

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
LEESBURG REGIONAL MEDICAL CENTER

Doing business as
UF HEALTH LEESBURG HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
600 EAST DIXIE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
LEESBURG, FL 34748

D Employer identification number
59-0878982

E Telephone number
(352) 323-5676

G Gross receipts \$ 255,277,302

F Name and address of principal officer:
DON HENDERSON
600 EAST DIXIE AVENUE
LEESBURG, FL 34748

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.LEESBURGREGIONAL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1961

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE PATIENTS AND COMMUNITIES WE SERVE.

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	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,194
6 Total number of volunteers (estimate if necessary)	6	171
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,045,599
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	775,598	5,743,782
9 Program service revenue (Part VIII, line 2g)	235,793,662	239,546,285
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,119,485	7,387,853
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	554,002	2,569,254
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,242,747	255,247,174

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,668	59,128
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)	103,872,689	108,645,328
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)	128,800,601	133,755,785
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	232,715,958	242,460,241
19 Revenue less expenses. Subtract line 18 from line 12	9,526,789	12,786,933

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	364,950,412	413,507,047
21 Total liabilities (Part X, line 26)	78,740,870	116,863,181
22 Net assets or fund balances. Subtract line 21 from line 20	286,209,542	296,643,866

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-05-17
DIANE HARDEN 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: P01506766
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749
Firm's address ▶ 227 WEST TRADE STREET SUITE 800 Phone no. (704) 998-5200
CHARLOTTE, NC 28202

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:

TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE PATIENTS AND COMMUNITIES WE SERVE.

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 \$ 222,137,376 including grants of \$ 59,128) (Revenue \$ 240,595,461)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 222,137,376

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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	Yes	
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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 2,194			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		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		
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.		15	No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.		16	No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (Own website, Another's website, 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: DIANE HARDEN CFO 600 E DIXIE AVE LEESBURG, FL 34748 (352) 323-5002

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					
	e Government grants (contributions)	1e	5,743,782				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		5,743,782				
Program Service Revenue	2a NET PATIENT SERVICE RE	Business Code					
		621400	229,313,919	229,313,919			
	b OTHER OPERATING REVENUE	621400	6,116,607	6,116,607			
	c ALLIANCE LABS REVENUE	621500	3,657,191	3,070,160	587,031		
	d CHILD CARE CENTER	812900	458,568		458,568		
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		239,546,285					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,283,973			7,283,973	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	474,479				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	474,479				
	d Net rental income or (loss)		474,479			474,479	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		134,008			
		7a					
		b Less: cost or other basis and sales expenses	7b	30,128			
	c Gain or (loss)	7c	103,880				
	d Net gain or (loss)		103,880			103,880	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a LAKE MEDICAL IMAGING	900099	2,044,433	2,044,433				
b CARDIAC CO MGMT	900099	50,342	50,342				
c							
d All other revenue							
e Total. Add lines 11a-11d		2,094,775					
12 Total revenue. See instructions		255,247,174	240,595,461	1,045,599	7,862,332		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,128	59,128		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,801,104		3,801,104	
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	85,288,122	81,110,124	4,177,998	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,063,035	1,721,121	341,914	
9 Other employee benefits	11,408,440	10,381,680	1,026,760	
10 Payroll taxes	6,084,627	5,537,011	547,616	
11 Fees for services (non-employees):				
a Management	1,875,168	1,591,710	283,458	
b Legal	455,140	227,570	227,570	
c Accounting	232,963		232,963	
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)	6,027,009	5,244,717	782,292	
12 Advertising and promotion	1,348,966	1,112,961	236,005	
13 Office expenses	560,676	409,177	151,499	
14 Information technology	4,727,389	3,545,542	1,181,847	
15 Royalties				
16 Occupancy	3,942,427	3,035,669	906,758	
17 Travel	46,304	23,530	22,774	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	138,390	83,222	55,168	
20 Interest	1,638,763	1,638,763		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,297,396	10,266,299	3,031,097	
23 Insurance	2,462,496	1,899,868	562,628	
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 SUPPLIES	56,461,563	55,936,879	524,684	
b BAD DEBT	18,349,279	18,349,279		
c PHYSICIAN & MED SUPPLIE	12,081,105	12,081,105		
d EQUIPMENT RENTAL AND MA	5,540,120	4,579,068	961,052	
e All other expenses	4,570,631	3,302,953	1,267,678	
25 Total functional expenses. Add lines 1 through 24e	242,460,241	222,137,376	20,322,865	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,644,626	1	93,398,282
	2 Savings and temporary cash investments	3,227,615	2	3,076,824
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,518,774	4	21,956,309
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,907,705	8	7,416,425
	9 Prepaid expenses and deferred charges	6,278,819	9	5,789,613
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	392,115,655		
	b Less: accumulated depreciation	283,917,182		
	11 Investments—publicly traded securities	149,689,154	11	130,973,661
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	47,793,397	15	42,697,460
16 Total assets. Add lines 1 through 15 (must equal line 34)	364,950,412	16	413,507,047	
Liabilities	17 Accounts payable and accrued expenses	23,316,392	17	69,566,701
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	37,087,202	20	38,179,319
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	18,337,276	25	9,117,161
	26 Total liabilities. Add lines 17 through 25	78,740,870	26	116,863,181
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	286,209,542	27	296,643,866
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	286,209,542	32	296,643,866	
33 Total liabilities and net assets/fund balances	364,950,412	33	413,507,047	

Part XI Reconciliation 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	255,247,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,460,241
3	Revenue less expenses. Subtract line 2 from line 1	3	12,786,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	286,209,542
5	Net unrealized gains (losses) on investments	5	
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	-2,352,609
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	296,643,866

