

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lakeland Regional Medical Center Inc <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 1324 Lakeland Hills Boulevard <hr/> City or town, state or province, country, and ZIP or foreign postal code Lakeland, FL 33805	D Employer identification number 59-2650456 <hr/> E Telephone number (863) 687-1100 <hr/> G Gross receipts \$ 826,940,231
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer Elaine C Thompson PHD 1324 Lakeland Hills Boulevard Lakeland, FL 33805	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ www.myLRH.org	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1914 M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O Lakeland Regional Health's strategic imperative is to develop as a nationally recognized, fiscally strong and growing collaborative regional health system that improves lives by offering safe, high quality, equitable and affordable healthcare, while demonstrating an equal commitment to the promotion of individual and community health, wellness and disease prevention															
	2 Check this box <input type="checkbox"/> 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">3</td><td style="text-align: right;">14</td></tr> <tr><td>4</td><td style="text-align: right;">14</td></tr> <tr><td>5</td><td style="text-align: right;">5,775</td></tr> <tr><td>6</td><td style="text-align: right;">275</td></tr> <tr><td>7a</td><td style="text-align: right;">5,246</td></tr> <tr><td>7b</td><td style="text-align: right;">0</td></tr> </table>	3	14	4	14	5	5,775	6	275	7a	5,246	7b	0		
3	14															
4	14															
5	5,775															
6	275															
7a	5,246															
7b	0															
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Prior Year</th> <th style="width: 50%;">Current Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">7,177,089</td><td style="text-align: right;">5,881,640</td></tr> <tr><td style="text-align: right;">789,943,276</td><td style="text-align: right;">821,058,591</td></tr> <tr><td style="text-align: right;">-502,975</td><td style="text-align: right;">-1,976,678</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">796,617,390</td><td style="text-align: right;">824,963,553</td></tr> </tbody> </table>	Prior Year	Current Year	7,177,089	5,881,640	789,943,276	821,058,591	-502,975	-1,976,678	0	0	796,617,390	824,963,553		
Prior Year	Current Year															
7,177,089	5,881,640															
789,943,276	821,058,591															
-502,975	-1,976,678															
0	0															
796,617,390	824,963,553															
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">307,779,443</td><td style="text-align: right;">317,776,248</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">406,441,512</td><td style="text-align: right;">447,980,585</td></tr> <tr><td style="text-align: right;">714,220,955</td><td style="text-align: right;">765,756,833</td></tr> <tr><td style="text-align: right;">82,396,435</td><td style="text-align: right;">59,206,720</td></tr> </tbody> </table>	0	0	0	0	307,779,443	317,776,248	0	0	406,441,512	447,980,585	714,220,955	765,756,833	82,396,435	59,206,720
0	0															
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82,396,435	59,206,720															
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning of Current Year</th> <th style="width: 50%;">End of Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">818,710,114</td><td style="text-align: right;">881,345,735</td></tr> <tr><td style="text-align: right;">466,690,801</td><td style="text-align: right;">468,777,575</td></tr> <tr><td style="text-align: right;">352,019,313</td><td style="text-align: right;">412,568,160</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	818,710,114	881,345,735	466,690,801	468,777,575	352,019,313	412,568,160						
Beginning of Current Year	End of Year															
818,710,114	881,345,735															
466,690,801	468,777,575															
352,019,313	412,568,160															

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

***** Signature of officer <hr/> Lance Green SVP/CFO Type or print name and title	2019-08-08 Date
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Print/Type preparer's name Terry Haefner	Preparer's signature Terry Haefner	Date	Check <input type="checkbox"/> if self-employed	PTIN P01258953
Firm's name ▶ PYA PC Firm's address ▶ 3000 Bayport Drive Suite 860 Tampa, FL 33607			Firm's EIN ▶ 62-1517792 Phone no (727) 442-7110	

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

See Schedule O Lakeland Regional Health's strategic imperative is to develop as a nationally recognized, fiscally strong and growing collaborative regional health system that improves lives by offering safe, high quality, equitable and affordable healthcare, while demonstrating an equal commitment to the promotion of individual and community health, wellness and disease prevention

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 \$ 693,793,270 including grants of \$) (Revenue \$ 821,058,591)
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 ▶ 693,793,270

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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 [X]

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 (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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 3 columns: Question, Yes, No. 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 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, [X] 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: Jason McNeil, 230 S Florida Ave 4th Floor, Lakeland, FL 33801 (863) 687-1100

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	5,515,266			
	e Government grants (contributions)	1e	366,374			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		5,881,640			
Program Service Revenue		Business Code				
	2a Patient Service Revenue	621990	420,241,343	420,241,343		
	b Medicare/Medicaid	621990	391,706,333	391,706,333		
	c Cafeteria Revenue	722210	5,080,167	5,080,167		
	d Other Operating Revenue	561000	3,814,470	3,809,224	5,246	
	e Retail Shops	453220	216,278	3,300	212,978	
	f All other program service revenue					
g Total. Add lines 2a-2f		821,058,591				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses	1,976,678			
		c Gain or (loss)	-1,976,678			
	d Net gain or (loss)		-1,976,678		-1,976,678	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		824,963,553	820,840,367	5,246	-1,763,700	

