THE SCHOOLS THROUGH ITS PARTNERSHIP WITH OREGON STATE UNIVERSITY EXTENSION'S NUTRITION EDUCATION PROGRAM AND A NUMBER OF SKY LAKES EMPLOYEES P ROVIDE VOLUNTEER EDUCATIONAL SUPPORT IN THE FORM OF TEACHING, MENTORING, PROGRAM DEVELOPME NT, AND TOURS AND DEMONSTRATIONS FOR LOCAL SCHOOLS AND COLLEGES TO PROMOTE MORE PHYSICAL A CTIVITY AMONG YOUNG PEOPLE, SKY LAKES PROVIDED ALL AREA THIRD-GRADERS SWIMMING LESSONS AT THE CITY OF KLAMATH FALLS-OWNED MUNICIPAL SWIMMING POOL OVER A FOUR-YEAR SPAN SKY LAKES EN COURAGES STAFF TO SEEK OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITY BEYOND THEIR N ORMAL DUTIES AMONG THEM - A SKY LAKES OUTPATIENT CARE MANAGEMENT EMPLOYEE HELPS PUT ON CL ASSES AT THE LOCAL SENIOR CENTER PROMOTING MENTAL FITNESS AND AGILITY, - SKY LAKES DIETITI ANS SHARE THEIR KNOWLEDGE WITH PARTICIPANTS OF A BARIATRIC SUPPORT GROUP,- SKY LAKES DIABE TES EDUCATORS REGULARLY PRESENT TO COMMUNITY GROUPS HOW TO PREVENT DIABETES AND HOW TO REC OGNIZE PREDIABETES SKY LAKES EMERGENCY DEPARTMENT PHYSICIANS, NURSES AND STAFF DONATED NEA RLY 500 HOURS AGAIN THIS YEAR TO ASSIST THE MORE T

Form and Line Reference	Explanation
Part VI, Line 5	HAN 15 COMMUNITY-PARTNER AGENCIES PUT ON OPERATION PROM NIGHT AND SUPPORT ITS MISSION OF P REVENTION THE PROGRAM'S AIM IS TO HELP YOUNG ADULTS REALIZE THE DANGERS OF DISTRACTED DRI VING THE PERFORMANCE THE AGENCIES ORCHESTRATE AROUND THE SPRING PROM SEASON FOR AREA HIGH SCHOOL STUDENTS ILLUSTRATES A GRIM REALITY DISTRACTED DRIVING DRIVING UNDER THE INFLUENC E 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 SKY LAKES WILLINGLY CONTRIBUTES TO PROJECTS AND ENTHUSIAS TICALLY SPONSORS AN ASSORTMENT OF EVENTS AND PROGRAMS TO ENCOURAGE INCREASED PHYSICAL ACTI VITY SKY LAKES IS THE TITLE SPONSOR OF THE KINGSLEY FIELD DUATHLONS ORGANIZED BY THE KING SLEY FIELD JUNIOR ENLISTED COUNCIL AND OPEN TO ALL AGES OF WALKERS, JOGGERS, AND RUNNERS T HROUGHOUT THE REGION SKY LAKES SPONSORS THE FALL AND SPRING HEALTHY KIDS RUNNING SERIES, A FIVE-WEEK RUNNING PROGRAM AT A LOCAL ELEMENTARY SCHOOL FOR KIDS FROM PRE-K TO EIGHTH GRA DE TO HELP MOTIVATE PEOPLE TO BE MORE PHYSICALLY ACTIVE, SKY LAKES WORKS WITH COMMUNITY P ARTNERS TO DEVELOP PROJECTS THAT WILL MAKE IT EASIER TO GET OUTSIDE SKY LAKES DONATED $25 ,000 TO THE KLAMATH TRAILS ALLIANCE TO ADD THREE MILES TO A FULLY ACCESSIBLE TRAIL ON SPEN CE MOUNTAIN SKY LAKES MANAGED A GRANT FOR AND CONTRIBUTED TO A HANDICAP-FRIENDLY TRAIL ON THE HILLSIDE BETWEEN THE MEDICAL CENTER AND OREGON TECH SKY LAKES IS PROVIDING LEADERSHI P ON A PROJECT THAT AIMS TO CREATE A PROTECTED BIKE LANE BETWEEN DOWNTOWN KLAMATH FALLS AN D MOORE PARK COMPLETION OF THE TRAILS WILL MEAN MORE OPPORTUNITIES FOR QUALITY OUTDOOR EX PERIENCES IN NEARBY MOUNTAINS AND CLOSE TO THE URBAN AREA, AND A PROTECTED BIKE LANE WOULD ENCOURAGE SAFE BICYCLE RIDERSHIP PHYSICAL ACTIVITY CONTRIBUTES TO HEALTH AND WELL-BEING SIMILARLY, SKY LAKES PROVIDED $300,000 FUNDING AND MANAGEMENT TO CREATE A CHILDREN'S PLAY AREA WITHIN KIT CARSON PARK, PART OF THE KLAMATH FALLS PARK SYSTEM SKY LAKES COMMITTED TO A THREE-YEAR, $600,000 GIFT ($200,000 PER YEAR), LEVERAGING AN ADDITIONAL $1 2 MILLION GIF T FROM THE CAMBIA HEALTH FOUNDATION AND LAUNCHED THE BLUE ZONES PROJECT THAT WILL HELP KLA MATH FALLS BE A HEALTHIER COMMUNITY KLAMATH FALLS IS THE FIRST BLUE ZONE COMMUNITY IN THE PACIFIC NORTHWEST, AND SKY LAKES IS THE FIRST DESIGNATED BLUE ZONES WORKSITE IN KLAMATH F ALLS 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 Z ONES PROJECT LOCALLY, SKY LAKES DEMONSTRATED ITS COMMITMENT TO IMPROVING OUR COMMUNITY'S H EALTH ACHIEVING THE DESIGNATION AS THE FIRST BLUE ZONES WORKSITE IN THE NORTHWEST DEMONSTR ATES OUR COMMITMENT TO CREATING A HEALTHIER WORK ENVIRONMENT BY SUPPORTING THE WELL-BEING OF OUR EMPLOYEES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	Other partnerships help ensure the success of programs such as - Klamath-Lake Community Action Services Program by donating material for its program to provide qualifying individuals and families access to medical and dental care, hygiene resources and the like, - The Red Cross by giving at no-charge space in Sky Lakes facilities for community blood drives and spearheading a fundraising drive for a new Bloodmobile, contributing the first $50,000,- Klamath Hospice's Camp Evergreen by providing emergency medications for camp nurses, and individual water bottles for participants to promote proper hydration,- Medical missions to Central America by donating medications and related supplies,- The local YMCA by providing $7,500 in funding to enhance a playground on the site with additional play structures for children and benches for adults to encourage use,- The local chapters of the March of Dimes, Muscular Sclerosis organizations, Friends of the Children-Klamath Falls, and the local CASA (Court Appointed Special Advocates) by contributing thousands of dollars each to support their missions,- 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 buys to promote the classes and their intent Some of the other Sky Lakes community partnerships include - American Association of University Women- American Cancer society- American Lung Association - Bike to Work Oregon- Klamath Falls Gospel Mission- Healthy Active Klamath- High Desert Hospice- 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 Crisis Center- Klamath Fire Prevention Cooperative - Klamath Hospice- Klamath-Lake Food Bank- Klamath Tribal Health and Family Services- Oregon Air National Guard at Kingsley Field- Oregon Institute of Technology and Students (clinical precepting, etc)- Oregon Tech Veterans Association- Klamath Basin Research and Extension Center- Pregnancy Hope Center- Sanford Health Foundation- United Way Of The Klamath Basin- Area 4-H Programs- Citizens For Safe Schools- Klamath Promise- Ella Redkey Municipal Swimming Pool- Klamath Falls Little League And Babe Ruth Baseball- Klamath Trails Alliance- Sage Brush Rendezvous (a fundraiser for American Cancer Society)- Klamath Basin United Soccer- Klamath Ice Sports- Klamath-Lake Food Bank