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0878982

Name: LEESBURG REGIONAL MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

LEESBURG REGIONAL MEDICAL CENTER, INC, D/B/A UF HEALTH LEESBURG HOSPITAL, ACQUIRED BY UNIVERSITY OF FLORIDA HEALTH IN JANUARY 2020 HAS BEEN SERVING THE HEALTH CARE NEEDS OF THE LEESBURG COMMUNITY FOR 57 YEARS. THE 351-BED ACUTE CARE HOSPITAL IS LAKE COUNTY'S LARGEST TERTIARY CARE HOSPITAL AND OFFERS ADVANCED CARDIAC CARE WHICH INCLUDES ONE OF THE LARGEST OPEN-HEART PROGRAMS IN FLORIDA AT ITS HEART INSTITUTE. THE HEART INSTITUTE IS PIONEERING MANY GROUNDBREAKING PROCEDURES SUCH AS MINIMALLY-INVASIVE HEART VALVE SURGERY. THE AMERICAN COLLEGE OF CARDIOLOGY HAS RECOGNIZED UF HEALTH LEESBURG HOSPITAL FOR ITS DEMONSTRATED EXPERTISE AND COMMITMENT IN TREATING PATIENTS WITH CHEST PAIN BY AWARDING A CHEST PAIN CENTER ACCREDITATION WITH PRIMARY PCI AND RESUSCITATION - ITS HIGHEST LEVEL OF ACCREDITATION. THE HOSPITAL ALSO OFFERS ADVANCED ORTHOPEDIC CARE AT ITS DEDICATED INPATIENT JOINT CENTER, NEUROSURGERY, STROKE CARE, DIAGNOSTIC LABORATORY SERVICES, AND NATIONALLY-RECOGNIZED CANCER CARE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
EDWARD JIMENEZ DIRECTOR (BEGINNING 1/1/20)	1.00 49.00	X		X				0	1,501,817	41,257
DAVID NELSON MD DIRECTOR (BEGINNING 1/1/20)	1.00 49.00	X		X				0	1,345,265	35,407
W KENT FUCHS PHD DIRECTOR (BEGINNING 1/1/20)	0.50 49.50	X						0	1,126,843	91,368
DONALD HENDERSON PRESIDENT/CEO CENTRAL FLORIDA HEALTH, INC.	30.00 20.00			X				837,714	0	129,974
GILBERT UPCHURCH MD DIRECTOR (BEGINNING 1/1/20)	0.50 49.50	X						0	802,835	36,481
C PARKER GIBBS MD DIRECTOR (BEGINNING 1/1/20)	1.00 49.00	X						0	758,673	43,447
JAMES KELLY JR SVP/CFO/TREASURER, SHANDS	1.00 49.00			X				0	750,266	36,281
LI-MING SU MD DIRECTOR (BEGINNING 1/1/20)	0.50 49.50	X						0	710,917	45,822
JOSEPH TYNDALL MD DIRECTOR (BEGINNING 1/1/20)	0.50 49.50	X						0	648,437	38,945
DIANE HARDEN SVP/CFO CENTRAL FLORIDA HEALTH, INC.	30.00 20.00			X				506,190	0	79,974

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RANDALL JENKINS SVP AND GEN. COUNS./SECRETARY	1.00 49.00			X				0	535,898	32,228
JULIE JOHNSON PHARMD DIRECTOR (BEGINNING 1/1/20)	0.50 49.50	X						0	488,522	45,003
SAMUEL BUNDZ PHYSICIAN	50.00				X			431,545	0	42,493
WILLIAM PFINGSTEN VP AMBULATORY SERVICES	30.00 20.00				X			406,676	0	42,266
PHYLLIS BAUM VP/CQO	30.00 20.00				X			381,955	0	64,413
MICHAEL MCKEE DIRECTOR (1/1/20 THROUGH 4/29/20)	0.50 49.50	X						0	336,541	104,334
ORLANDO ICAZA PHYSICIAN	50.00				X			364,929	0	31,738
DAVID RIZZUTO PHYSICIAN	50.00				X			362,810	0	31,617
AMIE RICHASON VP HUMAN RESOURCES	30.00 20.00			X				324,091	0	69,209
DAVID STEELE VP/CIO	30.00 20.00				X			322,217	0	69,110

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GEORGE E KAINZ MD SECRETARY	2.00 3.00	X		X				0	0	0
GEORGE MCCABE BOARD MEMBER	2.00 3.00	X						0	0	0
GREGORY R LEWIS TREASURER	2.00 3.00	X		X				0	0	0
H MARLENE O'TOOLE BOARD MEMBER	2.00 3.00	X						0	0	0
LINDSEY M BLAISE VICE CHAIRPERSON	2.00 3.00	X		X				0	0	0
LYNNE S WINKER BOARD MEMBER	2.00 3.00	X						0	0	0
MANUEL ALVARADO MD BOARD MEMBER	2.00 3.00	X						0	0	0
RICHARD COLE JR BOARD MEMBER	2.00 3.00	X						0	0	0
ROBERT Q WILLIAMS ESQ BOARD MEMBER	2.00 3.00	X						0	0	0
ROGER A BEYERS CHAIRPERSON	2.00 3.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RUSSELL J D'EMIDIO BOARD MEMBER	2.00 3.00	X						0	0	0
SHAHBAZ A CHEEMA MD BOARD MEMBER	2.00 3.00	X						0	0	0
ALAN WEST DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
CAROLYN ROBERTS DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
DAVID JASMUND DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
EDMUND BEEBE DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
GREGORY LEWIS DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
JOHN PATTERSON DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
MARSHA POWERS DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0
THOMAS KUNTZ DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TRACY CHAPMAN DIRECTOR (BEGINNING 1/1/20)	0.50 0.50	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LEESBURG REGIONAL MEDICAL CENTER

Employer identification number
59-0878982

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-0878982

Name: LEESBURG REGIONAL MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization LEESBURG REGIONAL MEDICAL CENTER	Employer identification number 59-0878982
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		68,930
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		14,723
j	Total. Add lines 1c through 1i			83,653
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING EXPENSES REPORTED ABOVE REPRESENT A COMBINATION OF HOSPITAL ASSOCIATION DUES ATTRIBUTABLE TO LOBBYING, AS WELL AS AMOUNTS PAID TO CAPITAL CITY CONSULTING FOR CERTAIN DIRECT LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
LEESBURG REGIONAL MEDICAL CENTER

Employer identification number
59-0878982

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 7/25/06, 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:

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

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		9,237,971		9,237,971
b Buildings		191,647,486	128,033,253	63,614,233
c Leasehold improvements				
d Equipment		181,305,895	150,087,688	31,218,207
e Other		9,924,303	5,796,241	4,128,062
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				108,198,473

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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) DUE FROM AFFILIATES	8,158,374
(2) INV IN UNCCONSOLIDATED AFFILIATE	23,504,439
(3) DEFERRED OUTFLOWS ON DEBT REFUNDING	445,152
(4) DEFERRED OUTFLOWS ON SWAP VALUATION	2,509,247
(5) REINSURANCE RECEIVABLE	2,610,711
(6) RESTRICTED ASSETS FOR PROFESSIONAL LIABILITY TRUST	5,104,310
(7) NOTE RECEIVABLE - PHYSICIAN GUARANTEES	365,227
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	42,697,460

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	
(2) MALPRACTICE IBNR	9,117,161
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,117,161

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	

Additional Data

Software ID:

Software Version:

EIN: 59-0878982

Name: LEESBURG REGIONAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOLLOWING IS THE TAX FOOTNOTE TAKEN FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF CENTRAL FLORIDA HEALTH ("UF CENTRAL FLORIDA") AND ITS AFFILIATED ENTITIES: UFHCF, UFHL, UFHV, UFHL FOUNDATION, AND UFHV FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY. THE OTHER AFFILIATES ARE SINGLE MEMBER LLCs AND DISREGARDED ENTITIES FOR FEDERAL AND STATE TAX PURPOSES EXCEPT FOR SALES AND USE TAX ON NONMEDICAL PURCHASES.

