Form 930-T		Exempt Organization Bu	der se	ction 6033(e)))	. 198	06	OMB No 1545-0687
Department of the Treasury		elendar year 2017 or other tax year beginning JUL 1 Go to www.irs.gov/Form990T for	instructi	ons and the lates	t inform	ation.	_ [Open to Public Inspection for
A Check box if	├	Do not enter SSN numbers on this form as it ma Name of organization (Check box if name	_			ation is a 501(c)(3)	DEmplo	Open to Public Inspection for 501(c)(3) Organizations Only oyer identification number
address changed		Name of organization (Check box in hame	Change	ו מווע סכב וווסנו טכני	0115.)			loyees' trust, see actions)
B Exempt under section	Print	LEESBURG REGIONAL MED	ICAL	CENTER				9-0878982
X 501(C)(B)	or Type	Number, street, and room or suite no. If a P O. be	ox, see ı	nstructions.				ated business activity codes instructions)
408(e) 220(e)		600 EAST DIXIE AVENUE				_		
408A 530(a)	'	City or town, state or province, country, and ZIP LEESBURG, FL 34748	or foreig	n postal code			5 4 1	610
529(a) C Book value of all assets	1	E Croup exemption number (Con instructions)	•				Dar	010
404,354,8	387.	G Check organization type ► X 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust
H Describe the organization	on's prim	nary unrelated business activity.		STATEMEN	IT 1		•	
		poration a subsidiary in an affiliated group or a par					X Ye	
		, , , , , , , , , , , , , , , , , , ,	SEE	STATEMEN		CENT		<u> 33-119705'</u>
		DIANE HARDEN, CFO		(A) tagan				323-5002
		de or Business Income	T	(A) Incom	ŧ	(B) Expenses	•	(C) Net
1a Gross receipts or sal		c Balance	1c	:				
b Less returns and allo2 Cost of goods sold (2					
3 Gross profit. Subtract			3					
4a Capital gain net inco			4a		_	-		
	•	Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction	n for tru	sts	4c					
5 Income (loss) from p	partnersh	nips and S corporations (attach statement)	5					-
6 Rent income (Sched			6					
7 Unrelated debt-finan		,	7					
		and rents from controlled organizations (Sch. F)	8 9	-				
 Investment income of the second of the second		on 501(c)(7), (9), or (17) organization (Schedule G	10					
11 Advertising income (11					
•	•	ns; attach schedule) STATEMENT 2	12	4,205,6	95.	**	-	4,205,695
13 Total. Combine line			13	4,205,6	95.			4,205,695
Part II Deduction	ons No	ot Taken Elsewhere (See instructions	for limit	ations on deduc	tions)			
		utions, deductions must be directly connect	ed with	the unrelated b	usines	s income)		
•		rectors, and trustees (Schedule K)					14	2 225 156
15 Salaries and wages							15	2,225,156 1,783
16 Repairs and mainte	nance						16	1,703
17 Bad debts18 Interest (attach sch	adula\						18	·
19 Taxes and licenses			-				19	
		ee instructions for limitation rules) STATEM	ENT	6 SEE S	TAT	EMENT 3	20	0.
21 Depreciation (attack	-			21	·L	89,888.		
22 Less depreciation c	laimed o	n Schedule A and elsewhere on return		7 22	a		22b	89,888
23 Depletion		empensation plans FECEIVE	D_{\perp}	\neg			23	
24 Contributions to de		ompensation plans		Ι <u>Χ</u> Ι			24	F02 016
25 Employee benefit p	_	Schedule I) MAY 2 2 2	013	IRS-OS(25	503,016
26 Excess exempt exp				7≅/			26	
27 Excess readership (•		TIT	SEE S	የጥልጥ	EMENT 4	28	1,818,774.
Other deductions (aTotal deductions. A		: 14 through 28 OGDEN			,	Dillin' 1	29	4,638,617.
		income before net operating loss deduction. Subtra					30	-432,922
		n (limited to the amount on line 30)			TAT	EMENT 7	31	
		income before specific deduction. Subtract line 31	from lin				32	-432,922.
33 Specific deduction	(Generall	ly \$1,000, but see line 33 instructions for exception	ıs)				33	1,000.
	s taxable	e income. Subtract line 33 from line 32. If line 33 is	greate	than line 32, ente	r the sn	naller of zero or		422 222
line 32						38	34	-432,922
23701 01-22-18 LHA F	or Paper	rwork Reduction Act Notice, see instructions.						Form 990-T (201

