Form 990-T: '	- E	Extended Ext	ended to Aug nization Bus				ax∠Re	turn	ı L	OMB N	lo 1545-0687
Form OOO 16	-		nd proxy tax und				7467	7		_	
	Forca	lendar year 2018 or other tax yea	ar beginning OCT 1, 20	18	, a	nd ending SEP	30, 201	.9	_	2	018
Department of the Treasury		•	irs gov/Form990T for in						-	Open to Pi	ublic inspection for
Internal Revenue Service	>	Do not enter SSN numbe					ition is a 50)1(c)(3)			ublic Inspection for Irganizations Only Ication number
A Check box if address changed		Name of organization (L	Check box if name c	hanged	and see ir	istructions)			(Empl	(Employees' trust, see instructions)	
B Exempt under section	Print	Lakeland Regional	l Medical Center,	Inc	•					59-265	0456 ess activity code
X 501(c <u>1)(3</u>)	Type	Number, street, and room		k, see ir	structions	1				nstructions	
408(e) 220(e)	',,,,	1324 Lakeland Hi					<u> </u>		-		
408A530(a) 529(a)	408A										
C Book value of all assets - at end of year		F Group exemption number		<u> </u>				<u>-1</u>			
848,882,		G Check organization typ			1	501(c) trust		401(a)			Other trust
H Enter the number of the	-		ousinesses.	1			the only (or	•			
trade or business here				4-1	411	If only one,	•				} ,
		ce at the end of the previou	us sentence, complete Pa	rts i an	a II, comp	iete a Schedule	M for each	addition	ai trade	Or	
business, then complete		oration a subsidiary in an a	affiliated group or a parer	nt-cube	idiani cont	rolled group	Stmt 1		X Ye	·	
		tifying number of the paren	_	11-5005	FPP"		-7100	50	ŦÖ	'Ųʻ	J 140
J The books are in care of			it corporation >	<u> </u>		Telepho	one number		863)	, 687-11	.00
Part - Unrelated			ome		(A)	Income		xpenses			(C) Net
1a Gross receipts or sale	:S	11,451.									/
b Less returns and allow	wances		c Balance	1c		11,451.				<u> </u>	
2 Cost of goods sold (S	chedule	A, line 7)		2							
3 Gross profit Subtract	line 2 fi	rom line 1c		3		11,451.					11,451.
4a Capital gain net incom	ne (attac	h Schedule D)		4a_							
b Net gain (loss) (Form	4797, P	'art II, line 17) (attach Form	n 4797)	4b				_/_		<u> </u>	
c Capital loss deduction				4c							 ,
•	•	ship or an S corporation (a	ttach statement)	5			/				
6 Rent income (Schedu		no (Cabadula E)		<u>6</u> 7		-					
7 Unrelated debt-financ		ne (Schedule E) nd rents from a controlled (organization (Schodulo D	8					_		
•		on 501(c)(7), (9), or (17) or	-	9							
10 Exploited exempt activ			rgamzation (ochedule d)	10							
11 Advertising income (S	-			31							
12 Other income (See in		•	/	12							
13 Total. Combine lines	3 throu	gh 12		13		11,451.					11,451.
Part II Deductio	ns No	ot Taken Elsewher	e (See instructions fo	r lımıta	ations on	deductions)					
		utions, deductions must		with t	he unrela	ted business	income)				
14 Compensation of off	icers, di	rectors, and trustees (Sche	edulerK)						14		
15 Salaries and wages			~						15		
16 Repairs and mainten	ance		RECE	WEL	LBO	H 500			16		
17 Bad debts	م/ امانات		Al rules) IRS KA			11700			17		
18 Interest (attach sche	aule) (s	ee instructions)	Al	JG 2	4 202	Ò			19		
19 Taxes and licenses20 Charitable contribution	one (Sai	e instructions for limitation	rules) IBO V.		202	W.			20		
21 Depreciation (attach		/	INS KA	NSA	SCITY	/ Aznl					
		Schedule A and elsewher	e on return		·	22a			22b	1	
23 Depletion		r consulta / r and cisconner	• • • • • • • • • • • • • • • • • • • •			(====1			23		
24 Contributions to defe	erred co	mpensation plans							24		
25 Employee benefit pro									25		
26 Excess exempt expen	nses (So	chedule I)							26		
27 Excess readership co	osts (Sc	hedule J)							27		
28 Other deductions (at									28		
29 Total deductions A									29		0.
· · · /		ncome before net operating							30		11,451.
	_	loss arising in tax years be	-	ry 1, 20	18 (see in:	structions)			31		11,451.
		ncome Subtract line 31 fro							32		990-T (2018)
823701 01-09-19 LHA FO	r Paper	WORK REQUESTION ACT Notice	e, see instructions.						•	LOUIN	200-1 (2018)