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 LEESBURG REGIONAL MEDICAL CENTER

Employer identification number
 59-0878982

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	Yes	
1b If "Yes," was it a written policy?	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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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 eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			7,808,333	266,950	7,541,383	3.370 %
b Medicaid (from Worksheet 3, column a)			19,034,521	12,705,552	6,328,969	2.820 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			26,842,854	12,972,502	13,870,352	6.190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			26,842,854	12,972,502	13,870,352	6.190 %

Part III 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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
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 4,812,086	
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	
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 83,254,622
6 Enter Medicare allowable costs of care relating to payments on line 5	6 80,258,550
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 2,996,072
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	No

Part IV Management Companies and Joint Ventures

(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 CENTRAL FLORIDA CARDIOVASCULAR CO-MANAGEMENT COMPANY LLC	HEALTHCARE SERVICES	39.130 %		50.000 %
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)

See Additional Data Table	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

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)
 UF HEALTH LEESBURG HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		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?		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.		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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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	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	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

UF HEALTH LEESBURG HOSPITAL

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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

UF HEALTH LEESBURG HOSPITAL

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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

UF HEALTH LEESBURG HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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? 2

Name and address	Type of Facility (describe)
1 1 - UF HEALTH LEESBURG HOSPITAL WELLNESS CEN 700 NORTH PALMETTO ST LEESBURG, FL 34748	WELLNESS
2 2 - SURGERY CENTER OF MOUNT DORA AMB 3710 LAKE CENTER DRIVE MT DORA, FL 32757	SURGERY CENTER
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, 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 \$ 18,349,279.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE COST-TO-CHARGE RATIO FOR FISCAL YEAR 2020 WAS APPLIED AGAINST THE BAD DEBT CHARGES OF THE ORGANIZATION TO ARRIVE AT THE AMOUNT CALCULATED FOR PART III, LINE 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE FOOTNOTE FROM THE AUDITED FINANCIAL STATEMENTS RELATED TO BAD DEBT IS AS FOLLOWS: THE PROVISION FOR BAD DEBTS IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THESE TRENDS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATION TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED UNDER UFHCF POLICIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE HOSPITAL WORKS TO MAKE A DETERMINATION EXPEDIENTLY THAT THE PATIENT QUALIFIES FOR CHARITY CARE OR FINANCIAL ASSISTANCE, AND AS SUCH, SHOULD NOT BE PURSUED FOR COLLECTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	THE CENTRAL FLORIDA HEALTH STEERING COMMITTEE AND WELLFLORIDA BASED THE 2019-2022 CHNA EFFORT ON A NATIONALLY RECOGNIZED MODEL AND BEST PRACTICE FOR COMPLETING HEALTH ASSESSMENTS AND IMPROVEMENT PLANS CALLED MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP). THE MAPP TOOL WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS (NACCHO) IN COOPERATION WITH THE PUBLIC HEALTH PRACTICE PROGRAM OFFICE, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NACCHO AND CDC'S VISION FOR IMPLEMENTING MAPP IS: "COMMUNITIES ACHIEVING IMPROVED HEALTH AND QUALITY OF LIFE BY MOBILIZING PARTNERSHIPS AND TAKING STRATEGIC ACTION." AT THE HEART OF THE MAPP PROCESS ARE THE FOUR CORE MAPP ASSESSMENTS. THESE ARE: - COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) - COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) - FORCES OF CHANGE ASSESSMENT (FCA) - LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	IN ADDITION TO SIGNAGE THROUGHOUT VARIOUS PARTS OF THE HOSPITAL AND WRITTEN INFORMATION PROVIDED TO PATIENTS DURING PRE-REGISTRATION, THE HOSPITAL PROVIDES THE FOLLOWING PATIENT EDUCATION:- FINANCIAL COUNSELING- WRITTEN ESTIMATES FOR HOSPITAL SERVICES - ITEMIZED BILLINGS (UPON REQUEST)- INFORMATION ABOUT EXTRAORDINARY COLLECTION ACTIONS THAT MAY BE USED AFTER REASONABLE COLLECTION EFFORTS HAVE TAKEN PLACE- A LIST OF SERVICE PROVIDERS THAT PROVIDE SERVICES UNDER THE FAP