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	OR

Additional Data

Software ID:

Software Version:

EIN: 93-0508781

Name: Sky Lakes Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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**
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 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
SKY LAKES MEDICAL CENTER	Part V, Section B, Line 3j To better understand the health needs of the community it serv es, Sky Lakes Medical Center worked with an assortment of community partners to develop an d regularly update a comprehensive Community Health Needs Assessment and the companion Com munity Health Improvement Plan Together, the documents describe and help us understand th e population's health, health needs and ways to address those needs as together we work to improving the health of the community The partners Sky Lakes Medical Center, Klamath Fal ls, Ore , primarily engaged in the needs assessment include Klamath County (Ore) Public H ealth Department, Klamath Open Door, a federally qualified family medicine clinic, and Cas cade Health Alliance, which oversees care for some 18,000 Medicaid recipients in the area, based in Klamath Falls To help address the needs identified in the report, Sky Lakes enli sted the help and support of local organizations and agencies including Cascades East Fami ly Medicine Center, a rural residency program and clinic in Klamath Falls, Oregon State Un iversity's Extension in Klamath County, Oregon Health & Science University's nursing progr am at Oregon Institute of Technology in Klamath Falls, the City of Klamath Falls and Klama th County governments, local school districts, the local newspaper, and the region's large st radio station It is this collaboration that also proved instrumental in bringing the Bl ue Zones Project to Klamath Falls Data collected in behalf of the Blue Zones Project help ed corroborate findings in the needs assessment and validate strategies in the improvement plan The Community Health Needs Assessment (CHNA) formally assesses and documents the hea lth of our community utilizing a coordinated and collaborative process It is the first st ep to the ongoing process of community health improvement The community health needs asse ssment recognizes there are myriad causes for poor health and the problem is too large for any one organization to take on alone The assessment relies on secondary data using surv eys and focus groups to gather both qualitative and quantitative data The intent was to h ear from many voices and to strive for harmony as we worked together to make changes that would result in healthier behaviors that would persist in the population We monitor our pr ogress using the more than 100 Healthy Communities Institute (HCI) indicators and displaye d on a public website, HealthyKlamath org, the site links from the medical center's site, SkyLakes org, also The indicators are continually updated as new data are collected For t he current CHNA, primary data were not collected because those efforts would generally dup licate recent efforts of partner organizations, which collected meaningful primary data th rough community surveys and focus groups Results from those reports were synthesized into a comprehensive community assessment Many data sources were utilized throughout this ass essment, but certain key repor