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				
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,951,272	6,803,400	1,147,872	
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	241,348,955	206,507,018	34,841,937	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,635,000	9,955,333	1,679,667	
9 Other employee benefits	39,321,815	33,645,187	5,676,628	
10 Payroll taxes	17,519,206	14,990,075	2,529,131	
11 Fees for services (non-employees)				
a Management				
b Legal	1,079,901	924,003	155,898	
c Accounting	240,000	205,353	34,647	
d Lobbying	309,018	264,407	44,611	
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)	34,476,315	29,499,200	4,977,115	
12 Advertising and promotion	440,748	377,120	63,628	
13 Office expenses	4,825,490	4,128,866	696,624	
14 Information technology	24,043,201	20,572,245	3,470,956	
15 Royalties				
16 Occupancy	7,864,216	6,728,912	1,135,304	
17 Travel	290,048	248,176	41,872	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	22,213,640	19,006,805	3,206,835	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,689,414	47,649,905	8,039,509	
23 Insurance	7,885,176	6,746,846	1,138,330	
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 Patient Supplies & Phar	159,855,559	159,855,559		
b Bad Debts	107,412,024	107,412,024		
c Repairs & Maintenance	11,268,342	9,641,607	1,626,735	
d HCCB Indigent Assessmen	8,611,372	7,368,206	1,243,166	
e All other expenses	1,476,121	1,263,023	213,098	
25 Total functional expenses. Add lines 1 through 24e	765,756,833	693,793,270	71,963,563	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	14,110	1	16,073
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	106,111,142	4	119,189,074
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,279,087	8	14,118,421
	9 Prepaid expenses and deferred charges	9,093,883	9	9,361,924
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,224,597,422		
	b Less accumulated depreciation	649,621,550		
		479,864,517	10c	574,975,872
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	14,327,337	12	15,300,717
	13 Investments—program-related See Part IV, line 11	40,509,818	13	47,124,846
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	155,510,220	15	101,258,808	
16 Total assets. Add lines 1 through 15 (must equal line 34)	818,710,114	16	881,345,735	
Liabilities	17 Accounts payable and accrued expenses	21,950,891	17	33,111,558
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	348,354,055	20	338,285,051
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	96,385,855	25	97,380,966
	26 Total liabilities. Add lines 17 through 25	466,690,801	26	468,777,575
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	320,713,503	27	375,300,709
	28 Temporarily restricted net assets	29,767,525	28	35,729,166
	29 Permanently restricted net assets	1,538,285	29	1,538,285
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	352,019,313	33	412,568,160
	34 Total liabilities and net assets/fund balances	818,710,114	34	881,345,735

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	824,963,553
2	Total expenses (must equal Part IX, column (A), line 25)	2	765,756,833
3	Revenue less expenses Subtract line 2 from line 1	3	59,206,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	352,019,313
5	Net unrealized gains (losses) on investments	5	1,104,678
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	237,449
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	412,568,160

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 59-2650456

Name: Lakeland Regional Medical Center Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O for Program Services Statement

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			
Laura Hawley CFP Chair	1 00	X						0	0	0
Weymon Snuggs Vice Chair	1 00	X						0	0	0
Jay Mulaney MD Past Chair	1 00	X						0	0	0
Sylvia Blackmon-Roberts Director	1 00	X						0	0	0
Dale Dreyer Director	1 00	X						0	0	0
Jack Harrell Jr Director	1 00	X						0	0	0
Clayton Hollis Director	1 00	X						0	0	0
Lee Jackson Director	1 00	X						0	0	0
Anne Kerr PhD Director	1 00	X						0	0	0
James Melton MD Director	1 00	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			
Cory Petcoff Director	1 00	X						0	0	0
William Pou Director	1 00	X						0	0	0
Ayanna Rolette MD Director	1 00	X						0	0	0
David Strong Director	1 00	X						0	0	0
Tracy Wilson Director	1 00	X						0	0	0
Elaine Thompson PhD Chief Executive Officer	50 00			X				1,401,594	0	106,011
Evan C Jones EVP - Chief Financial Officer	50 00			X				1,338,843	0	26,353
Sarah Bhagat COO/VP Organizational Effectiveness	50 00				X			324,480	0	83,791
Francisco J Chebly Executive Director LRH Physician Group	50 00				X			215,938	0	7,807
Scott Dimmick SVP - Chief Human Resources Officer	50 00				X			284,474	0	23,024

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				
Danielle Drummond EVP - Chief Operating Officer	50 00				X				650,850	0	84,448
Hal Escowitz Chief Quality & Medical In	50 00				X				398,477	0	33,399
Janet W Fansler EVP - Chief Nurse Executive	50 00				X				811,247	0	191,353
Jonh Hoppe Chief Legal Officer	50 00				X				442,738	0	101,353
Elizabeth Kerns SVP - Chief Information Of	50 00				X				275,944	0	3,405
Deana L Nelson SVP - Chief Strategy Officer	50 00				X				276,924	0	0
Timothy Regan President/Chief Medical Officer	50 00				X				773,577	0	99,334
Michael Spake CCO/VP - External Affairs	50 00				X				428,135	0	68,098
James Sturgill VP - LRH Physician Group	50 00				X				231,088	0	26,624
Stacy Bolton AVP - Chief Technology Officer	50 00					X			205,194	0	24,623

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			
Rodriguez Dangerfield Director of Pharmacy	50 00					X		199,639	0	24,870
Ana Kalman AVP - Chief Applications Officer	50 00					X		211,602	0	21,872
Pradeep Patra Physicist	50 00					X		213,159	0	29,566
Margaret White Vice President Operations	50 00					X		217,436	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number

59-2650456

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 **section 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>		
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-2650456

Name: Lakeland Regional Medical Center Inc

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

OMB No 1545-0047

2017
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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 Lakeland Regional Medical Center Inc	Employer identification number 59-2650456
--	--

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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		309,018
j Total Add lines 1c through 1i			309,018
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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	Lakeland Regional Medical Center, Inc provided payment to an independent lobbying firm to notify the Medical Center of any pending legislation that affects hospitals and healthcare

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number
59-2650456

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	1,538,285	1,538,285	1,538,285	1,538,285	1,537,887
b Contributions					398
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	1,538,285	1,538,285	1,538,285	1,538,285	1,538,285

- 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 ▶ 100 000 %
 - 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
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,506,912		5,506,912
b Buildings		379,087,859	154,173,852	224,914,007
c Leasehold improvements		2,055,565	1,428,251	627,314
d Equipment		813,737,206	494,019,447	319,717,759
e Other		24,209,880		24,209,880
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				574,975,872