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>POPULATION POPULATION GROWTH IS A KEY DETERMINANT OF THE HEALTHCARE SERVICES A COMMUNITY REQUIRES TO BE ABLE TO SUSTAIN POSITIVE HEALTH BEHAVIORS AND IMPROVED HEALTH OUTCOMES. THE L RMC SERVICE AREA PRIMARILY SERVES AN OLDER ADULT POPULATION GREATER THAN 55 YEARS OF AGE AT 61.3 PERCENT OF THE POPULATION, COMPARED TO 60.1 PERCENT IN THE CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND 32.5 PERCENT IN FLORIDA AS A WHOLE. THE OVERWHELMING MAJORITY OF THE L RMC SERVICE AREA POPULATION IS WHITE (87.5 PERCENT) WHICH IS NEARLY THE SAME AS THE CFH S ERVICE AREA AT 87.7 PERCENT BUT HIGHER THAN FOR FLORIDA AT 75.7 PERCENT WHITE. THE BLACK, AMERICAN INDIAN AND ALASKA NATIVE, ASIAN ONLY, AND NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER POPULATIONS COMPRISE 8.3, 0.4, 1.0, AND 0.07 PERCENT OF THE L RMC SERVICE AREA, RESPECT IVELY, WHILE 0.9 PERCENT IDENTIFY THEMSELVES AS ANOTHER RACE AND 1.7 PERCENT IDENTIFY AS H AVING TWO OR MORE RACES. BY 2013-2017 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU ESTIMATES (ACS), 92.7 PERCENT OF THE POPULATION IN THE L RMC SERVICE AREA IDENTIFIED AS NON-HISPANIC OR LATINO, WHICH IS COMPARABLE TO THE 92.4 PERCENT IN THE CFH SERVICE AREA AND 93.5 PERCENT IN TVRH SERVICE AREA, BUT NOTABLY LARGER THAN IN FLORIDA AS A WHOLE AT 75.3 PERCENT. LIFE EXPECTANCY CONSIDERING ALL RACES AND ETHNICITIES, THE LONGEST LIFE EXPECTANCY FOR MALES IN 2010 WAS FOUND IN SUMTER COUNTY (78.3 YEARS) FOLLOWED BY LAKE COUNTY (75.8 YEARS), AND MARION COUNTY (74.3 YEARS), COMPARED TO FLORIDA (76.3 YEARS). FOR FEMALES, THE LONGEST LIFE EXPECTANCY FOR FEMALES IN 2010 WAS ALSO IN SUMTER COUNTY (82.5 YEARS), FOLLOWED BY LAKE COUNTY (81.3 YEARS), AND MARION COUNTY (80.3 YEARS), COMPARED TO FLORIDA (81.6 YEARS). AS OFTEN SEEN THROUGHOUT THE STATE OF FLORIDA, THERE WAS A DISPARITY IN LIFE EXPECTANCY IN THE BLACK POPULATION AS COMPARED TO THE WHITE POPULATION IN THE L RMC SERVICE AREA COUNTIES. ECONOMIC CHARACTERISTICS AT 12.1 PERCENT OF THE POPULATION, THE L RMC SERVICE AREA HAD A LOWER PERCENTAGE OF INDIVIDUALS HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS WHEN COMPARED TO FLORIDA (15.5 PERCENT) ACCORDING TO 2013-2017 ACS DATA. THE CFH SERVICE AREA IS ALMOST THE SAME AT 12.2 PERCENT WHEREAS TVRH SERVICE AREA POPULATION RATES BETTER AT ONLY 10.6 PERCENT. WITHIN THE L RMC SERVICE AREA, THE ZIP CODES WHERE THIS INDICATOR OF POVERTY ARE HIGHEST INCLUDE EUSTIS (32726) AT 21.1 PERCENT, WEBSTER (33597) AT 17.5 PERCENT AND LAKE PANASOFFKEE (33538) AT 17.3 PERCENT WHILE THE VILLAGES (32162) WAS AT ONLY 5.4 PERCENT. ACROSS THE THREE COUNTIES IN THE L RMC SERVICE AREA FOR THIS SAME PERIOD, MARION COUNTY HAD THE HIGHEST PERCENTAGE OF INDIVIDUALS HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS (17.6 PERCENT) WHICH IS HIGHER THAN THE STATE OF FLORIDA (15.5 PERCENT). LAKE COUNTY, AT 12.8 PERCENT AND SUMTER COUNTY AT 9.2 PERCENT WERE BOTH LOWER THAN FOR FLORIDA. GENDER DIFFERENCES CAN BE SEEN IN RATES OF POVERTY. FOR 2013-2017, THE PERCENTAGE OF MALES HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS IN THE L RMC SERVICE AREA AT 9.8 PERCENT WAS THE SAME AS THE OVERALL CFH SERVICE AREA BUT HIGHER THAN TVRH SERVICE AREA AT 8.6 PERCENT. ALL WERE BELOW THE 12.3 PERCENT STATE RATE FOR FLORIDA. SIMILARLY, THE RATE OF 13.0 PERCENT OF FEMALES HAVING LIVED IN POVERTY IN THE L RMC SERVICE AREA WAS ON PAR WITH THE CFH SERVICE AREA AT 13.1 PERCENT AND HIGHER THAN TVRH RATE OF 11.5 PERCENT. ALTHOUGH THESE RATES FOR FEMALES WERE LOWER THAN THE STATE RATE OF 16.5 PERCENT, THE RATES WERE HIGHER THAN FOR MALES IN THE SAME GEOGRAPHIC AREAS. WHEN COMPARED BY SERVICE AREA COUNTY, BOTH MARION COUNTY MALES AT 13.9 PERCENT AND FEMALES AT 18.4 PERCENT HAD THE HIGHEST RATES FOR THIS POVERTY MEASURE WITH BOTH RATES EXCEEDING STATE RATES (12.3 AND 16.5 PERCENT, RESPECTIVELY). SUMTER COUNTY MALES AND FEMALES HAD THE LOWEST RATES AT 7.2 AND 10.2 PERCENT, RESPECTIVELY. LAKE COUNTY RATES WERE LOWER THAN STATE RATES BUT HIGHER THAN THE CFH SERVICE AREA RATE. POVERTY RATES FOR CHILDREN (0-17 YEARS OF AGE) EXCEEDED STATE RATES IN THE L RMC SERVICE AREA. DATA SHOW THAT FROM 2013-2017 IN THE L RMC SERVICE AREA 27.5 PERCENT OF CHILDREN LIVED IN POVERTY IN THE PAST 12 MONTHS COMPARED TO 26.6 PERCENT IN THE CFH SERVICE AREA AND 22.3 PERCENT STATEWIDE. FOR ADULTS 18-74 YEARS OF AGE POVERTY RATES WERE LOWER IN THE L RMC SERVICE AREA AT 11.0 PERCENT COMPARED TO 11.1 PERCENT FOR THE CFH SERVICE AREA AND 14.0 PERCENT FOR FLORIDA. THE PERCENTAGE OF OLDER ADULTS (75 YEARS OF AGE AND OLDER) HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS WAS LOWER IN THE L RMC SERVICE AREA AT 7.3 PERCENT THAN THE CFH SERVICE AREA AT 7.4 PERCENT AND STATE RATE OF 11.0 PERCENT. AS SEEN IN FIGURE 3, THE GREATEST NUMBERS OF CHILDREN LIVING IN POVERTY WERE IN SUMTER COUNTY AND MARION COUNTY AT 31.4 AND 29.4 PERCENT, RESPECTIVELY, COMPARED TO LAKE COUNTY AT 21.4 PERCENT AND FLORIDA AT 23.6 PERCENT. THERE WAS A SMALLER PERCENTAGE OF ELDERLY (65-74 YEARS OF AGE) LIVING IN POVERTY ACROSS LAKE, MARION, AND SUMTER COUNTY (6.6, 7.8, AND 3.9 PERCENT,</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>RESPECTIVELY) COMPARED TO FLORIDA.FOR 2013-2017, THE ESTIMATED PERCENTAGE OF BLACKS HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS IN THE LRMC SERVICE AREA WAS 31.0 PERCENT COMPARED TO 10.1 PERCENT FOR WHITES. THIS PERCENTAGE FOR BLACKS WAS HIGHER THAN THE CFH SERVICE AREA RATE OF 30.4 PERCENT AND THE 24.8 STATE RATE. STARK DIFFERENCES IN POVERTY RATES FOR WHITES AND BLACKS WERE SEEN IN THE CFH SERVICE AREA COUNTIES. THE PERCENTAGES OF THE BLACK POPULATION IN MARION COUNTY AT 30.5 PERCENT AND IN SUMTER COUNTY AT 26.3 PERCENT HAVING LIVED IN POVERTY IN THE PAST 12 MONTHS EXCEEDED THE STATE RATE OF 24.8 PERCENT. THE POVERTY RATE FOR WHITES IN MARION COUNTY AT 15.5 PERCENT ALSO EXCEEDED THE STATE RATE FOR WHITES OF 13.3 PERCENT.IN THE LRMC SERVICE AREA, SUMTER COUNTY PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME EXCEEDED THE STATE FIGURES AS WELL AS THOSE FOR LAKE AND MARION COUNTIES FOR 2013-2017 FOR ALL RACES. THE SAME PERIOD, BLACKS IN LAKE COUNTY SHOWED HIGHER MEDIAN HOUSEHOLD INCOMES THAN FOR BLACKS STATEWIDE. WHITES IN SUMTER COUNTY RECORDED MEDIAN HOUSEHOLD INCOMES HIGHER THAN STATE AND SERVICE AREA COUNTIES. THE MEDIAN HOUSEHOLD INCOME FOR LAKE COUNTY HISPANIC AT \$43,624 WAS THE HIGHEST AMONG THE LRMC SERVICE AREA COUNTIES BUT WAS STILL BELOW THE STATE FIGURE OF \$44,196. EDUCATIONAL ATTAINMENTACCORDING TO ACS ESTIMATES FOR 2013-2017, THOSE IN THE LRMC SERVICE AREA 25 YEARS OF AGE AND OLDER WHOSE HIGHEST LEVEL OF EDUCATION COMPLETED WAS A HIGH SCHOOL DIPLOMA (INCLUDING EQUIVALENCY DIPLOMAS AND SOME COLLEGE BUT NO DEGREE) FOR ALL GENDERS WAS 56.5 PERCENT; THE COMPARABLE STATE RATE WAS 49.4 PERCENT. THOSE WITH A COLLEGE DEGREE (INCLUDING ASSOCIATE'S, BACHELOR'S, MASTER'S, PROFESSIONAL AND DOCTORATE DEGREES) FOR THE LRMC SERVICE AREA REPRESENTED 33.8 PERCENT OF THE POPULATION COMPARED TO 38.2 PERCENT FOR FLORIDA. FOR THE 2017-2018 SCHOOL YEAR, OF THE LRMC SERVICE AREA COUNTIES SUMTER COUNTY ACHIEVED THE BEST HIGH SCHOOL GRADUATION RATE AT 87.8 PERCENT WHICH EXCEEDED THE 86.1 STATE RATE AND OUTPACED LAKE COUNTY AT 84.1 PERCENT AND MARION COUNTY AT 81.8 PERCENT. SUMTER COUNTY ALSO RECORDED THE LOWEST HIGH SCHOOL DROPOUT RATE FOR THE SERVICE AREA FOR 2017-2018 AT 3.6 PERCENT, PERFORMING BETTER THAN THE STATE AT 4.0 PERCENT, AND LAKE AND MARION COUNTIES AT 6.1 AND 6.3 PERCENT, RESPECTIVELY.CAUSES OF DEATHTHE TOP FIVE LEADING CAUSES OF DEATH IN THE LRMC SERVICE AREA FOR ALL RACES IN 2015-2017 WERE CANCER, HEART DISEASE, UNINTENTIONAL INJURIES, CHRONIC LOWER RESPIRATORY DISEASE (CLRD) AND STROKE. FOR THE CFH SERVICE AREA AND THE STATE OF FLORIDA THE FIVE LEADING CAUSES OF DEATH WERE THE SAME AS FOR THE LRMC SERVICE AREA WITH A SLIGHT DIFFERENCE IN RANK ORDER. HEART DISEASE WAS THE LEADING CAUSE OF DEATH FOR THE CFH SERVICE AREA AND FLORIDA WHILE CANCER WAS AT THE TOP OF THE LIST FOR TVRH AND LRMC SERVICE AREAS. AGE-ADJUSTED DEATH RATES FOR THE TOP FIVE CAUSES OF DEATH IN TVRH, LRMC AND CFH SERVICE AREAS WERE SIMILAR WHERE AS VAST DIFFERENCES WERE EVIDENT WHEN COMPARED TO FLORIDA RATES.</p>