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
SKY LAKES MEDICAL CENTER	ts were heavily relied upon because of their rich qualitative data that provides the stori es behind the numbers Assessments and resources containing primary data include - Blue Zo nes Project-Klamath Falls, Assessment Report The Blue Zones Project is a structured, comm unity-wide well-being improvement initiative designed to make healthy choices easier, for everyone BZP takes a life-radius approach and uses evidence-based best practices and a co mprehensive set of tools that encourages schools, worksites, restaurants, grocery stores, city government, and faith-based and civic organizations to change their environments for better health It also creates opportunities for individuals to articulate purpose, connec t with the community, and make positive, personal health behavior changes The Blue Zones P roject assessment team conducted 16 focus groups with more than 220 people and met with mo re than 25 key leaders and community groups to learn about Klamath Falls, its history, eco nomy, and people Focus groups were organized by sector and included schools, worksites, c ommunity policy, restaurants, grocery stores, and faith-based and civic groups During the assessment, hundreds of community members expressed a desire to make Klamath a better pla ce to live, work, and play, and more importantly, a readiness to roll up their sleeves and do the work to make a positive change - Gallup-Healthways Well-Being Index, Klamath Falls This assessment team collected more than 700 mail surveys from residents in the Klamath Falls Urban Growth Boundary to analyze five elements of wellbeing purpose, social, financ ial, community, and physical - Oregon Health and Science University (OHSU) School of Nursi ng Klamath County Youth Health and Behavior Assessment Nursing students conducted focus g roups with local teenagers from four high schools throughout Klamath County The "Place Ma tters" focus groups provided youth perspective on things in their community that were posi tive and negative influences on their health Students were also asked about tobacco usage and norms - Klamath Lake Community Action Services (KLCAS) Community Health Needs Assessm ent Report A total of 662 surveys were collected from clients who were struggling with po verty and at-risk or currently homeless In all, 348 surveys were collected from community partners Participants were asked to share their views on poverty, self-sufficiency, and needed services While the area served by Sky Lakes and its partners covers more than 10,00 0 square miles in four counties, two of them in northern California, the population is con centrated within the Klamath Falls Urban Growth Boundary (UGB) Community health improveme nt efforts are initially being implemented within the UGB, as to have the greatest impact on the highest concentration of residents Geographically, Klamath County is the fourth lar gest county in Oregon but is home to only 66,443 people Klamath Falls is the largest city in Klamath County with approx

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
SKY LAKES MEDICAL CENTER	imately 21,500 people and an equally large suburban population Together they comprise the urban growth boundary, much of which falls under Klamath County jurisdiction Klamath Fal ls is an integral part of Klamath County as it serves as the central hub of activities and services for most county residents, and also houses the county seat Klamath County's popu lation is comprised of predominantly White (78 3%) individuals, but our county continues t o grow in diversity with approximately - 12 5% Hispanic and Latino,- 4 9% Native American, and - 4 1% mixed race individuals Klamath County continues to have a high rate of economi cally disadvantaged residents with 14 2% of families and 19 3% of individuals living below the federal poverty level Indeed, nearly 64% of students in the Klamath County School Di strict qualify for free and reduced lunch The geographic spread of the county presents a range of barriers to accessing necessary health and human services, especially for those w ith limited means and mobility 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 Klamat h County, the largest age groups are 15-24 , 45-54 and 55-64 with a median age of 42 years The aging population has been a pressing concern nationwide, and Klamath has a large pop ulation of older adults as nearly 1 in 5 residents are 65 years or older Health rankings give a high-level snapshot of the overall health status of a community The Robert Wood Jo hnson Foundation's County Health Rankings places Klamath County in the bottom quartile for both Health Outcomes and Health Factors Health professionals recognized Klamath County w as in dire straits and knew the community had to mobilize, but needed a place to start and a platform for change With strong leadership and a groundswell of momentum, the Healthy Klamath Coalition was formed in 2012 This multi-sector partnership of dedicated community members, leaders, and local organizations came together to build a healthier community Th e Centers for Disease Control's (CDC) Community Health Status Indicators ranking tool, whi ch matches counties with comparable "peer" counties across the nation, ranks Klamath Count y falls within the second and third quartiles Gallup Relative Well Being Index (WBI) Scor es indicates Klamath does well in the index's five measures (Purpose, Social, Financial, C ommunity, and Physical) and classifies scores as Thriving, Struggling, and Suffering Klam ath Falls ranked in the middle (third quintile) when compared to all U S counties, its st rongest elements were Purpose, Social and Physical, all of which exceed both state and nat ional averages Community and financial well-being rankings are both lower than Oregon and the U S with Thriving-to-Struggling ratios of 1 1 when the goal is to have a ratio of 5 1 [see line 3J overflow later in part v]