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Form 990-	LEESBURG REGIONAL MEDICAL CENTER		59	-087	78982	Page
Part I	II Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.				三	
•	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions a	nđ:				
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord	er):				
	(1) \$ (2) \$ (3) \$	-	1		23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
c	Income tax on the amount on line 34			•	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			•		
	Tax rate schedule or Schedule D (Form 1041)				36	
87	Proxy tax. See instructions			•	87	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See instructions				39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		· ··· ·· · · · · · · · · · · · · · · ·		40	0.
Part I	V Tax and Payments				1	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	412			10 M.	
b	Other credits (see instructions)	41b				
c	General business credit. Attach Form 3800	416			10.5%	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 86	366 🗀	Other (attach sch	redule)	43	
44	Total tax. Add lines 42 and 43				44	0.
45 z	Payments: A 2016 overpayment credited to 2017	452			S. Marie	
b	2017 estimated tax payments	45b				
C	Tax deposited with Form 8868	45c				
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)	45e				
1	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
g	Other credits and payments: Form 2439					
İ	Form 4136 Other Total ▶	45g			Sing F	
	Total payments. Add lines 45a through 45g				46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 👑 🔻				47	
				. 🏲	48	0.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			. 🕨	49	0.
	Enter the amount of line 49 you want. Credited to 2018 estimated tax		Refunded	>	50	
Part V						
	At any time during the 2017 calendar year, did the organization have an interest in or a signature		-			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	-				2 N 4 PV 50 N
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign c	country			建建设
	here >					_ X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or b	ansferor	to, a foreign trus	t? .		X
	If YES, see instructions for other forms the organization may have to file.					建築制造
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					· 在於 發發子
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of pregarer (other than taxpayer) is based on all information of which prepa	statement rer has an	s, and to the best of y knowledge.	my know	riedge and bein	f, it is true,
Here				Ma	y the IRS discu	ss this return with
11010	Signature of officer Date CFO				preparer show	
			······		tructions)?	Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check L	ıf	PTIN	
Paid	Town warmer - Allahara To	-18	self-emp	loyed		
Prepar	er JOHN NORMAN JOHN NORMAN 9	1/3.	 -			06766
Use O	Firm's name CLIFTONLARSONALLEN LLP		Firm's E	in 🕨	41-0	746749
	227 WEST TRADE STREET, SUITE 8	00	1_	_		
	Firm's address ► CHARLOTTE, NC 28202		Phone r	ю. 7	04-998	
					For	n 990 -T (2017)

Form 990-T (2017) LEESBURG REGIONAL MEDICAL CENTER

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. St	ıbtract lı	ine 6	·	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	ed With Real Prop	perty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued			3/a\Deductions directly	connected with the income in	,
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)	·
(1)	•						
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	instructions)				
		• •	2. Gross income from		 Deductions directly conn to debt-finance 		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	5
(1)			† · · · ·				
(2)	-						
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductic (column 6 x total of colu 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page Part I, line 7, column (E	
Totals			>		0.	,[0.
Total dividends-received deductions in	icluded in column	18					0.
						Form 990-T (2017)

Schedule F - Interest,			<u> </u>		Controlled O						
Name of controlled organiza	ation	2. Emp identific numi	cation		related income a instructions)	4. Tota payn	al of specified nents made	5. Part of column 4 t included in the controrganization's gross in		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)				ļ							
(3)				ļ							
(4)								<u> </u>			
Nonexempt Controlled Organ	nizations	_									
7. Taxable income		nrelated incom se instructions		9. Total	of specified pay made	nents	10. Part of coluing the controlling gross	mn 9 tha ing orgar s income	nization's		ductions directly connected in income in column 10
(1)											
(2)											
(3)			-								
(4)	 			<u> </u>							
V/							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						<u>▶</u>			0.		0
Schedule G - Investme (see inst	ent Incor tructions)	ne of a	Section	1 501(c)(7), (9), or	(17) Or	ganization	1		_	
1. Des	scription of inco	me			2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.					1 0
Schedule I - Exploited	-	Activity	Incom	e, Othe	r Than Ac		ng Income)			
Description of exploited activity	2. G unrelated income trade or b	business from	directly of with pr of un	penses connected oduction related is income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)	1					İ					
(4)					 	1					
Totals	Enter here page 1, line 10,	Part I,	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertis	ing Incor	1	nstruction		<u> </u>						
Part I Income From					solidated	Basis			·		
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c		5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						.,.					
(2)					7						
(3)					_						
(4)			<u> </u>		7						
Totals (carry to Part II, line (5))	•	(<u> </u>	0	•		<u> </u>				0 Form 990-T (201)