Additional Data**Software ID:****Software Version:****EIN:** 59-0878982**Name:** LEESBURG REGIONAL 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		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	UF HEALTH LEESBURG HOSPITAL 600 EAST DIXIE AVENUE LEESBURG, FL 34748 HTTP://WWW.LEESBURGREGIONAL.ORG	X	X					X			

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

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	PART V, SECTION B, LINE 5: IN GENERAL, INPUT WAS OBTAINED FROM THE FOLLOWING PERSONS REPRESENTING THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITALS: BUSINESS LEADERS, MEMBERS OF LOCAL CHURCHES, COMMUNITY NON-PROFIT ORGANIZATIONS, HEALTH DEPARTMENTS, AND REPRESENTATIVES FROM LOCAL NEIGHBORHOOD COMMUNITIES. THE CENTRAL FLORIDA HEALTH STEERING COMMITTEE AND WELLFLORIDA BASED THE 2019 CHNA EFFORT ON A NATIONALLY RECOGNIZED MODEL AND BEST PRACTICE FOR COMPLETING HEALTH ASSESSMENTS CALLED MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP). THERE ARE FOUR CORE MAPP ASSESSMENTS: COMMUNITY HEALTH STATUS ASSESSMENT, COMMUNITY THEMES AND STRENGTHS ASSESSMENT, FORCES OF CHANGE ASSESSMENT, AND LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT. THE CENTRAL FLORIDA HEALTH STEERING COMMITTEE, IN PARTNERSHIP WITH WELLFLORIDA COUNCIL, COLLABORATED TO FORMULATE TWO SIMILAR SURVEYS TO QUERY INDIVIDUALS ABOUT COMMUNITY HEALTH ISSUES AND THEIR PERSPECIVES ON HEALTHCARE. BOTH SURVEYS EMPLOYED A CONVENIENCE SAMPLING APPROACH (RESPONDENTS WERE SELECTED BASED ON THEIR CONVENIENT ACCESSIBILITY). THE CENTRAL FLORIDA HEALTH STEERING COMMITTEE ASSISTED WITH THE SURVEY DISSEMINATION THROUGH THEIR RESPECTIVE ORGANIZATIONS AND BY CONNECTING WELLFLORIDA TO KEY STAKEHOLDER AND COMMUNITY PARTNERS. THERE WERE A TOTAL OF 583 RESPONDENTS TO THE COMMUNITY SURVEY AND 106 TO THE PROFESSIONAL SURVEY. AFTER ELIMINATING THE INCOMPLETE AND INELIGIBLE SURVEYS, THERE WERE 392 COMMUNITY SURVEYS AND 23 HEALTHCARE PROFESSIONAL SURVEYS FOR ANALYSIS.

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

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	PART V, SECTION B, LINE 6A: LEESBURG REGIONAL MEDICAL CENTER THE VILLAGES TRI-COUNTY MEDICAL CENTER