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 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
SKY LAKES MEDICAL CENTER	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 Secondary data from the measures collected by Healthy Communities Institute and displayed at the HealthyKlamath org website include measurements from 100-plus indicators spanning all demographics of the county Assessments and resources containing primary data include Blue Zones Project-Klamath Falls, 2015 Assessment Report, which reflects information from 16 focus groups with more than 220 people, interviews of 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 Gallup-Healthways Well-Being Index Klamath Falls 2015 Report, which has data from more than 700 mail surveys from residents in the Klamath Falls Urban Growth Boundary to analyze five elements of wellbeing purpose, social, financial, community, and physical Oregon Health and Science University (OHSU) School of Nursing Klamath County Youth Health and Behavior Assessment based on focus groups with local teenagers Four high schools throughout Klamath County participated in "Place Matters" focus groups to offer the youth perspective on what they felt were things in their community that were positive and negative influences on their health Students were also asked about tobacco usage and norms Klamath Lake Community Action Services (KLCAS) 2014-2015 Community Health Needs Assessment Report, which includes data from 662 surveys collected from clients struggling with poverty and at-risk or currently homeless Participants were asked to share their views on poverty, self-sufficiency, and needed services

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 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
SKY LAKES MEDICAL CENTER	Part V, Section B, Line 7d PRINTED COPIES AT THE HOSPITAL, KLAMATH COUNTY HEALTH DEPARTMENT, KLAMATH COUNTY LIBRARY'S MAIN BRANCH, AND UPON REQUEST

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
SKY LAKES MEDICAL CENTER	Part V, Section B, Line 11 According to the federal Centers for Disease Control (CDC), th e top 10 leading causes of death in the United States are heart disease, cancer, chronic l ower respiratory diseases, stroke, unintentional injuries, Alzheimer's disease, diabetes m ellitus, pneumonia and influenza, kidney disease, and suicide Seven of these 10 are chron ic diseases that persist for years, decrease quality of life, and strain the healthcare sy stem, treating people with chronic conditions accounts for 86 percent of the nation's heal thcare costs Klamath County's rates of COPD, arthritis, and diabetes are higher than stat e averages (approximately 6%, 27%, and 9%, respectively) Prevalence of asthma, heart atta ck, and stroke are similar to state averages (9%, 3%, and 3%, respectively) The number of people living with multiple chronic conditions continues to rise, and about half the adult s in Klamath County have one or more chronic conditions A strong partnership between heal th, senior, and human services agencies has grown as collaboration continues an effort to meet the needs of individuals living with chronic conditions They worked together to brin g Stanford University's Living Well with Chronic Conditions program to Klamath Falls This evidence-based program teaches individuals how to manage their chronic conditions and imp rove their quality of life Sky Lakes provides significant funding, facilities and no char ge, and management and marketing services to help the program achieve its goals Cancer scr eening and treatment have been identified as significant needs Cancer incidence in Klamat h County is 438 per 100,000 people The age adjusted death rate per 100,000 due to lung ca ncer is 49 5, breast cancer is 23 2, colorectal cancer is 19 3, and prostate cancer is 18 8 Sky Lakes routinely communicates in a multimedia campaign that is important for individ uals, especially those ages 40 and older, to be screened for cancer as a preventive measur e Prevalence of preventive screenings is 58 percent for colonoscopies 75 percent for mamm ograms, and 83 percent for Pap smears In addition to its "early detection" campaign to ed ucate the community on the importance of preventive screenings, the Sky Lakes Cancer Treat ment Center actively promotes skin cancer prevention at area health fairs, and advocates f or colorectal cancer screening in mass media and events The Sky Lakes Cancer Treatment Cen ter also organizes and promotes free monthly education and support groups for breast cance r and prostate cancer patients and families Sky Lakes actively promotes the American Cance r Society's Freedom From Smoking curricula, coordinates scheduling the classes with severa l Sky Lakes-employed facilitators, and encourages providers to schedule their patients to the classes Obesity and its collateral effects have been identified as significant issues in the region Obesity contributes to numerous chronic conditions including heart disease, stroke, diabetes, depression,