	Form 990-	(2018) Lakeland Regional Medica	al Center, Inc.		59-2650	456	Pago 2
- 1	Part	Total Unrelated Business Ta	xable Income				
- \	33	Total of unrelated business taxable income cor	mouted from all unrelated trades or business	es (see instruct	ions)	33	11,451.
1	34	Amounts paid for disallowed fringes		•		34	<u> </u>
	35	Deduction for net operating loss arising in tax	vears heginging hetorolijaniary 1, 2018 (see			35	11,451.
		Total of unrelated business taxable income bef				1 1	
	36		•				
		lines 33 and 34,		********	نست برج	36	
	37	Specific deduction (Generally \$1,000, but see I	ine 37 instructions for exceptions)			37	1,000.
	38	Unrelated business taxable income Subtract				1 1	
. 1		enter the smaller of zero or line 36				38	0.
11	Part	√ Tax Computation					
11	39	Organizations Taxable as Corporations Mult	inly line 38 by 21% (0.21)			39	0.
		Trusts Taxable at Trust Rates See instruction				"	
	40		•				
			(Form 1041)			40	
	41	Proxy tax See instructions				41	
	42	Alternative minimum tax (trusts only)		··· ·· · · · · · · · · · · · · · · · ·		42	
	43	Tax on Noncompliant Facility Income See in	structions		,,,	43	
١,	44	Votal Add lines 41, 42, and 43 to line 39 or 40	, whichever applies			44	0.
11	Part)			-			
/ `		Foreign tax credit (corporations attach Form 11	118 trusts attach Form 1116)	45a		T	
						1	
	U	Other credits (see instructions)		450		1	
	·	Concrat business crout Attach Form 5000	·· · · · · · · · · · · · · · · · · · ·	- 1700		-	
		Credit for prior year minimum tax (attach Form		45d			
	е	Total credits. Add lines 45a through 45d				45e	
	46	Subtract line 45e from line 44				46	0.
	47	Other taxes Check if from: Form 4255	Form 8611 Form 8697 For	m 8866 🔲	Other (attach schedule)	47	
	48	Total tax Add lines 46 and 47 (see instruction:				48	0.
	49	2018 net 965 tax liability paid from Form 965-/				49	0.
					2 658,	1 - 73 · 1	
		Payments A 2017 overpayment credited to 20			2,050.	1 1	
		2018 estimated tax payments				1	
	C	Tax deposited with Form 8868	., ,	50c		1 1	
	d	Foreign organizations Tax paid or withheld at s	source (see instructions)	50d	 	1 1	
	е	Backup withholding (see instructions)		50e]	
		Credit for small employer health insurance pren		50f		Ì	
		Other credits, adjustments, and payments	¬			1 :	
		Form 4136		▶ 50g		1 1	
						5/	2,658.
	51	Total payments Add lines 50a through 50g	75 0000 Water N			$\overline{}$	
	52	Estimated tax penalty (see instructions) Check	· · · · · · · · · · · · · · · · · · ·			52	
	53	Tax due. If line 51 is less than the total of lines				58	
	54	Overpayment. If line 51 is larger than the total	of lines 48, 49, and 52, enter amount overpa	ıd	LU >	54	2,658.
- []	155	Enter the amount of line 54 you want Credited	to 2019 estimated tax	2,658.	Refunded	55	0.
·	Part \	I Statements Regarding Certa	in Activities and Other Inform	ation (see	instructions)		
	56	At any time during the 2018 calendar year, did					Yes No
	•	over a financial account (bank, securities, or other			-		1.00 1.00
							1 1 1
		FinCEN Form 114, Report of Foreign Bank and I	rmancial Accounts it Yes, enter the name o	n tile toreign co	unuy		
		here -					×
	57	During the tax year, did the organization receive	e a distribution from, or was it the grantor of,	or transferor to	o, a foreign trust?		и
		If "Yes," see instructions for other forms the org	ganization may have to file				
	58	Enter the amount of tax-exempt interest receive	d or accrued during the tax year >\$				<u>'</u> -
		Under periodica of perfury, declare that I have exam	uned this roturn, including accompanying schedules e	nd statements, an	d to the best of my knowled	ige and be	lief it is true,
	Sign	correct, and complete. Dealaration of preparer (other	than taxpayer) is based on all Information of which pr	aparer has any kn			
	Here	Money	8-12-2020 EVP/Chi	ef Financi	-1 ACC1 I		diacusa thia return with shown below (see
		Signature of officer	Date Title			o preparor (structions)?	
				Tall		$\overline{}$	
		Print/Type preparer's name	Preparer's signature	Date	Check i	f PTIN	
	Paid		Jan Hentres	1	self- employed		
	Prepa	rer Terry Haefner		<u> </u>			1258953
	Use C	le . Nova no		.,	Firm's EIN ►	6:	2-1517792
		3000 Bayport	Drive, Suite 860				
		Firm's address > Tampa, FL 33	607		Phone no (727) 4	42-7110
	823711 01-						Form 990-T (2018)
							\