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

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	PART V, SECTION B, LINE 6B: WELLFLORIDA COUNCIL

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	<p>PART V, SECTION B, LINE 11: LEESBURG REGIONAL MEDICAL CENTER HAS IDENTIFIED THE FOUR FOLLO WING AREAS THAT IT PLANS TO ADDRESS OVER THE NEXT THREE YEARS:STRATEGIC PRIORITY 1: MATERN AL AND INFANT HEALTH OUTCOMESTHE ORGANIZATION WILL IMPROVE THE HEALTH OF WOMEN AND BABIES BY PROVIDING ACCESS TO HEALTH CARE SERVICES, RESOURCES, AND EDUCATION. OUTCOME OBJECTIVES INCLUDE LOWERING THE INFANT MORTALITY RATE FOR BIRTHS TO BLACK/AFRICAN AMERICAN WOMEN BY 1 0% BY JUNE 30, 2022. THE ORGANIZATION WILL ALSO INCREASE BREASTFEEDING INITIATION RATES BY 10% AND INCREASE THE PERCENTAGE OF WOMEN WHO RECEIVE PRENATAL CARE IN THEIR FIRST TRIMEST ER BY JUNE 30, 2022. FINALLY, THE ORGANIZATION WILL WORK TO REDUCE PRIMARY CAESAREAN BIRTH S AMONG LOW RISK WOMEN BY 5% BY JUNE 30, 2022.STRATEGIC PRIORITY 2: AGE RELATED HEALTH ISS USA. INCREASE ALZHEIMER'S DISEASE AWARENESSTHE ORGANIZATION WILL INCREASE AWARENESS OF AL ZHEIMER'S DISEASE SIGN, SYMPTOM, AND CARE OPTIONS BY PROVIDING HEALTH EDUCATION AND INSTIT UTING CLINICAL PROCESS CHANGE WITH A GOAL OF HOSTING THREE COMMUNITY HEALTH EDUCATION ACTI VITIES THAT FOCUS ON ALZHEIMER'S DISEASE AWARENESS BY DECEMBER 31, 2021. ALSO, TO INCREASE AWARENESS OF SIGNS AND SYMPTOMS OF ALZHEIMER'S DISEASE AND ALSO THE LINK BETWEEN CERTAIN MEDICATIONS AND INCREASED ALZHEIMER'S DISEASE RISK THROUGH PARTNERSHIP WITH THE LEESBURG R EGIONAL MEDICAL CENTER PHARMACY AND MEDICAL STAFF BY PROVIDING EDUCATION TO 90 PERCENT OF ALL INPATIENTS ALONG WITH THEIR PRESCRIPTION.B. REDUCE UNINTENTIONAL INJURIES FROM FALLSTH E ORGANIZATION WILL REDUCE UNINTENTIONAL INJURIES FROM FALLS BY PROVIDING HEALTH EDUCATION , CONDUCTING PATIENT FALL RISK ASSESSMENTS PRIOR TO DISCHARGE, DOCUMENTING FALL RISK AND H ISTORY ON EHR, AND PARTNERING WITH COMMUNITY AGENCIES TO INCREASE AWARENESS WITH THE GOAL OF IMPLEMENTING A SCREENING PROGRAM AS A PARTNERSHIP BETWEEN THE EMERGENCY DEPARTMENT AND REHABILITATION SERVICES TEAM TO IDENTIFY PATIENTS 65 YEARS OF AGE AND OLDER WHO PRESENT AS A HIGH FALL RISK AND REDUCE THE OVERALL INPATIENT FALL RISK BY 5% BY JUNE 30, 2022. ADDIT IONALLY, THE PROGRAM WILL PROVIDE AT-RISK PATIENTS WITH THE TOOLS THEY NEED TO PREVENT FAL LS WHILE IN THE HOSPITAL AND ONCE THEY RETURN HOME.STRATEGIC PRIORITY 3: PRIMARY AND SECON DARY PREVENTION OF CHRONIC DISEASES AND CONDITIONSA. PROMOTE EMPLOYEE WELLNESSTHE ORGANIZA TION WILL ENHANCE AND EXPAND THE EMPLOYEE WELLNESS PROGRAM AND ADVOCATE FOR EMPLOYEE WELLN ESS POLICY CHANGE (WITH A THREE YEAR OUTCOME GOAL OF INSTITUTING METHODOLOGY TO TRACK AND REPORT EMPLOYEE WELLNESS MEASURES, INCREASING THE PERCENTAGE OF EMPLOYEES WHO HAVE PARTICI PATED IN A PRIMARY PREVENTION WELLNESS ACTIVITY BY 10% AND ENGAGING 20% OF EMPLOYEES WHO H AVE BEEN SCREENED FOR PRE-DIABETES IN SECONDARY PREVENTION ACTIVITIES.)B. EXPAND HEALTH ED UCATION AND PHYSICAL ACTIVITY OPPORTUNITIES FOR CLIENTS WITH CHRONIC DISEASESTHE ORGANIZAT ION WILL EXPAND COMMUNITY PARTNERSHIPS FOR CHRONIC DISEASE PREVENTION (WITH A THREE YEAR O UTCOME GOAL OF INCREASING PART</p>

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	<p>ICIPATION IN THE SILVER SNEAKERS PROGRAM HOSTED BY THE WELLNESS CENTER BY 15%, ESTABLISHIN G AN AMERICAN CANCER CENTER RESOURCE CENTER IN LRMC, AND PARTNERING WITH COMMUNITY ORGANIZ ATIONS TO BRING FOUR CHRONIC DISEASE PREVENTION ACTIVITIES TO COMMUNITIES IN THE LRMC SERV ICE AREA)STRATEGIC PRIORITY 4: MENTAL AND BEHAVIORAL HEALTH AND WELLNESSA. PROMOTE SAFE PR ESCRIPTION DRUG USETHE ORGANIZATION WILL PROVIDE HEALTH EDUCATION AND PROMOTION ACTIVITES AND SPONSOR COMMUNITY EDUCATION CAMPAIGNS (WITH A THREE YEAR OUTCOME GOAL OF HOSTING THREE SAFE DRUG USE EDUCATION ACTIVITIES FOR COMMUNITY MEMBERS IN THE LRMC SERVICE AREA AND RED UCING UNINTENTIONAL DEATHS BY DRUG POISONING BY 5%).B. IMPROVE COMMUNITY EDUCATION RESOURC ES ON MENTAL AND BEHAVIORAL HEALTHTHE ORGANIZATION WILL PROMOTE COMMUNITY EDUCATION ON MEN TAL AND BEHAVIORAL HEALTH WITH AN OUTCOME OBJECTIVE OF PARTNERING WITH COMMUNITY ORGANIZAT IONS TO BRING FOUR MENTAL HEALTH FIRST AID COURSES TO COMMUNITIES IN THE LRMC SERVICE AREA BY DECEMBER 31, 2021.THE ORGANIZATION IS NOT ABLE TO ADDRESS ALL OF THE NEEDS OF THE COMM UNITY IDENTIFIED IN ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT DUE TO RESOURCE CONS TRAINTS. THE ISSUE RELATED TO HEALTH LITERACY AND WISER USE OF HEALTHCARE BENEFITS AND SER VICES WAS DISCUSSED IN SOME DETAIL. WHILE DEEMED A RECURRING PROBLEM FOR MANY IN THE CFH S ERVICE AREAS, THE STEERING COMMITTEE MEMBERS CITED NUMEROUS HEALTHCARE ORGANIZATIONS AND COMMUNITY PARTNERS ALREADY ENGAGED IN LOCAL INTERVENTIONS TO IMPROVE HEALTH LITERACY. AMON G THE PARTNER ORGANIZATIONS TACKLING THIS ISSUE INCLUDE THE AREA AGENCY ON AGING, ELDER OP TIONS, AND AMERICN ASSOCIATION OF RETIRED PEOPLE (AARP).</p>

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

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	PART V, SECTION B, LINE 16J: THE HOSPITAL FACILITY PUBLICIZES ITS WRITTEN FINANCIAL ASSISTANCE POLICY THROUGH ITS WEBSITE. COPIES ARE AVAILABLE AT THE PATIENT REGISTRATION DESKS AND FINANCIAL COUNSELORS ALSO HAVE IT FOR DISTRIBUTION TO PATIENTS. IT IS ALSO AVAILABLE UPON REQUEST.