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
SKY LAKES MEDICAL CENTER	and chronic pain In Klamath County, 60 percent of adults are overweight or obese, which is consistent with the rest of the nation Perhaps even more concerning is 12 percent of p reschoolers, 24 percent of eighth-graders and 26 5 percent of 11th graders are overweight or obese, according to research Childhood obesity puts children at risk for high blood pr essure and high cholesterol, which are risk factors for cardiovascular disease, type two d iabetes, asthma, joint problems, and psychological issues such as depression Sky Lakes is addressing obesity head on with the implementation of the Wellness Center, which offers n utrition, exercise, and stress management coaching Many partner organizations including O regon State University's Extension program, Cascades East Family Medicine Residency, Healt hy Kids Running Series, and Friends of the Children, often in cooperation with Sky Lakes d epartments, actively intervene to prevent obesity by offering walking groups, after school activities, nutrition education, and recreation opportunities To encourage outdoor play, Sky Lakes funded a roughly $300,000 development of a children's play area at Kit Carson P ark, which is adjacent several residential neighborhoods, and $7,000 to complete a play ar ea at a YMCA facility Sky Lakes also contributed management services and $28,000 funding for a trail system on the hillside near the medical center and Oregon Institute of Technol ogy, and sponsored an extension of a popular hiking/biking trail at Spence Mountain with a $25,000 contribution Sky Lakes is the principal sponsor and organizer of the weekly Walk With A Doc program on Saturdays Sky Lakes dietitians regularly present at no charge to bu sinesses and organizations in the community advocating for better nutrition choices Combi ned with the health fairs autumn and spring Diabetes Services reached directly an estimate d 715 people in 2017 Also in cooperation with OSU Extension, Sky Lakes participates in Coo king Matters classes, which are provided at no charge to the community Sky Lakes dietitia ns are among the presenters, and Sky Lakes provides the food ingredients used during the c lasses as well as incidental tools for the participants Reducing food insecurity was ident ified as a priority by the needs assessment The Klamath-Lake Counties Food Bank has been a champion in this work for 33 years Sky Lakes provided $15,000 in funding to help the Fo od Bank purchase a refrigerated truck to help ensure everyone has easy access to fresh fru its and vegetables The Food Bank's Produce Connection program is in its fourth year of ope ration and has been successful because of the strong support of community partners The go al was to increase the number of pounds of free, fresh produce distributed to people in ne ed There are no eligibility requirements and no questions are asked, which gives equal ac cess and alleviates any embarrassment about income status In 2017 the program distributed 720,000 pounds at 20 main sit

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
SKY LAKES MEDICAL CENTER	es including two on the Sky Lakes campus and one at the Sky Lakes Wellness Center downtown , Sky Lakes staff volunteered to assist at their locations Sky Lakes also provided patron s with free tote bags to help them carry their produce back home, and recipes to help them prepare meals using the fruits and vegetables Sky Lakes invested $600,000 over three year s ($200,000 a year) to leverage $1 2 million matching funding to bring the Blue Zones Proj ect to Klamath Falls, the funding expires in August 2018 Blue Zones employs evidence-base d ways to help people live longer while living better Since 2009, Blue Zones has applied the tenets of the books to communities and corporations across the U S and has successful ly raised life expectancy and lowered health care costs while bringing down obesity rates Blue Zones takes a systematic, environmental approach to well-being, which focuses on opt imizing policy, building design, social networks, and the built environment The Blue Zone s Project is based on this innovative approach The project has a staff of five full-time employees and an extensive local volunteer cadre including dozens of Sky Lakes officers, d irectors and front-line staff The city is the first Blue Zones demonstration city in the Pacific Northwest, and Sky Lakes was the first Blue Zones Approved Worksite in the Northwe st Work by Sky Lakes and local Blue Zones Project staff is aimed at improving the built e nvironment to encourage walking and other physical activity, promoting self-awareness abou t healthful lifestyles, and changing policies at workplaces, in business, and at governmen t levels -- to align with that philosophy Related to obesity is diabetes Sky Lakes hosts an annual autumn health fair dedicated to diabetes education and prevention It is organiz ed by the Diabetes Services Department and the Nutrition Services Department and includes community resources and intervention options The Diabetes Services Department continues i ts outreach with monthly support groups that are widely promoted by the department and oth er community agencies [see line 11 overflow later in part v]

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 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
SKY LAKES MEDICAL CENTER	Part V, Section B, Line 13h The medical center applies a 100% financial assistance adjustment for homeless, state disability programs, Medicaid and other presumptive charity services