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) Investment in Net Assets of Foundation	47,124,846	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	47,124,846	

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) Other Receivables	2,726,979
(2) Assets Limited to Use	84,360,394
(3) Estimated Third Party Settlement	971,435
(4) Lease Deposit	13,200,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	101,258,808

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FL Medical Assistance Assessment	13,035,662
Employee Compensation	46,871,264
Malpractice Claims	29,408,431
Workers Compensation	2,193,001
Capital Lease Obligations	56,192
Other Long Term Liabilities	230,604
Bond Interest Payable	5,585,812
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	97,380,966

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	713,360,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,104,678
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	1,104,678
3	Subtract line 2e from line 1	3	712,255,322
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	112,708,231
c	Add lines 4a and 4b	4c	112,708,231
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	824,963,553

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	658,345,000
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	0
3	Subtract line 2e from line 1	3	658,345,000
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	107,411,833
c	Add lines 4a and 4b	4c	107,411,833
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	765,756,833

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2650456

Name: Lakeland Regional Medical Center Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The purpose of the Organization's Endowment funds is to grow the corpus and use the unrestricted earnings from the invested endowment fund to support the Medical Center's mission

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>The Parent, Medical Center, and Foundation have been recognized by the Internal Revenue Service as tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code of 1986. Income earned in furtherance of the organizations' tax-exempt purposes is exempt from federal and state income taxes. Income taxes related to Health System's ownership interests in joint venture partnerships are not material to the Health System. U.S. GAAP requires the Health System's management to evaluate tax positions taken by the Health System and recognize a tax liability (or asset) if the Health System has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Health System has analyzed the tax positions and has concluded that as of September 30, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) in the consolidated financial statements or disclosure in the notes to the consolidated financial statements. The Health System is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Health System believes it is no longer subject to income tax examinations for years prior to 2014.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Bad Debts Netted with Revenue on Audited Financials 107,412,024 Related Transactions 5,515,266 Other -2,737 Foundation Transfer -216,322

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Bad Debts Netted with Revenue on Audited Financials 107,412,024 Other -191

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Lakeland Regional Medical Center Inc

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 59-2650456

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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 _____ %	3a 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 _____ %	3b 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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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)			24,619,321		24,619,321	3 740 %
b Medicaid (from Worksheet 3, column a)			111,479,192	58,430,810	53,048,382	8 060 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,623,780	3,356,375	3,267,405	0 500 %
d Total Financial Assistance and Means-Tested Government Programs			142,722,293	61,787,185	80,935,108	12 300 %
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)			513,408,729	429,025,683	84,383,046	12 820 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			513,408,729	429,025,683	84,383,046	12 820 %
k Total. Add lines 7d and 7j			656,131,022	490,812,868	165,318,154	25 120 %

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			13,993,785		13,993,785	2 130 %
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			13,993,785		13,993,785	2 130 %

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	107,412,024
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	149,581,826
6 Enter Medicare allowable costs of care relating to payments on line 5	6	163,231,341
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-13,649,515
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	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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)
Lakeland Regional Medical Center

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 checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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 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		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	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>mylhr.org</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 <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>mylhr.org</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
12b	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)

Lakeland Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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 type="checkbox"/> Asset level		
	d <input checked="" type="checkbox"/> Medical indigency		
	e <input checked="" type="checkbox"/> Insurance status		
	f <input checked="" type="checkbox"/> Underinsurance discount		
	g <input checked="" 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 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>mylrh.org</u>		
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>mylrh.org</u>		
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>mylrh.org</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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Lakeland Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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	19	No
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)		
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 checked="" 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		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input 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	21	Yes
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)		

Part V Facility Information *(continued)*

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

Lakeland Regional Medical Center

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? 5

Name and address	Type of Facility (describe)
1 1 - Hollis Cancer Center 3525 Lakeland Hills Blvd Lakeland, FL 33805	Outpatient Clinic
2 2 - LRMC Family Health Center 300 Parkview Place Lakeland, FL 33805	Outpatient Clinic
3 3 - Lakeland Regional Rehab & Sports Clinic 3030 Harden Blvd Lakeland, FL 33803	Outpatient Clinic
4 4 - Lakeland Reg Health Ctr for Wound Care 3030 Harden Blvd Lakeland, FL 33803	Outpatient Clinic
5 5 - Grasslands Infusion Therapy Center 3030 Harden Blvd Lakeland, FL 33803	Outpatient Clinic
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	Lakeland Regional Medical Center determines the cost of charity by calculating a ratio of cost to charges as derived from the Medicare Cost Report and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients Similarly, the cost of subsidized health services is based on the unreimbursed cost of caring for the patients' services less the cost associated with Bad Debt, Charity, Medicaid and other means-tested government programs The actual expenses paid for providing community health improvements and community benefits operations less any payments received for those activities is reflected above
Part I, Line 7g	Subsidized health services are clinical services that are essential to meet the health care needs of the entire community and are provided with a financial loss to Lakeland Regional Medical Center (LRMC) The financial loss is measured after removing losses associated with Bad Debt, Charity, Medicaid and other means-tested government programs LRMC operates one of the busiest Emergency Departments in the nation with over 200,000 emergency visits each year We treat all patients regardless of their ability to pay for the care they receive In addition, we staff a Level II Trauma Center to provide critical care access to residents of Lakeland and surrounding communities The cost of providing emergency and trauma care 24 hours each day exceeds the payments LRMC receives for providing that care LRMC also operates the only inpatient Behavioral Health Unit in Lakeland to provide care for the mentally ill population who have nowhere else to go for essential inpatient psychiatric care