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

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

Form and Line Reference	Explanation
UF HEALTH LEESBURG HOSPITAL	PART V, SECTION B, LINE 20E: ALL SELF PAY PATIENTS THAT COME THROUGH THE EMERGENCY DEPARTMENT OR ARE A DIRECT ADMIT AS URGENT OR EMERGENT ARE SEEN BY A FINANCIAL COUNSELOR/PATIENT DISCHARGE CASHIER AND/OR A REPRESENTATIVE FROM THE HOSPITAL FACILITY'S MEDICAID ELIGIBILITY COMPANY. THE HOSPITAL FACILITY ALWAYS ATTEMPTS TO COLLECT FROM A PATIENT FIRST BUT IF THEY STATE THEY ARE UNABLE TO PAY, WE LOOK FOR OTHER SOURCES OF FUNDING - MEDICAID OR FLORIDA'S HEALTH CARE RESPONSIBILITY ACT ("HCRA").THE HOSPITAL FACILITY HAS A DETAILED APPLICATION PROCESS FOR CHARITY. ALL OF THE HOSPITAL FACILITY'S COMMUNICATION WITH THE PATIENT/FAMILY IS DOCUMENTED IN ITS PATIENT HEALTH MANAGEMENT SYSTEM.THE HOSPITAL FACILITY WILL TAKE THE FOLLOWING ACTIONS BEFORE INITIATING ANY OF THE COLLECTION EFFORTS INDICATED IN LINE 18 AS FOLLOWS. THE FIRST STATEMENT IS SENT TO THE PATIENT FROM THE PATIENT ACCOUNTING SYSTEM AFTER THE ACCOUNT HAS BEEN FINAL BILLED. THREE SUBSEQUENT STATEMENTS ARE SENT ON A 30 DAY CYCLE PERIOD UNTIL THE ACCOUNT REACHES 120 DAYS. AFTER WHICH IF THERE IS A BALANCE OUTSTANDING THE ACCOUNT IS PLACED WITH A BAD DEBT COLLECTION AGENCY.

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 LEESBURG REGIONAL MEDICAL CENTER

Employer identification number
 59-0878982

Part I General Information on Grants and Assistance

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

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

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

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

3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE GRANTS MADE BY THE ORGANIZATION WERE MADE TO PUBLIC CHARITIES AND OTHER ORGANIZATIONS THAT SUPPORT THE COMMUNITY FOR THE USE IN THEIR EXEMPT MISSIONS. ACCORDINGLY, THE ORGANIZATION EXPECTS THE ORGANIZATIONS TO USE THE FUNDS FOR PROPER PURPOSES, AND AS SUCH, DOES NOT SUBSEQUENTLY MONITOR THE GRANT.

Additional Data

Software ID:
Software Version:
EIN: 59-0878982
Name: LEESBURG REGIONAL 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
UF HEALTH THE VILLAGES AUXILIARY FOUNDATION 1501 N US HWY 441 THE VILLAGES, FL 32159	55-0818419	501(C)(3)	16,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 9900 9TH STREET NORTH ST PETERSBURG, FL 33716	13-5613797	501(C)(3)	13,750				GENERAL SUPPORT

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
COMMUNITY DEVELOPMENT CORP OF LEESBURG AND VICINITY 311A PINE STREET LEESBURG, FL 34748	59-3455505	501(C)(3)	5,000				GENERAL SUPPORT
LEESBURG CHAMBER OF COMMERCE PO BOX 490309 LEESBURG, FL 34749	59-0330175	501(C)(6)	8,500				GENERAL SUPPORT

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LEESBURG REGIONAL MEDICAL CENTER

Employer identification number
59-0878982

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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		
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 on Line 1a?		
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.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
PART I, LINE 4B	<p>DONALD HENDERSON 457F \$98,079 CONTRIBUTION DIANE HARDEN 457F \$45,978 CONTRIBUTION PHYLLIS BAUM 457F \$30,000 CONTRIBUTION AMIE RICHASON 457F \$26,416 CONTRIBUTION DAVID STEELE 457F \$25,817 CONTRIBUTION PHILIP BRAUN 457F \$21,769 CONTRIBUTION EFFECTIVE JANUARY 1, 2020, SHANDS TEACHING HOSPITAL BECAME THE SOLE MEMBER OF CENTRAL FLORIDA HEALTH, WHICH IS THE SOLE MEMBER OF LEESBURG REGIONAL MEDICAL CENTER. SHANDS TEACHING HOSPITAL ALSO PROVIDES A SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN KEY EXECUTIVES. THE FOLLOWING INFORMATION RELATES TO KEY EXECUTIVES LISTED IN PART VIII AND SCHEDULE J, PART II THAT WERE EMPLOYED BY SHANDS TEACHING HOSPITAL AND SERVED ON THE LEESBURG REGIONAL MEDICAL CENTER BOARD: THE PURPOSE OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IS TO PROVIDE AN ANNUAL CONTRIBUTION BASED ON A PERCENTAGE OF THE PARTICIPANT'S ANNUAL SALARY, PAYABLE ON BEHALF OF THE PARTICIPANTS BY THE ORGANIZATION. THE CONTRIBUTION, LESS WITHHOLDING FOR TAXES USING THE APPLICABLE TAX RATE, IS PAYABLE BY THE ORGANIZATION TO AN ANNUITY CONTRACT(S) SELECTED BY THE PARTICIPANT, OR MAY BE PAID IN CASH AT THE DISCRETION OF THE ADMINISTRATOR OR THE PARTICIPANT. THE ANNUAL CONTRIBUTION, WHEN COUPLED WITH OTHER ORGANIZATION-PROVIDED RETIREMENT BENEFITS, IS INTENDED TO PROVIDE A MARKET COMPETITIVE LEVEL OF TOTAL RETIREMENT BENEFITS TO ATTRACT AND RETAIN EXECUTIVE TALENT. ALL AMOUNTS ARE APPROPRIATELY REPORTED IN COLUMN D OF PART VII AND COLUMN B(III) OF SCHEDULE J. LISTED PERSONS FROM SHANDS, AND PLAN AMOUNTS DISTRIBUTED DURING CALENDAR YEAR 2019, ARE AS FOLLOWS: EDWARD JIMENEZ \$186,542 JAMES KELLY, JR. \$64,531</p>
PART I, LINE 7	THE ORGANIZATION AWARDS BONUSES ON THE BASIS OF QUALITY AND OTHER PERFORMANCE FACTORS.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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				
21 SUSSANA OH PHYSICIAN	(i)	328,824	0	282	11,200	30,943	371,249	0
	(ii)	0	0	0	0	0	0	0
1 JEFFREY BALTZER PHYSICIAN	(i)	320,388	10,000	2,952	0	20,417	353,757	0
	(ii)	0	0	0	0	0	0	0
2 JOSHUA FLEMING VP/CCO & SITE ADMINSTRATOR	(i)	242,478	33,246	1,814	35,185	33,793	346,516	0
	(ii)	0	0	0	0	0	0	0
3 PHILIP BRAUN CHIEF COUNSEL	(i)	223,529	28,844	29,683	30,549	29,373	341,978	27,847
	(ii)	0	0	0	0	0	0	0
4 ALEXANDER CHANG VP SUPPORT SERVICES	(i)	211,680	28,398	2,592	29,032	33,968	305,670	0
	(ii)	0	0	0	0	0	0	0
5 SAAD EHTISHAM SVP/COO CENTRAL FLORIDA HEALTH, INC.	(i)	86,148	0	61,296	3,538	7,833	158,815	60,657
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEESBURG REGIONAL MEDICAL CENTER