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
Part V, Section B, Line 3j Overflow	Across all three ranking systems, Klamath ranks high in the social categories, demonstrati ng resilience and social support, but low on physical and financial health Through key in formant interviews and quantitative data collection, we found that our rural location, lac k of transportation, low socioeconomic status, high rates of substance abuse, lack of acce ss to nutritious foods, lack of law enforcement presence, and limited access to health car e services contribute to our low health rankings Also, Klamath County is designated by th e Health Resources and Services Administration as a Health Professional Shortage Area for physical and mental health The chronic lack of providers necessitates the need for communi ty programming to improve health through prevention and health promotion to reserve physic ians for the truly sick In addition to placing a strong emphasis on health improvement, w e have begun reinventing ourselves through recreation, tourism, military, and renewable en ergy, while our agricultural roots remain intact Klamath County's rates of COPD, arthritis , and diabetes are higher than state averages (approximately 6%, 27%, and 9%, respectively) Prevalence of asthma, heart attack, and stroke are similar to state averages (9%, 3%, a nd 3%, respectively) The number of people living with multiple chronic conditions continu es to rise, and in Klamath County half adults has one or more chronic conditions Cancer in cidence in Klamath County is approximately 438 per 100,000 people, making it among the top five chronic diseases in the region The CHNA reveals the age-adjusted death rate per 100 ,000 due to lung cancer is 49 5, breast cancer is 23 2, colorectal cancer is 19 3, and pro state cancer is 18 8 It is important for individuals, especially those ages 40 and older, to be screened for cancer as a preventive measure Prevalence of preventive screenings is 58 percent for colonoscopies 75 percent for mammograms, and 83 percent for pap smears Obe sity contributes to numerous chronic conditions including heart disease, stroke, diabetes, depression, and chronic pain In Klamath County, 60 percent of adults are overweight or o bese, which is consistent with the rest of the nation The primary goal of the community he alth needs assessment is to better understand the health of our community and to develop l ocal strategies to address our community's specific needs and identified priority issues The needs assessment informs the group and helps set community priorities, establish bench marks and monitor trends in the health status of Klamath County residents There is an add ed benefit in that the improvement efforts extend to other regions in the catchment area o utside the defined community We acknowledge that the needs assessment is a living document , allowing us to seek continuous improvement and further analyze the data and, ultimately, improve the health of our community Understanding that health is a product of many condi tions and factors, an adapted

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
Part V, Section B, Line 3j Overflow	version of the strategic planning framework developed by the National Association of Count y and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control a nd Prevention (CDC) was made to create this community health needs assessment The strategi c planning framework that was adapted for Klamath County was a community-driven process th at resulted in the identification of health issues and health improvement strategies throu gh community member and stakeholder engagement Facilitated by community health leaders and led by Sky Lakes the process yielded an enhanced understanding of the influences on commu nity health through the analysis of population-based quantitative data, locally gathered q ualitative data, and the expertise of key stakeholders These various data-collection meth ods allow for a better understanding of the social determinants of health The social dete rminants 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 p opulations and communities and identify conditions that promote health, rather than limit it With this information we can collectively better understand the drivers of health outc omes in Klamath County and develop strategies for health improvement The information for this collaborative needs assessment was collected from stakeholders with the ability to sp eak to the current system as well as the future opportunities and uncertainties that may a ffect the current system Sky Lakes and our community partners collaboratively agreed to ut ilize the Healthy Communities Institute (HCI), which manages and continually updates a cen tralized publically available web-based source of population data and community health inf ormation, as a platform With it, we have continual monitoring and tracking on more than 1 00 indicators that are routinely updated These indicators were assessed on four factors 1) Comparison to Oregon and national benchmarks,2) Trends over time,3) Health disparities, and4) Severity of health issues The health indicators selected met at least three of the f our conditions - Klamath County rate is higher than the Oregon state average and/or does n ot meet the national Healthy People 2020 benchmark,- The trend is worsening,- Certain popu lations are experiencing a disparity, or- Long-term consequence, premature death, and/or h igh health-related expenditures are associated The formulation of the needs assessment coo rdinated by Sky Lakes Medical Center was strongly influenced by input from community partn ers and stakeholders as well as individuals in the communities we serve Community involve ment is essential to successful public health action, and the priority areas for health im provement should reflect the problems of greatest concern to the local communities Sky La kes and its partners regularly seek community input via listening sessions, focus groups, and surveys Community percepti

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
Part V, Section B, Line 3j Overflow	ons 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 thes e activities helps inform follow-on strategies and programs

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
Part V, Section B, Line 11 overflow	Mental health is a growing concern identified in the needs assessment Klamath County is a vibrant community faced with some concerning mental health challenges There is a high pr evalence of mental health problems and an unfortunate lack of mental health providers in K lamath County Mental health issues often lead to other social and physical health issues, creating broader, community-wide problems Sky Lakes provides funds and staff time to hel p the Local Alcohol and Drug Planning Council's outreach activities Sky Lakes employees t ake an active role in community mental health and substance disorder prevention and treatm ent activities Sky Lakes was pivotal in creating the Klamath Works Human Services Campus, where key social services agencies can help their clients, by purchasing the 18-acre site The campus will become home for a new sobering center (groundbreaking is predicted to be in mid-2018) that will also offer alcohol- and substance-abuse rehabilitation therapy ser vices Sky Lakes contributed $200,000 toward the facility's construction and commitments t o substantially fund the facility's operation to help ensure proper patient care and rehab ilitation treatment Low breastfeed rates are identified as a significant concern Breast m ilk is the ideal nutrition for infants In Klamath County, 88% of new mothers initiate bre astfeeding before leaving the hospital The county reports high breastfeeding initiation r ates, but continued breastfeeding rates at six and 12 months and exclusively breastfeeding rates are significantly less Although Oregon is a national leader in breastfeeding rates , more efforts are needed in Klamath County to improve overall rates of breastfeeding Sky Lakes offers no-charge one-on-one consultations with lactation specialists in an effort t o encourage continued breastfeeding into the first six to 12 months of life Sky Lakes als o encourages breastfeeding moms in a variety of ways, all at no charge, including weekly l unch-time support groups In 2017, Sky Lakes invested $28,000 and served 622 moms with its breastfeeding program The needs assessment also identified areas of concern such as low b irth weight, prenatal care, and reproductive health as a result of multiple risk factors i ncluding tobacco and alcohol use, and oral hygiene Sky Lakes supports the work by communi ty agencies to further understand the social and environmental risk factors and trends Sk y Lakes also provides direct assistance at no charge through its Community Health Workers at the Outpatient Care Management Department Outpatient Care Management conducts more tha n 100 home visits and almost 200 transports a month, and maintains connections with client s to help ensure they have appropriate access to services and remain on their care plans When it comes to health, zip code may be more important than genetic codeplace matters in terms of social determinants of health These include factors that affect health beyond th e doctor's office, where we li