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	г		6		
2 Purchases	2		_ 7	Cost of goods sold Su	ıbtract l	line 6			
3 Cost of labor	Cost of labor 3 from line 5 Enter here a					Part I,		_	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	263A (1	with respect to		Ye	s No	
Other costs (attach schedule)	4b		╛	property produced or a	cquired	I for resale) apply to			_
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((From Real	Property and	Per:	sonal Property L	ease	d With Real Prop	erty	')	
(see instructions)									
Description of property									
(1)									
(2)									
(3)	• .					<u></u>			
(4)									
		ed or accrued				3(a) Deductions directly	conne	ected with the income	a in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	ot rent for	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) ar	nd 2(b)	(attach schedule)	,
(1)								_	
(2)									
(3)									
(4)									
Total	0.	Total			0.	_			
c) Total income Add totals of columns		ter				(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		Deductions directly control to debt-finance	nected ed pro	with or allocable perty	
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deducti	ions
						(attach schedule)	Ì	(aracii scriedo)	0)
(1)			+				+		
(2)			+				+-	-	
(3)						·	+		
(4)			+				+		
4. Amount of average acquisition	5 Average	adjusted basis	+	Column 4 divided		7 Gross income	\top	8 Allocable dedu	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	allocable to nced property n schedule)	'	by column 5		reportable (column 2 x column 6)		(column 6 x total of 3(a) and 3(b)	columns
(1)			† •	%			1		
(2)			İ	%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on p. Part I, line 7, colum	
Totals						0			0.
Total dividends-received deductions	cluded in column	18							0.

Schedule F - Interest, F	Annuities, Roya	alties, an	d Rents	From Co	ntrolled	d Organiza	tions	(see ins	truction	s)
<u> </u>			Exempt (Controlled O	rganizatio	ons				· · · · · · · · · · · · · · · · · · ·
Name of controlled organization	iden	Employer tification umber		elated income instructions)		al of specified nents made	includ	art of column 4 that is ded in the controlling zation's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)			<u> </u>							
(3)										
(4)	-									
Nonexempt Controlled Organiz	zations		•							
7. Taxable income	8 Net unrelated inc (see instruction		9 Total	of specified payr made	nents	10. Part of column in the controllingross	mn 9 that ing organ s income	ization's		ductions directly connected in income in column 10
(1)			<u> </u>							
(2)										
(3)										
(4)										
						Add colum Enter here and Irne 8, c		1, Part I, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals		•	5044 \) (a) (<u>▶</u>			0.		0.
Schedule G - Investme		Section	501(c)(7	'), (9), or (17) Org	anization				
(see instr	ription of income			2. Amount of	ıncome	3 Deduction	cted	4 Set-	esides chedule)	5 Total deductions and set-asides
(1)		 				(attach sched	iuie)			(col 3 plus col 4)
(1)					+					
(3)				 						
(4)		·								
(4)				Enter here and	on page 1,					Enter here and on page 1,
				Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited	-	y Incom	e, Other	Than Adv	ertisin	g Income				<u></u>
Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with proof un	spenses connected oduction related is income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat 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)										
(4)										
	Enter here and on page 1 Part I, line 10, col (A)	page line 10	re and on 1, Part I , col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisin	og Income (see	-	0.	<u> </u>						0.
Part I Income From F				solidated	Basis					
1 Name of periodical	2. Gross advertising income	. 1	3. Direct ertising costs	4 Advert or (loss) (c col 3) If a gr cols 5 th	ain, compute	5 Circulat income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										1
(3)										
(4)										
Totals (carry to Part II, line (5))	•	0.	0).						0.
	•	· · · · · · · · · · · · · · · · · · ·		-						Form 990-T (2018)

Form 990-T (2018) Lakeland Regional Medical Center, Inc. 59-2650456 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) (cot 2 minus cot 3) If a gain, compute cots 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)	T						
(2)							
(3)							
(4)	T						
otals from Part I	▶	0.	0.				C
-		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.			,	(

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 (2018)

Form 990-T	Parent	Corporation's	Name	anđ	Identifying	Number	Statement 1
Corporation's	Name						Identifying No
Lakeland Regi	 onal Hea	alth System, I	nc.				59-2650464

Form 990-T	Net	Operating Loss D	Statement 2	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/13	335,708.	87,094.	248,614.	248,614.
NOL Carryov	er Available This	s Year	248,614.	248,614.