

# Amended Return - Section 512 (a)(7) Repeal

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Form **990-T**

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

**2017**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>Holmes Regional Medical Center, Inc.</b>		<b>D</b> Employer identification number (Employees' trust see instructions) <b>59-0624371</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P O box, see instructions <b>3300 Fiske Blvd.</b>		<b>E</b> Unrelated business activity codes (See instructions) <b>621500</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>Rockledge, FL 32955-4305</b>					

<b>C</b> Book value of all assets at end of year <b>830,700,976.</b>		<b>F</b> Group exemption number (See instructions)	
		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

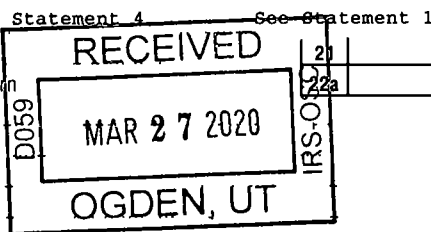
**H** Describe the organization's primary unrelated business activity **Laboratory Services**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation **See Statement 3**

**J** The books are in care of **Arthur Craig Springer II** Telephone number **321-434-5584**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>1,902,042.</b>	1c	1,902,042.	
b	Less returns and allowances	2		
2	Cost of goods sold (Schedule A, line 7)	3	1,902,042.	1,902,042.
3	Gross profit Subtract line 2 from line 1c	4a		
4a	Capital gain net income (attach Schedule D)	4b		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c		
c	Capital loss deduction for trusts	5	1,422,373.	1,422,373.
5	Income (loss) from partnerships and S corporations (attach statement)	6		
6	Rent income (Schedule C)	7	828,111.	273,541.
7	Unrelated debt-financed income (Schedule E)	8		554,570.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	9		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10		
10	Exploited exempt activity income (Schedule I)	11		
11	Advertising income (Schedule J)	12		
12	Other income (See instructions; attach schedule)	13	4,152,526.	273,541.
13	<b>Total.</b> Combine lines 3 through 12			3,878,985.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22b
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	<b>Total deductions</b> Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34



See Statement 2

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## Amended Return - Section 512 (a)(7) Repeal

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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$	(2) \$	(3) \$ 1,717,123.
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
<b>c</b> Income tax on the amount on line 34	See Statement 6	<b>35c</b> 416,861.
<b>36 Trusts Taxable at Trust Rates</b> See instructions for tax computation Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Tax on Non-Compliant Facility Income</b> See instructions		<b>39</b>
<b>40 Total</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b> 416,861.

**Part IV Tax and Payments**


<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits</b> Add lines 41a through 41d		<b>41e</b>
<b>42</b> Subtract line 41e from line 40		<b>42</b> 416,861.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		<b>43</b>
<b>44 Total tax.</b> Add lines 42 and 43		<b>44</b> 416,861.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	138,341.
<b>b</b> 2017 estimated tax payments	<b>45b</b>	526,400.
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>45g</b>	
<b>46 Total payments</b> Add lines 45a through 45g		<b>46</b> 664,741.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>		<b>47</b>
<b>48 Tax due</b> If line 46 is less than the total of lines 44 and 47, enter amount owed		<b>48</b>
<b>49 Overpayment</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<b>49</b> 247,880.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> 247,880. <b>Refunded</b>		<b>50</b> 0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year		\$

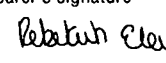
**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  Date 3/16/2020 Title EVP / CFO

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Rebekuh Eley		3/10/20		P01247672
Firm's name	Firm's EIN			
RSM US LLP	42-0714325			
Firm's address	Phone no			
1 S. Wacker Drive, Ste 800 Chicago, IL 60606	312-634-3400			

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## Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6	7	
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs	4a		line 2		
(attach schedule)			8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?		

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

### 1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

### (b) Total deductions

Enter here and on page 1 Part I line 6, column (B)

0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) Statement 7	(b) Other deductions (attach schedule) Statement 8	
(1) Hickory Assisted Living	1,076,028.	223,206.	132,227.	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Statement 9	5 Average adjusted basis of or allocable to debt-financed property (attach schedule) Statement 10	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 4,350,029.	5,652,516.	76.96 %	828,111.	273,541.
(2)		%		
(3)		%		
(4)		%		
		Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
		828,111.		273,541.
<b>Totals</b>				0.
<b>Total dividends-received deductions</b> included in column 8				

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## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I line 8, column (B)
<b>Totals</b>			0.	0.

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1 Part I, line 9, column (A)		Enter here and on page 1 Part I, line 9, column (B)
<b>Totals</b>		0.		0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1 Part II, line 26
<b>Totals</b>		0.	0.			0.