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
Part V, Section B, Line 11 overflow	ve, learn, work, and play Eating well, exercising, and other positive health behaviors ar e important, but health is also strongly influenced by social and economic circumstances For example, social determinants of health are things like public safety, access to health y food options, clean and safe housing, access to educational and employment opportunities , income, transportation, and social support These factors explain why some people are he althier than others despite their health behaviors, and are clearly beyond the purview of a stand-along medical center Sky Lakes is an enthusiastic partner with local schools in ac ademic as well as athletic programs Sky Lakes also encourages participation in extra-curr icular activities at all levels by providing funding for robotics and running clubs and mo re Health equity is becoming a priority in the health field, as not everyone has the chan ce 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 resou rces 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 supports public and private agencie s and government offices as they seek solutions, but cannot be expected to address the nee ds 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 associ ated with better overall health, and drives sustainable economic growth within a community High rates of chronic absenteeism and mobility within the district have been identified a s 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 loc al higher education institutions, youth mentoring programs, and public schools has formed Klamath Promise is a powerful initiative focused on reducing absenteeism and providing me ntoring to help Klamath County achieve a 100% graduation rate Sky Lakes generously contri butes financially to Klamath Promise and related school-based programs, and funds book pur chases by an assortment of civic organizations such as Rotary International "Built enviro nment" is defined as our human-made surroundings that influence activities and therefore h ealth behaviors and social norms Improved population health requires a focus on improving the built environment because of the important role it plays in promoting health and prev enting chronic disease For example, when there are safe, accessible areas (green spaces, parks, safe routes, and thriving businesses) nearby, it's easier to be physically active a nd walk to these places, feel safe, and meet with social groups--all which improve health Sky Lakes has contributed fin

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
Part V, Section B, Line 11 overflow	ancial and human resources to help create greenspaces in downtown Klamath Falls, to help r ehabilitate a major neighborhood park near the medical center, and add a children's play a rea, and to help create hiking and biking trails in and around the community Sky Lakes is taking a leadership role in creating safe bike lanes connecting downtown and the largest municipal park in the city Doing so will encourage people in the residential neighborhood s along the lanes to be more physically active while reducing vehicular traffic Sky Lakes also actively addresses improving access to health care and services The Cascades East Fa mily Practice Residency Program trains eight providers a year for three years more than ha lf will practice in rural communities and the clinic serves about 24,000 people a year In 2017, the Sky Lakes investment in Cascades East amounted to $4 million ($2 5 million comm unity benefit) Sky Lakes also supports the Cascades East mobile clinic, which served some 4,000 people who were unable to get to the clinic building Further, Sky Lakes invested $4 66,000 directly to recruit health care providers to the area, and another $1 01 million to train nurses

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)
1 - Family Medicine Residency 2801 Daggett Avenue Klamath Falls, OR 97601	Medical clinic & Medical Residency Pgm
2 - Outpatient Imaging 2900 Daggett Avenue Klamath Falls, OR 97601	Outpatient diagnostic imaging center
3 - MOB II 3000 Bryant Williams Drive Klamath Falls, OR 97601	Medical clinic
4 - Family Practice Clinic 1905 Main Klamath Falls, OR 97601	Medical clinic
5 - MOB I 2200 Bryant Williams Drive Klamath Falls, OR 97601	Medical clinic
6 - Cancer Treatment Center 2610 Urhman Klamath Falls, OR 97601	Medical clinic
7 - Center for Occupational Health 2621 Crosby Avenue Klamath Falls, OR 97603	Rehabilitation services, home health services, Employee Assistance Program
8 - Adult Medicine & Family Practice 3001 Daggett Avenue Klamath Falls, OR 97601	Medical clinics
9 - Urology Clinic 2630 Campus Drive Klamath Falls, OR 97601	Medical clinic
10 - MOB III 2680 Uhrmann Road Klamath Falls, OR 97601	Medical clinic
11 - Family Practice Clinic 2617 Almond Street Klamath Falls, OR 97601	Medical clinic
12 - Family Practice Clinic 2600 Clover Klamath Falls, OR 97601	Medical clinic
13 - Wellness Center 128 South 11th Street Klamath Falls, OR 97601	Medical clinic
14 - Pulmonary Medicine 2301 Clairmont Klamath Falls, OR 97601	Medical clinic
15 - Community HealthEducation 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)
16 - Hugh Currin House 2601 Daggett Avenue Klamath Falls, OR 97601	Residential facility for families undergoing care