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)							
Totals from Part I	▶	0.	. 0.			·,	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)]			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	, ,			0.

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

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

Form 990-T (2017)

1,818,774.

			UNRELATED	STATEMENT	1
, PAGE 1					
	OTHER INC	COME		STATEMENT	2
				AMOUNT	
			•		
990-T, PAGE 1, L	NE 12			4,205,6	95.
	CONTRIBUT	TIONS		STATEMENT	3
IND OF PROPERTY	METHOD US	SED TO DETER	MINE FMV	AMOUNT	
	N/A			60,0	86.
990-T, PAGE 1, L	NE 20			60,0	86.
	OTHER DEI	DUCTIONS		STATEMENT	4
				AMOUNT	
				134,8 511,3 932,7 33,9	79. 71. 35. 01.
	S OUTREACH RE , PAGE 1 VENUE E 990-T, PAGE 1, LI	BUSINESS ACT SOUTREACH RE , PAGE 1 OTHER INC VENUE E 990-T, PAGE 1, LINE 12 CONTRIBUT IND OF PROPERTY METHOD US N/A 990-T, PAGE 1, LINE 20 OTHER DEI	BUSINESS ACTIVITY SOUTREACH RE , PAGE 1 OTHER INCOME VENUE E 990-T, PAGE 1, LINE 12 CONTRIBUTIONS IND OF PROPERTY METHOD USED TO DETERM N/A 990-T, PAGE 1, LINE 20 OTHER DEDUCTIONS	BUSINESS ACTIVITY SOUTREACH RE , PAGE 1 OTHER INCOME VENUE 2 990-T, PAGE 1, LINE 12 CONTRIBUTIONS IND OF PROPERTY METHOD USED TO DETERMINE FMV N/A 990-T, PAGE 1, LINE 20 OTHER DEDUCTIONS	BUSINESS ACTIVITY SOUTREACH RE , PAGE 1 OTHER INCOME STATEMENT AMOUNT VENUE 990-T, PAGE 1, LINE 12 CONTRIBUTIONS STATEMENT IND OF PROPERTY METHOD USED TO DETERMINE FMV AMOUNT N/A 60,0 990-T, PAGE 1, LINE 20 OTHER DEDUCTIONS STATEMENT AMOUNT 20,5 134,8 511,3

TOTAL TO FORM 990-T, PAGE 1, LINE 28

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	5
CORPORATION'	S NAME						IDENTIFYING	NO
CENTRAL FLOR	IDA HEAL	TH, INC					33-1197054	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED C	ONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YOU FOR T	EAR 2013 143,156 EAR 2014 156,145 EAR 2015 168,591			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUTIONS	709,142 60,086		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	769,228 0		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	769,228 0 769,228		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION			0
TOTAL CONTR	IBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	134,696.	126,996.	7,700.	7,700.
06/30/04	104,680.	0.	104,680.	104,680.
06/30/05	75,779.	0.	75,779.	75,779.
06/30/06	110,119.	0.	110,119.	110,119.
06/30/07	70,915.	0.	70,915.	70,915.
06/30/08	16,454.	0.	16,454.	16,454.
06/30/09	50,746.	0.	50,746.	50,746.
06/30/10	60,253.	0.	60,253.	60,253.
06/30/11	69,347.	0.	69,347.	69,347.
06/30/12	474,840.	0.	474,840.	474,840.
06/30/14	97,635.	0.	97,635.	97,635.
06/30/15	193,144.	0.	193,144.	193,144.
06/30/16	618,349.	0.	618,349.	618,349.
06/30/17	193,144.	0.	193,144.	193,144.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,143,105.	2,143,105.
				