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	There is \$107,412,024 of bad debt expense which is included in Form 990, Part IX, Line 24(b) This amount was removed in the calculation of the Percent of Total Expense on Schedule H Line 7f
Part II, Community Building Activities	Lakeland Regional Medical Center is the only hospital in Lakeland and serves as a tertiary referral hospital serving the broader Polk County, Florida As the only state-designated trauma center for Polk, Highlands, and Hardee counties, we provide critical access and care to the area's most seriously injured residents A shortage of primary care physicians and mental health services has resulted in our ER becoming the highest volume ER in the nation, offering essential medical care to many underserved residents in our community Ongoing education programs for diabetes and cardiac rehab are designed to help patients with chronic conditions maintain their health and avoid repeated hospitalizations Support groups assist those living with chronic and life-threatening illnesses to access resources and critical peer support Education and screening programs have identified those at risk of various conditions, allowing them to seek treatment Participation in and support of community events helps to ensure a vibrant community and a positive quality of life for our employees as well as our patient-base

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	LRMC follows the guidance provided in the Healthcare Financial Management Association Principles and Practices Board "Statement 15 Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers" in determining bad debt expenses. Bad debt expense results when a patient who does not meet the criteria for Charity Care and who has been determined to have the financial capacity to pay for healthcare services and is unwilling to settle the claim. The hospital utilizes an overall ratio of cost to charges from the applicable Medicare cost report and this is applied to the bad debt expense.
Part III, Line 4	The consolidated, audited financial statements of Lakeland Regional Health Systems, Inc. and Subsidiaries are attached to this return and contain language addressing Bad Debts on pages 9 thru 11.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	The Medicare payment shortfall is not treated as a community benefit. Medicare allowable costs are determined using the approved standardized Medicare Cost Report methodology. The Medicare cost is derived using the Medicare Cost-to-Charge ratio from the Medicare cost report times the Medicare charges for service.
Part III, Line 9b	LRH will not engage in the following collection activities for any patients (even if they do not qualify for financial assistance) - Place a lien on an individual's property- Foreclose on an individual's real property- Attach or seize an individual's bank account or any other personal property- Commence a civil action against an individual- Cause an individual's arrest- Cause an individual to be subject to a writ of body attachment- Garnish an individual's wages- Demand payment for a prior bill as condition of receiving future services at LRMC. This prohibition does not apply to office-based services provided by LRHS LRMC or its representatives (i.e., a collection agency) may report a patient to a credit bureau if the patient has received a written notice (and an attempt has been made to provide oral notification) specifying the date, which shall be not less than 30 days after the date of the notice, after which credit bureau reporting may occur. Credit Bureau reporting may not occur earlier than 240 days after the date the patient received the first billing statement for the care provided. These limitations do not apply to LRHS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>Lakeland Regional Medical Center collaborates with medical staff, community leaders and the Polk County Health Department to determine the health needs of the citizens of Lakeland and Polk County, Florida LPMC sponsors various Medical Staff Committees where community health needs are frequently discussed Our senior management and staff identify unmet community health needs through participation in community coalitions, partnerships, boards, committees, and advisory groups Using available data on the demographics and service utilization for our primary and secondary markets, the LPMC executive team and Board develop a comprehensive annual Strategic Plan to address the healthcare needs of the community For the 2018-2021 CHNA, approximately 45 stakeholders representing broad interests of the community served by Lakeland Regional Health attended the May 2017 dialogue session to review current data trends and discuss relevant and widespread issues in Polk County as well as suggest ways the health system could address community disparities Following the community dialogue session, the data review process involved the formal prioritization method known as the Prioritization Matrix, which included ranking health priorities based on the six primary criteria alignment with the health system's mission, existing programs, ability to impact within three years, financial resources required, human resources required and the availability of measurable outcomes to assess effectiveness of the intervention/plan In 2012, LPMC opened a primary health clinic to provide a medical home for the uninsured and underinsured population This clinic is designed to both improve the quality of care for low income patients and also reduce visits to the emergency room In the fall of 2012 and continuing through 2015, LPMC partnered with the Polk County Health Department, Peace River Center and the Polk Healthcare Plan as part of the state Low Income Pool for primary care to offer a patient-centered, primary care integrated medical home within the I-4 corridor of Polk County Beginning in 2016 and through 2018, LPMC continued its partnership with the Polk Healthcare Plan and Peace River to provide primary care and mental health screenings to the indigent population of Polk County and members of the Polk Healthcare Plan which was partially subsidized by a grant funded by Polk County In 2018, the Family Health Center had 19,329 visits in which patients and their families were able to receive primary care</p>
Part VI, Line 3	<p>For scheduled admissions, LPMC conducts a pre-admission interview to discuss the financial plan with the patient, the guarantor, and/or his or her legal representative If a pre-admission interview is not possible, this interview is conducted upon admission In the case of an emergency admission, LPMC's evaluation of payment alternatives does not take place until the required stabilizing medical care has been provided Identification of patients eligible for assistance can take place at any time during the rendition of services or during the patient account collection process (including bad debt) Those patients who may qualify for financial assistance from a government program are referred to the appropriate program, such as Medicaid or the Polk Healthcare Plan LPMC provides on-site access to Medicaid eligibility specialists to assist patients in qualifying for governmental medical assistance programs All patients identified as potential financial assistance recipients are offered the opportunity to apply for financial assistance If this evaluation is not conducted until after the patient leaves, or in the case of outpatients or emergency patients, an LPMC representative mails a financial assistance application to the patient For the first 120 days after the date of service, the hospital will notify an individual about the Financial Assistance Policy The patient will receive at least three billing statements that include language about applying for financial assistance The hospital will accept and process any financial assistance applications submitted by an individual for up to 240 days after the patient received the first billing statement for the care</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>The Lakeland Urban Area is considered the primary service area and the remainder of Polk County is considered the secondary/extended service area. Polk County has a population of over 680,000 with 20.1% of residents being over the age of 65 and 16.1% of residents living below the Federal Poverty Level. Children under 18 years of age make up 22.3% of the population. Located between Orange and Hillsborough Counties, it is the fourth (4th) largest county in Florida consisting of 2,010 square miles. Lakeland is the largest city in Polk County and is located between Tampa and Orlando on Interstate 4. The unemployment rate for Polk County was 4.6% as of July 2017. Census data reflects a population that is 22.3% Hispanic or Latino, 16.0% Black and under 3% from other minorities.</p>
Part VI, Line 5	<p>Lakeland Regional Medical Center's senior management, directors, managers, physicians and staff provide leadership and resources to equip local organizations with the skills needed to create a healthy community. Our staff participates on boards, advisory committees, and coalitions benefiting the community we serve without compensation for their time. Our leaders and physicians participate in educational programs, workshops and health fair events that are provided free to members of the community. We provide cancer screening services to the community for early detection of breast, skin and colon cancers. We participate and provide support for educational programs for healthcare workers in partnership with local colleges, universities and trade schools. Lakeland Regional Medical Center has a vibrant volunteer program, offering varied opportunities for service to the members of the community. The medical staff of Lakeland Regional Medical Center consists of over 600 physicians and is organized to promote the public interest of healthcare. No part of the income of LRMC inures to the benefit of any private individual, nor is any private interest being served. All surplus funds are reinvested into the facilities, equipment, programs and resources needed to continually improve the quality of patient care, expand our outreach, and advance the medical training and education of our staff. As noted above, the primary health clinic opened in 2012, and the Low Income Pool partnership clinic with Polk County located on the I-4 corridor are excellent examples of LRH's commitment to community health promotion.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>Lakeland Regional Medical Center is a subsidiary of Lakeland Regional Health Systems, Inc , a not-for-profit system that reinvests its profits back into the community through programs that benefit the residents of Lakeland and Polk County, Florida The Health System facilities are leased from the City of Lakeland and the operations of the Hospital and Health System directly benefit the citizens of the community Annually, the Health System pays the City for use of the Medical Center buildings, and the City of Lakeland uses those funds to provide public services and facilities that directly benefit all of the members of the community During 2016, the Health System's total payments made to the City under the arrangement totaled \$39.1 million of which \$13.2 million represented the required payments for fiscal year 2016 During 2017, the Health System's total payments made to the City under the arrangement totaled \$13.6 million During 2018, the Health System's total payments made to the City under the arrangement totaled approximately \$14.0 million In addition, the Health System provides for the health of the community by directly employing physicians in underserved medical specialties, such as orthopedics, trauma surgery, oncology and behavioral health The Health System's medical clinics provide access to all residents, regardless of income, and many operate at a loss Despite this, LRH believes that the role these clinics provide in the community, and in the promotion and maintenance of health, is part of our mission and our significant contribution to the community</p>