Employer identification number

59-0878982

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 CITY OF LEESBURG FL	59-6000362		10-06-2011	20,840,000	HOSPITAL REVENUE REFUNDING BONDS, SERIES 2011		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	7,920,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,840,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	20,840,000							
12	Other unspent proceeds								
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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 ▶	0.020 %							
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 ▶								
6 Total of lines 4 and 5	0.020 %							
7 Does the bond issue meet the private security or payment test?		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						
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						

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7 Has the organization established written procedures to monitor the requirements of section 148?		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						

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

LEESBURG REGIONAL MEDICAL CENTER

Employer identification number

59-0878982

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS NOW REQUIRE THAT THE ORGANIZATION'S BOARD MEMBERS BE THE SAME INDIVIDUALS THAT SERVE AS MEMBERS OF THE SHANDS BOARD. THE ORGANIZATION'S ARTICLES AND BYLAWS WERE ALSO CHANGED TO MORE ALIGN WITH THE WAY THAT THE SHANDS BOARD OPERATES, SUCH AS THE TIMING OF BOARD MEETINGS, DETERMINATION OF VARIOUS COMMITTEE CHAIRS, AND THE AUTHORITY OF THE QUALITY COMMITTEE. CENTRAL FLORIDA HEALTH, INC., A FLORIDA NOT FOR PROFIT CORPORATION, REMAINS THE SOLE MEMBER OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CENTRAL FLORIDA HEALTH IS THE SOLE MEMBER OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION'S BOARD SHALL BE THOSE SAME INDIVIDUALS WHO ARE SERVING, AT SUCH GIVEN TIME, AS MEMBERS OF THE BOARD OF DIRECTORS OF SHANDS TEACHING HOSPITAL AND CLINICS, INC., A RELATED FLORIDA NOT FOR PROFIT CORPORATION, UNLESS OTHERWISE DETERMINED BY THE UNIVERSITY OF FLORIDA PRESIDENT PURSUANT TO SECTION 1004.41 OF THE FLORIDA STATUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COMPLETE COPY OF THE FORM 990 WAS SENT TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING THE FORM. A PRESENTATION REGARDING THE FORM 990 WAS ALSO MADE TO THE ADVISORY BOARD PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE ORGANIZATION'S POLICY REQUIRES CERTAIN INDIVIDUALS TO DISCLOSE PARTICIPATION IN ACTIVITIES OR CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST ON AN ANNUAL BASIS OR IF AT ANY TIME SUCH INDIVIDUAL BECOMES AWARE OF CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST. THESE DISCLOSURES ARE REVIEWED BY THE VP GENERAL COUNSEL AND CORPORATE COMPLIANCE DEPARTMENT WHO NOTIFY THE BOARD IF ANY CONCERNS ARISE. INDIVIDUALS COVERED BY THE CONFLICT OF INTEREST POLICY MUST ABSTAIN FROM DELIBERATIONS AND VOTING WITH RESPECT TO TRANSACTIONS WHEREIN A CONFLICT IS DEEMED TO EXIST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MANAGEMENT ENGAGES AN INDEPENDENT FIRM ENGAGED IN THE DEVELOPMENT OF COMPENSATION SURVEYS ON EXECUTIVE PAY LEVELS ACROSS DIFFERENT INDUSTRIES PROVIDES COMPETITIVE DATA AND GUIDANCE ON DETERMINING APPROPRIATE AND REASONABLE RANGES AND SALARIES. THE THIRD PARTY WILL PROVIDE RECOMMENDED INCENTIVE COMPENSATION RANGES TO ENSURE TOTAL COMPENSATION IS ALSO REASONABLE AND WILL PERIODICALLY REVIEW ALL OTHER ASPECTS OF COMPENSATION INCLUDING ALL ELEMENTS OF SUPPLEMENTAL BENEFITS TO ENSURE THEY COMPARE WITH COMPETITIVE AND REASONABLE TOTAL REMUNERATION LEVELS. ALL EXECUTIVE, OFFICER, AND KEY EMPLOYEE POSITIONS ARE REVIEWED ANNUALLY TO ENSURE SALARY SCALES ARE IN LINE WITH COMPARABLE POSITIONS IN SIMILAR INSTITUTIONS BY AN INDEPENDENT FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GENERALLY, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE THROUGH FLORIDA'S SECRETARY OF STATE WEBSITE. A COPY OF THE CONSOLIDATED FINANCIAL STATEMENT IS ATTACHED TO THIS 990, AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	WRITE OFF DEFERRED LOAN COSTS -310,009. DEFERRED OUTFLOWS - REFUNDING 511,141. DEFERRED OUTFLOWS - REFUNDING 1,987,687. OTHER CHANGES IN NET ASSETS -28,428. WRITE OFF GOODWILL -4,513,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LEESBURG REGIONAL MEDICAL CENTER

Employer identification number

59-0878982

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) ALLIANCE LABS LLC 1456 WILLIAM STREET LEESBURG, FL 34748 26-4322547	OUTREACH LABORATORY	FL	3,657,191	730,063	
(2) LEESBURG REGIONAL PHYSICIAN SERVICES 600 EAST DIXIE AVENUE LEESBURG, FL 34748 26-3978727	BILLING SERVICE	FL	0	0	
(3) WILDWOOD TRANSFER LLC 410 S CHILDS STREET LEESBURG, FL 34748 82-3094394	LAND HOLDING	FL	0	0	
(4) PATHOLOGY SERVICES ALLIANCE LLC 600 EAST DIXIE AVENUE LEESBURG, FL 34748 27-0749750	PATHOLOGY	FL	0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE VILLAGES TRI-COUNTY MEDICAL CENTER 1451 EL CAMINO REAL THE VILLAGES, FL 32159 59-3527036	MEDICAL SRVCS	FL	501(C)(3)	LINE 3			No
(2) LEESBURG REGIONAL MEDICAL CTR FOUNDATION 600 EAST DIXIE AVENUE LEESBURG, FL 34748 59-1800743	SUPPORT HOSP	FL	501(C)(3)	LINE 12A, I	LRMC	Yes	
(3) CENTRAL FLORIDA HEALTH INC 600 EAST DIXIE AVENUE LEESBURG, FL 34748 33-1197054	PARENT HOSP	FL	501(C)(3)	LINE 12B, II	N/A		No
(4) VILLAGES REGIONAL HOSPITAL AUXILIARY INC 1451 EL CAMINO REAL THE VILLAGES, FL 32159 55-0818419	SUPPORT HOSP	FL	501(C)(3)	LINE 12A, I	TVRH		No
(5) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100336 GAINESVILLE, FL 32610 59-1943502	HOSPITAL	FL	501(C)(3)	LINE 3			No
(6) UNIVERSITY OF FLORIDA 226 TIGERT HALL GAINESVILLE, FL 32611 59-6002052	EDUCATION	FL	115				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CENTRAL FLORIDA CARDIOVASCULAR CO-MANAGEMENT 600 EAST DIXIE AVENUE LEESBURG, FL 34748	HEALTHCARE	FL		RELATED	207,752	120,699		No		Yes		39.130 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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 organization 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	No
d Loans or loan guarantees to or for related organization(s)	1d	No
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	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

Part VII **Supplemental Information**

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

Return Reference	Explanation