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Employee student loan forgiveness	671	60,105			
(2) Student Loan/Tuition assistance to employees	17	34,383			
(3) Student Loan/Tuition assistance to employees	4	13,200			
(4) Patient Assistance	1	5,568			
(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.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
City of Klamath Falls 222 S 6th Street Klamath Falls, OR 97601	93-6002195	Government	169,622	155,675	Cost	Park IMPROVEMENTS	Airport Support
Klamath Community College 7390 S 6th Street Klamath Falls, OR 97603	93-1211933	Government	50,000				Work Skills

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
kLAmath Community fOUNDATION PO Box 1903 Klamath Falls, OR 97601	20-5502851	501(c)(3)	20,000				Software
Friends of the Children 3837 Altamont Drive Klamath Falls, OR 97603	93-1290284	501(c)(3)	19,300				CHildren Education

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

(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 non-cash assistance	(h) Purpose of grant or assistance
Klamath Count School District 10501 Washburn Way Klamath Falls, OR 97603	93-6000543	Government	13,000				HOSA Program Assistance
Casa of the Children of Klamath County 731 Main Street 202 Klamath Falls, OR 97601	93-1261640	501(c)(3)	10,000				Children Advocacy

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Bonanza Quick Response PO Box 363 Bonanza, OR 97623	93-1175532	501(c)(3)	10,000				Ambulance
KCDC 2960 Matwood Drive 10 Klamath Falls, OR 97603	93-1175532	501(c)(3)	6,000				Military Competition

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Steen Sports Park 4500 Foothills Blvd Klamath Falls, OR 97603	93-1226388	501(c)(3)	5,000				Baseball Fields

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Sky Lakes Medical Center

Employer identification number
93-0508781

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	**1b**		
2	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?	**2**		
3	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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 R STEWART PRESIDENT/CEO/SECRETARY/TREASURER	(i)	433,433	240,000	0	46,296	15,300	735,029	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD E RICOVP/CFO	(i)	365,980	68,318	0	46,971	20,952	502,221	0
	(ii)	0	0	0	0	0	0	0
3 MARC ORLANDO MD MEDICAL PROVIDER	(i)	594,395	0	0	13,250	20,952	628,597	0
	(ii)	0	0	0	0	0	0	0
4 STANTON T SMITH MD MEDICAL PROVIDER	(i)	565,779	0	0	0	20,079	585,858	0
	(ii)	0	0	0	0	0	0	0
5 FAISAL SAIFUL MD MEDICAL PROVIDER	(i)	536,510	0	0	13,250	20,952	570,712	0
	(ii)	0	0	0	0	0	0	0
6 JARED OGAO MD MEDICAL PROVIDER	(i)	529,298	0	0	13,250	20,952	563,500	0
	(ii)	0	0	0	0	0	0	0
7 DAVID CHADBOURNE MD MEDICAL PROVIDER	(i)	495,018	0	0	0	20,952	515,970	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.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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
A	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	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
1	Amount of bonds retired	2,839,000	983,000		
2	Amount of bonds legally defeased	11,772,436			
3	Total proceeds of issue	18,288,334	59,146,386		
4	Gross proceeds in reserve funds	59,879			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	257,477	846,856		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,198,542	25,000,000		
11	Other spent proceeds		33,299,530		
12	Other unspent proceeds				
13	Year of substantial completion	2013	2016		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	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
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	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?								
4	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 %					
5	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 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	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	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	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
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sky Lakes Medical Center

Employer identification number
93-0508781

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) PAUL R STEWART	PRES/CEO	LIFE INSURANCE POLICY PURCHASE		X	750,000	801,178		No	Yes		Yes	
Total				▶ $		801,178						

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

Return Reference	Explanation
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 c onflict of interest on the part of any board member or potential board member All board m embers and potential members must disclose the existence of any actual or potential confli ct 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 po tential conflict of interest and after any discussion with the interested party, he/she sh all 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 in terest exists The minutes of the board and all committees of the board shall contain 1) t he 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 finan cial 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

Return Reference	Explanation
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, wh ich is signed by the board chair for all VP positions, all evaluations are made by the CE O, based on a review of market data This process was last undertaken in April 2017

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

Return Reference	Explanation
Form 990, Part XI, line 9	BOOK/TAX DIFFERENCE from PASSTHROUGH INCOME 686,030

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226025478

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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
(1) 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	(g) No
(1)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	
(2)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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 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	63,853	417,519		No	6,900	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	(i) No
(1)WEST PHYSICIAN SERVICES LLC 2865 daggett avenue klamath falls, OR 97601 87-0696029	PHYSICIAN SERVICES	OR	SKY LAKES MEDICAL CENTER	C	-4,724,102	3,343,809	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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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	169,576	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) Disproprtionate 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)