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 59-2650456**Name:** Lakeland Regional Medical Center Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Lakeland Regional Medical Center 1324 Lakeland Hills Blvd Lakeland, FL 33805	X	X					X			

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
Lakeland Regional Medical Center	<p>Part V, Section B, Line 3j During fiscal year 2017, Community Health Needs Assessment ("C HNA") activities were conducted and the 2018-2021 CHNA assessment was completed The completion of the 2018-2021 CHNA enables Lakeland Regional Health to take an in-depth look at the status of health in our community and focus on understanding barriers to care so that we may best meet the needs of our community Healthcare is an essential resource that we are privileged and honored to provide to the community we serve We understand that this resource can be, at times, unattainable As a result and upon review of Polk County's current health status, we have identified the following areas of need</p> <ol style="list-style-type: none"> 1 Reduce obesity 2 Enhance maternal and infant care 3 Increase access to quality, coordinated care 4 Expand mental healthcare initiatives 5 Increase cancer screening and prevention 6 Target heart disease and stroke screening and prevention 7 Promote injury prevention <p>In response to the identified areas of need, the following initiatives and anticipated outcomes were established</p> <ol style="list-style-type: none"> 1 REDUCE OBESITY Initiatives Continued implementation of the Congregational Health Partnership, which is designed to empower faith communities to address the unique health needs of their congregation and proactively addresses disparities that exist, specifically general wellness and preventative care awareness, obesity, diabetes and nutrition Develop Community Wellness Programs that promote healthy eating, active living and life balance Explore the feasibility of implementation of the Blue Zones Project as a well-being improvement initiative in Polk County Explore partnerships with local food banks to identify food deserts and regions of food insecurity that could result in opportunities for mobile markets/pantries Create Healthy Kids Programming that supports and provides opportunities including nutrition education and physical activity in school settings Reduce the number of readmissions of diabetic patients to the emergency department and hospital by increasing education and early intervention opportunities Anticipated Outcomes Increased collaboration with local governments, community organizations, employers, education institutions and physician providers to lower the obesity rate in Polk County The development of programming that directly impacts community member awareness and knowledge as it relates to nutrition and living an active lifestyle leading to a decrease in the obesity rate 2 ENHANCE MATERNAL AND INFANT CARE Initiatives Enhance and expand services for women in Polk County through expanding the number of OB/GYN providers in the LRH Physician Group, partnering with Nemours Children's Hospital to add Maternal/Fetal Medicine physicians at the Hospital and outpatient LRH facilities, and increasing the number of antepartum beds for high risk expectant moms Enhance and expand services for children in Polk County through expanding the number of pediatricians in the LRH Physi