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I line 11 col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1 Part II line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2017)

## Amended Return - Section 512 (a)(7) Repeal

Form **4626**  
Department of the Treasury  
Internal Revenue Service

## Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information

OMB No 1545-0123

**2017**

Name <b>Holmes Regional Medical Center, Inc.</b>		Employer identification number <b>59-0624371</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)		
1	Taxable income or (loss) before net operating loss deduction	<b>1,717,123.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	<b>1,717,123.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions	<b>1,717,123.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount See instructions	<b>0.</b>
c	Multiply line 4b by 75% (0.75) Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment	
	• If line 4b is zero or more, enter the amount from line 4c	
	• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	<b>1,717,123.</b>
6	Alternative tax net operating loss deduction See instructions	
7	<b>Alternative minimum taxable income</b> Subtract line 6 from line 5 If the corporation held a residual interest in a REMIC, see instructions	<b>1,717,123.</b>
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-	
b	Multiply line 8a by 25% (0.25)	
c	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-	<b>0.</b>
9	Subtract line 8c from line 7 If zero or less, enter -0-	<b>1,717,123.</b>
10	Multiply line 9 by 20% (0.20)	<b>343,425.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax Subtract line 11 from line 10 Stmt 12 Blended Rate	<b>86,562.</b>
13	Regular tax liability before applying all credits except the foreign tax credit	<b>416,861.</b>
14	<b>Alternative minimum tax</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions

Form 4626 (2017)

\* See also

Statement 11

# Amended Return - Section 512 (a)(7) Repeal

Holmes Regional Medical Center, Inc.

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## Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

<b>1</b> Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	<b>1</b>	1,717,123.
<b>2</b> ACE depreciation adjustment:		
<b>a</b> AMT depreciation	<b>2a</b>	
<b>b</b> ACE depreciation:		
<b>(1)</b> Post-1993 property	<b>2b(1)</b>	
<b>(2)</b> Post-1989, pre-1994 property	<b>2b(2)</b>	
<b>(3)</b> Pre-1990 MACRS property	<b>2b(3)</b>	
<b>(4)</b> Pre-1990 original ACRS property	<b>2b(4)</b>	
<b>(5)</b> Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>	
<b>(6)</b> Other property	<b>2b(6)</b>	
<b>(7)</b> Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>	
<b>c</b> ACE depreciation adjustment Subtract line 2b(7) from line 2a	<b>2c</b>	
<b>3</b> Inclusion in ACE of items included in earnings and profits (E&P)		
<b>a</b> Tax-exempt interest income	<b>3a</b>	
<b>b</b> Death benefits from life insurance contracts	<b>3b</b>	
<b>c</b> All other distributions from life insurance contracts (including surrenders)	<b>3c</b>	
<b>d</b> Inside buildup of undistributed income in life insurance contracts	<b>3d</b>	
<b>e</b> Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>	
<b>f</b> Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e	<b>3f</b>	
<b>4</b> Disallowance of items not deductible from E&P:		
<b>a</b> Certain dividends received	<b>4a</b>	
<b>b</b> Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	<b>4b</b>	
<b>c</b> Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>	
<b>d</b> Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>	
<b>e</b> Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>	
<b>f</b> Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	<b>4f</b>	
<b>5</b> Other adjustments based on rules for figuring E&P:		
<b>a</b> Intangible drilling costs	<b>5a</b>	
<b>b</b> Circulation expenditures	<b>5b</b>	
<b>c</b> Organizational expenditures	<b>5c</b>	
<b>d</b> LIFO inventory adjustments	<b>5d</b>	
<b>e</b> Installment sales	<b>5e</b>	
<b>f</b> Total other E&P adjustments Combine lines 5a through 5e	<b>5f</b>	
<b>6</b> Disallowance of loss on exchange of debt pools	<b>6</b>	
<b>7</b> Acquisition expenses of life insurance companies for qualified foreign contracts	<b>7</b>	
<b>8</b> Depletion	<b>8</b>	
<b>9</b> Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	<b>9</b>	
<b>10</b> <b>Adjusted current earnings</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626	<b>10</b>	1,717,123.

## Footnotes

## Statement 1

Form 990-T is being amended because of the repeal of Section 512(a)(7). As a result, the following lines changed from the original filed return:

Line 12: 381,078 decrease to remove amounts paid for disallowed fringes

Line 20: 38,107 decrease to charitable contribution deduction

Line 44: 83,262 decrease to total tax



Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Boys and Girls Club	N/A	6,500.
Brevard Health Alliance	N/A	1,966,598.
My Community Cares, Inc.	N/A	7,500.
United Way of Brevard County, Inc.	N/A	7,835.
The Children's Hunger Project, Inc.	N/A	10,000.
Who We Play For Inc.	N/A	9,110.
Space Coast Field of Dreams	N/A	10,000.
Total to Form 990-T, Page 1, line 20		2,017,543.