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
Lakeland Regional Medical Center	<p> cian Group, partnering with Nemours Children's Hospital to add pediatric specialists at LR H in cardiology, gastroenterology, ophthalmology, pulmonology, nephrology, urology, general surgery, endocrinology and orthopedics, expanding the capacity of the pediatric unit by increasing the number of beds and utilizing acuity adaptable beds, expanding the capacity of the Pediatric Emergency Department by increasing the size, and enhancing the services for children and parents by locating it within pediatric designated space, and creating a child-friendly surgical area by creating a pediatric-specific surgical suite Anticipated Outcomes Increased access resulting in a greater number of women and children receiving care and staying in Polk County to receive care Increased number of families participating in support and education programs provided by LRH 3 ACCESS TO QUALITY, COORDINATED CARE Initiatives Continue work with the Centers for Medicaid and Medicare Services (CMS) to gain approval for Graduate Medical Education (GME) Collaborate with community partners, physicians and providers to increase the level of primary and specialty care providers available within the community served by LRH Continue to recruit physician providers into the LRH physician group Expand the role of advanced practice providers in the healthcare system to expand our capacity to care for more people Enhance initiatives to improve care across the continuum, including the use of evidence-based strategies in social work, case management, pharmacy, the integrated care team and ambulatory settings Explore creation of a Dental Residency program to improve access to dental care and education around preventative measures Anticipated Outcomes Increased provider access for patients through support of a well-trained, culturally competent and diverse healthcare workforce to ensure access to quality care Improved care management and reduced barriers to preventive screening, primary care and specialty care by deploying a wide range of strategies including programs, outreach, training and policies to further minimize the negative impact of health conditions 4 MENTAL HEALTHCARE Initiatives Propose and gain support internally and externally to build a new behavioral health hospital and outpatient center Develop strategy to improve mental and behavioral healthcare access and partner with community stakeholders to develop additional capacity to address health needs impacting behavioral health patients Increase the number of primary care patients who are screened for depression and, when appropriate, referred to the proper resources Participate in mental health forums and education opportunities with community partners Anticipated Outcomes Increased community access to mental and behavioral healthcare Reduced stigma surrounding mental health as a result of increased education opportunities 5 CANCER SCREENING AND PREVENTION Initiatives Continue to conduct skin cancer education and </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
Lakeland Regional Medical Center	<p>prevention screenings through the Community Wellness Program Continue to offer Smoking Ce ssation Programs in partnership with our physician providers and groups such as the Tobacc o Free Alliance to help encourage participants to work on the process and problems of quit ting Expand cervical cancer awareness and education Expand colon cancer screening initia tives by increasing the screening procedures performed at the Hollis Cancer Center Evalua te the feasibility of implementing the American Cancer Society's FluFIT program at LRH pri mary care sites Continue to provide education sessions and symposiums on cancer preventio n, screening and early detection Anticipated Outcomes Increased patient access to cancer screening services Increased community participation in educational programs that highlig ht resources available for early cancer detection and treatment Decreased rate of new can cer cases and deaths 6 HEART DISEASE AND STROKEIncrease the number of individuals who "kn ow their numbers and are aware of risk factors for heart disease by utilizing the Communit y Wellness Program health screenings events Continue to engage congregations through the Congregational Health Partnership and promote education and workshops that focus on risk f actors for cardiovascular disease including 1) heart health education, 2) nutrition and d iet education, and 3) importance of physical activity and exercise Continued implementati on of the STEMI direct to cath lab initiative which reduces the time between arrival of th e patient to the hospital and initial contact with treatment team and doctor to balloon ti me Anticipated Outcomes Increased percentage of adults who are aware of signs and symptom s of Cardiovascular Disease Decrease in the time it takes to identify and treat patients who present with ST Elevation Myocardial Infarction 7 INJURY PREVENTIONInitiatives Conti nued participation in the Coalition on Injury Prevention The Coalition provides injury pr evention education and activities by leveraging partnerships, communication effort, suppor t networks and community events The Coalition is a joint effort between the LRH Trauma Se rvices and the Polk County Health Department and is comprised of injury prevention profess ionals from various fields Reduce unintentional fatal and nonfatal injury by improving th e health, safety and knowledge of our community by continuing to address priority injury a reas Anticipated Outcomes Increased patient and community participation in injury educati on and community outreach services provided by our Trauma Center</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
Lakeland Regional Medical Center	Part V, Section B, Line 5 As noted on page 17 of the CHNA, approximately 45 stakeholders representing broad interests of the community served by Lakeland Regional Health attended the May 2017 dialogue session to review current data trends and discuss relevant and widespread issues in Polk County as well as suggest ways the health system could address community disparities Organizations represented at this meeting included - American Cancer Society- CareerSource Polk- Early Learning Coalition of Polk County- Florida Department of Health Polk County- Florida Southern College- Healthy Start Coalition- Heartland for Children- InnerAct Alliance- Lakeland Housing Authority- New Life Outreach Ministry- Parker Street Ministries- Peace River Center- Polk Health Care Plan- Polk State College- Polk Vision- Talbot House- United Way of Central Florida- VISTE

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
Part V, Section B, Line 22b	<p>To be eligible for a 100% Financial Assistance Adjustment (i.e., full write-off), the patient's Household Income must be less than or equal to 200% of the current FPG (adjusted for family size). If the patient's Household Income is greater than 200% and less than or equal to 400% of the current FPG (adjusted for family size), the patient will receive a Financial Assistance Adjustment that is based upon LRMC's Amounts Generally Billed (AGB) percentage. By January 28th of each year, the AGB percentage will be calculated by dividing the sum of allowed amounts for claims for services allowed by Medicare Fee-For-Service and all private health insurers during the prior twelve-month period ended September 30 by the gross charges for such claims. No individual eligible under this Financial Assistance Policy will be given a Financial Assistance Adjustment which is less than amount calculated using the AGB percentage. The AGB percentage in effect is 25%, thus the Financial Assistance Adjustment based on the AGB percentage is 75%. In all situations described in this paragraph, the Financial Assistance Adjustment will be applied to the outstanding balance of an account after payments by third parties, if any. The Financial Assistance Adjustment based on the AGB percentage will also be applied to the outstanding balance, after payments by insurance, if any, of patients with Catastrophic Medical Expenses, as defined above, who are not eligible for financial assistance based on the other provisions of this policy. Uninsured patients of LRMC who are not eligible for financial assistance based on the other provisions of the policy will also receive an Uninsured Discount based on the AGB percentage.</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number
59-2650456

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>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</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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, Lines 4a-b	<p>Janet W Fansler - Executive VP and Chief Nursing Executive participated in a supplemental nonqualified deferred compensation plan. She had \$230,325 of taxable benefits during calendar year 2017. This amount is included in Part (B)(iii) other compensation. She had an additional \$158,951 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Elaine Thompson, Ph D - Chief Executive Officer participated in a supplemental nonqualified deferred compensation plan. She had \$268,587 of taxable benefits during calendar year 2017. This amount is included in Part II Column (B)(iii). She had an additional \$73,869 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Evan Jones - Chief Financial Officer participated in a supplemental nonqualified deferred compensation plan. He had \$716,260 of taxable benefits during calendar year 2017. This amount is included in Part II Column (B)(iii). Timothy Regan - President/Chief Medical Officer participated in a supplemental nonqualified deferred compensation plan. He had \$154,149 of taxable benefits during calendar year 2017. This amount is included in Part II Column (B)(iii). He had an additional \$65,935 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Danielle Drummond - Executive VP and Chief Operating Officer participated in a supplemental nonqualified deferred compensation plan. She had \$133,472 of taxable benefits during calendar year 2017. This amount is included in Part II Column (B)(iii). She had an additional \$54,971 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Michael Spake - VP of External Affairs and Chief Compliance Officer participated in a supplemental nonqualified deferred compensation plan. He had \$100,870 of taxable benefits during calendar year 2017. This amount is included in Part II Column (B)(iii). He had an additional \$35,414 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Sarah Bhagat - VP of Organizational Effectiveness and Chief Operating Officer participated in a supplemental nonqualified deferred compensation plan. She had \$49,872 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Jonn Hoppe - Chief Legal Officer participated in a supplemental nonqualified deferred compensation plan. He had \$67,954 of nontaxable benefits accrue during calendar year 2017. This amount is included in Part II Column C. Margaret White - Former Vice President of Operations received severance pay of \$123,070 that was included in her W2 for 2017. This amount is included in Part (B)(iii) compensation.</p>
Supplemental Explanation	<p>Lakeland Regional Health System (LRHS) was related to Orlando Health (OH) for part of the year as part of an affiliation agreement. However, that agreement ended and the entities are no longer related. Certain board members were also officers of OH and were compensated by OH. LRHS requested the compensation information, but it has not been provided and LRHS does not otherwise have access to it.</p>

Additional Data

Software ID:

Software Version:

EIN: 59-2650456

Name: Lakeland Regional Medical Center Inc

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				
1Elaine Thompson PhD Chief Executive Officer	(i)	870,246	259,133	272,215	91,653	14,358	1,507,605	0
	(ii)	0	0	0	0	0	0	0
1Evan C Jones EVP - Chief Financial Officer	(i)	531,214	90,092	717,537	17,784	8,569	1,365,196	531,354
	(ii)	0	0	0	0	0	0	0
2Sarah Bhagat COO/VP Organizational Effectiveness	(i)	276,022	48,458	0	67,656	16,135	408,271	0
	(ii)	0	0	0	0	0	0	0
3Francisco J Chebly Executive Director LRH Physician Gro	(i)	205,651	0	10,287	0	7,807	223,745	0
	(ii)	0	0	0	0	0	0	0
4Scott Dimmick SVP - Chief Human Resources Officer	(i)	259,759	18,583	6,132	6,889	16,135	307,498	0
	(ii)	0	0	0	0	0	0	0
5Danielle Drummond EVP - Chief Operating Officer	(i)	442,619	74,253	133,978	72,755	11,693	735,298	87,886
	(ii)	0	0	0	0	0	0	0
6Hal Escowitz Chief Quality & Medical In	(i)	366,819	31,220	438	17,784	15,615	431,876	0
	(ii)	0	0	0	0	0	0	0
7Janet W Fansler EVP - Chief Nurse Executive	(i)	493,446	86,265	231,536	176,735	14,618	1,002,600	0
	(ii)	0	0	0	0	0	0	0
8Jonn Hoppe Chief Legal Officer	(i)	376,385	66,353	0	85,738	15,615	544,091	0
	(ii)	0	0	0	0	0	0	0
9Elizabeth Kerns SVP - Chief Information Of	(i)	154,514	61,420	60,010	0	3,405	279,349	528
	(ii)	0	0	0	0	0	0	0
10Deana L Nelson SVP - Chief Strategy Officer	(i)	276,924	0	0	0	0	276,924	0
	(ii)	0	0	0	0	0	0	0
11Timothy Regan President/Chief Medical Officer	(i)	530,406	89,022	154,149	83,719	15,615	872,911	99,564
	(ii)	0	0	0	0	0	0	0
12Michael Spake CCO/VP - External Affairs	(i)	276,026	50,209	101,900	52,483	15,615	496,233	69,101
	(ii)	0	0	0	0	0	0	0
13James Sturgill VP - LRH Physician Group	(i)	214,342	16,741	5	15,175	11,449	257,712	0
	(ii)	0	0	0	0	0	0	0
14Stacy Bolton AVP - Chief Technology Officer	(i)	189,784	15,115	295	9,008	15,615	229,817	0
	(ii)	0	0	0	0	0	0	0
15Rodriguez Dangerfield Director of Pharmacy	(i)	188,562	11,052	25	13,276	11,594	224,509	0
	(ii)	0	0	0	0	0	0	0
16Ana Kalman AVP - Chief Applications Officer	(i)	196,268	15,185	149	13,304	8,568	233,474	0
	(ii)	0	0	0	0	0	0	0
17Pradeep Patra Physicist	(i)	205,049	0	8,110	13,431	16,135	242,725	0
	(ii)	0	0	0	0	0	0	0
18Margaret White Vice President Operations	(i)	76,307	17,682	123,447	0	0	217,436	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number
59-2650456