Form 990-T	Other Deductions	Statement 3
Description		Amount
Laboratory Expenses		1,050,057.
Administrative Expenses		816,613.
Tax Preparation Fees		2,400.
Total to Form 990-T, Page 1, line 28		1,869,070.

Form 990-T	Parent Corporation's Name and Identifying Number	Statement 4
Corporation's Name		Identifying No
Health First, Inc.		59-3336894

## Form 990-T

## Contributions Summary

## Statement 5

## Qualified Contributions Subject to 100% Limit

## Carryover of Prior Years Unused Contributions

For Tax Year 2012

For Tax Year 2013

For Tax Year 2014

For Tax Year 2015 937,446

For Tax Year 2016 939,960

Total Carryover

1,877,406

Total Current Year 10% Contributions

2,017,543

Total Contributions Available

3,894,949

Taxable Income Limitation as Adjusted

190,792

Excess 10% Contributions

3,704,157

Excess 100% Contributions

0

Total Excess Contributions

3,704,157

Allowable Contributions Deduction

190,792

Total Contribution Deduction

190,792

## Form 990-T

## Income (Loss) from Partnerships

## Statement 6

Partnership Name	Gross Income	Deductions	Net Income or (Loss)
HealthSouth Sea Pines Rehabilitation Hospital	1,422,373.	0.	1,422,373.
Total to Form 990-T, Page 1, line 5	1,422,373.	0.	1,422,373.

Form 990-T	Line 35c Tax Computation	Statement 7
1. Taxable Income . . . . .	1,717,123	
2. Lesser of Line 1 or First Bracket Amount . .	0	
3. Line 1 Less Line 2 . . . . .	1,717,123	
4. Lesser of Line 3 or Second Bracket Amount . .	0	
5. Line 3 Less Line 4 . . . . .	1,717,123	
6. Income Subject to 34% Tax Rate . . . . .	1,717,123	
7. Income Subject to 35% Tax Rate . . . . .	0	
8. 15 Percent of Line 2 . . . . .	0	
9. 25 Percent of Line 4 . . . . .	0	
10. 34 Percent of Line 6 . . . . .	583,822	
11. 35 Percent of Line 7 . . . . .	0	
12. Additional 5% Surtax . . . . .	0	
13. Additional 3% Surtax . . . . .	0	
14. Total Income Tax		<u>583,822</u>
15. Tax at 21% Rate effective after 12/31/2017	<u>360,596</u>	
	Days	
16. Tax Prorated for Number of Days in 2017	92	147,155
17. Tax Prorated for Number of Days in 2018	273	269,706
18. Total Tax Prorated	<u>365</u>	<u>416,861</u>

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Form 990-T	Schedule E - Depreciation Deduction	Statement 8
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Description	Activity Number	Amount	Total
Depreciation		223,206.	
- SubTotal -	1		223,206.
Total of Form 990-T, Schedule E, Column 3(a)			223,206.

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Form 990-T	Schedule E - Other Deductions	Statement 9
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Description	Activity Number	Amount	Total
Interest Expense		132,227.	
- SubTotal -	1		132,227.
Total of Form 990-T, Schedule E, Column 3(b)			132,227.

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Form 990-T	Average Acquisition Debt on or Allocable to Debt-Financed Property	Statement 10
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Description	Activity Number	Amount	Total
Average acquisition indebtedness		4,350,029.	
- SubTotal -	1		4,350,029.
Total of Form 990-T, Schedule E, Column 4			4,350,029.

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Holmes Regional Medical Center, Inc.

59-0624371

Form 990-T

Average Adjusted Basis of or  
Allocable to Debt-Financed Property

Statement 11

Description	Activity Number	Amount	Total
Average adjusted basis		5,652,516.	
- SubTotal -	1		5,652,516.
Total of Form 990-T, Schedule E, Column 5			5,652,516.

Form 4626	AMT Contributions	Statement 12
Carryover of Prior Years Unused Contributions		
For Tax Year 2012		
For Tax Year 2013		
For Tax Year 2014		
For Tax Year 2015	937,446	
For Tax Year 2016	939,960	
Total Carryover		1,877,406
Current Year Contributions		2,017,543
Total Contributions		3,894,949
10% of Taxable Income as Adjusted		190,792
Excess Contributions		3,704,157
Allowable Contributions		190,792
AMT charitable deduction		190,792
Regular contribution deduction		190,792
AMT contribution adjustment		0



Tentative Minimum Tax (TMT) Proration		Statement 13
Tentative minimum tax for the entire year . . .		
		343,425.
TMT in effect before 01/01/2018 . . . . .		
		343,425.
TMT in effect after 12/31/2017 . . . . .		
		0.
Days		
TMT prorated for number of days in 2017 . . 92		
		86,562.
TMT prorated for number of days in 2018 . . 273		
		0.
TMT prorated . . . . . 365		
		86,562.