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 Lakeland Florida	59-6000354	511665JE2	07-28-2011	81,113,255	2011 Bonds refunded the 96A, 97A, 97B & 99B Bonds & paid 2011 issuance costs		X		X		X
B City of Lakeland Florida	59-6000354	511665JN2	02-05-2015	205,545,053	2015 Hospital Revenue Bonds for capital projects		X		X		X
C City of Lakeland Florida	59-6000354	511665KFJ	09-15-2016	97,381,865	2016 Hospital Revenue Refunding Bonds		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	81,113,524		205,545,053		97,381,865			
4	Gross proceeds in reserve funds			48,723,652					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows					99,742,693			
7	Issuance costs from proceeds	1,012,480		1,892,439		937,638			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			159,452,244					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion			2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		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 ▶								
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								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X	X			
b Exception to rebate?				X		X		
c No rebate due?			X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number

59-2650456

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Lakeland Regional Medical Center provides free care to patients who meet the State of Florida charity care guidelines and who are not eligible for public assistance. Lakeland Regional Medical Center provided care to emergency patients, regardless of their ability to pay. In addition to the primary Emergency Department, specialty care for children was provided in the separate Pediatric Emergency unit and provides a walk-in center for those patients in need of primary care under non-emergent conditions. Lakeland Regional Medical Center additionally provided inpatient and outpatient mental health services to patients, regardless of their ability to pay. Comprehensive care was offered for a variety of illnesses, including clinical depression, anxiety and memory disorders, addiction recovery and various adolescent services. All services are provided in a distinct part unit within the hospital, and programs are directed by board-certified psychiatrists.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Certain decisions of the governing body of Lakeland Regional Medical Center are subject to approval of the sole member Lakeland Regional Health Systems, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of Lakeland Regional Medical Center, Inc is Lakeland Regional Health Systems, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Certain decisions of the governing board of Lakeland Regional Medical Center are subject to approval of the sole member Lakeland Regional Health Systems, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is reviewed prior to filing by senior management, including the CEO and CFO. Additionally, the form and schedules related to compensation are reviewed by the Executive and Physician Compensation Committee of the Board and a copy of the Form 990 and schedules are provided to each member of the Board of Directors before filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Lakeland Regional Medical Center has a conflict of interest policy which is monitored by the Corporate Integrity Services department. All new hires, students, volunteers and contractors are trained on the ethics policy during general orientation. All staff is to comply with ethics training annually as part of their mandatory education requirements. Annually, a certification is required by all managers, directors, and officers who must acknowledge that the policy was read, understood and will be abided by. Lakeland Regional Medical Center also has a "Policy of the Board of Directors Regarding Board Members Doing Business with Lakeland Regional Medical Center or Lakeland Regional Health Systems". All Board Members are annually required to execute a "Corporate Compliance Acknowledgement and answer a comprehensive "Annual Conflict of Interest Questionnaire". Additionally, all Senior Corporate Management are annually required to answer a comprehensive "Annual Conflict of Interest Questionnaire".</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Section B, line 15</p>	<p>Lakeland Regional Medical Center, Inc Executive and Physician Compensation Committee (the "Committee") of the Board is charged with determining, in advance, all compensation issues for all executive positions including the President & CEO, the CFO and all Vice Presidents of the organization Only independent and "disinterested" persons may serve as members of the Committee and no member may be employed by the organization or any of its affiliates Additionally, no physician on the medical staff of the organization may serve as a member of the Committee nor may any member have any business or financial relationships with the organization, either directly or indirectly through family members The Committee engages an independent nationally recognized human resource management consulting firm which specializes in executive and employee compensation in the health care industry This firm, among other things a Conducts a competitive executive total cash compensation analysis relative to comparable healthcare organizations nationally, and b Conducts a competitive executive benefits analysis relative to comparable healthcare organizations, and c Conducts a competitive executive total compensation analysis relative to comparable healthcare organizations, and d Assists the Committee in ensuring compliance with regulatory requirements, and e Provides guidance and counsel to the Committee and Board in matters relating to executive compensation, and f Participates in Committee meeting and presents their findings and recommendations to the Committee and to the Board In determining compensation, the Committee relies on the independent, reliable market data presented by the consulting firm to set all compensation levels and the consulting firm's opinion as to the reasonableness of total compensation to be paid the executives of the organization The Committee fully documents the basis for all determinations and records, at a minimum, 1) the terms of the compensation agreement and the date on which it was approved, 2) the members of the Committee who were present during the discussion and those who voted on it, 3) the comparability data used and its source, and 4) the basis for the ultimate decision In fulfilling its responsibility, the Committee has full authority to consult with outside counsel, regarding the legality of the compensation and other legal issues which may be relevant to the Committee's responsibilities</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's Articles of Incorporation are public records and may be obtained from the State of Florida's Division of Corporations in Tallahassee, Florida. Additionally, the Lease & Transfer Agreement between the organization and the City of Lakeland, Florida, under which the organization operates, is recorded in the Public Records of Polk County, Florida, the County in which the organization is located. Financial statements and similar information, both audited and unaudited, are periodically furnished to the City of Lakeland, Florida, and various regulatory agencies within the State of Florida. As such, said financial statements and information are public records under the pertinent Florida public records laws.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Intercompany Transfers -2,094,247 Change in Beneficial Interest in Foundation 6,615,028 Other Adjustments -4,500,000 Change in Benefit Obligation 214,772 Miscellaneous 1,896

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Lakeland Regional Medical Center Inc

Employer identification number

59-2650456

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

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) Lakeland Regional Medical Center Foundation Inc 1324 Lakeland Hills Boulevard Lakeland, FL 33805 23-7134974	Fundraising	FL	501(c)(3)	Line 12a, I	Lakeland Regional Health Systems Inc		No
(2) Lakeland Regional Health Systems Inc 1324 Lakeland Hills Boulevard Lakeland, FL 33805 59-2650464	Support Other 501(c)(3) organizations	FL	501(c)(3)	Line 12a, I	Orlando Health Inc		No
(3) Orlando Health Inc 1414 Kuhl Avenue MP8 Orlando, FL 32806 59-1726273	Hospital	FL	501(c)(3)	Line 3	N/A		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	

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	Yes
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	No
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	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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