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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☒ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization ORLANDO HEALTH FOUNDATION, INC.

FKA ORLANDO REGIONAL HEALTHCARE FOUNDATION

Number and street (or P O box if mail is not delivered to street address) Room/suite

3160 SOUTHGATE COMMERCE BLVD STE 50

City or town, state or country, and ZIP + 4

ORLANDO, FL 32806

D Employer identification number

59-2244943

E Telephone number

(407) 841-5194

F Accounting method

Cash ☐ Other (specify) ☒ Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes ☐ No ☒H(b) If "Yes," enter number of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? (If "No," attach a list See instructions) Yes ☐ No ☐H(d) Is this a separate return filed by an organization covered by a group ruling? Yes ☐ No ☒I Group Exemption Number ☐M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.ORLANDOHEALTH.COM/FOUNDATION

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 50,317,373.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	10,998,994.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	47,251.		
e	Total (add lines 1a through 1d) (cash \$ 10,149,445. noncash \$ 896,800.)	1e		11,046,245.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		681,472.	
5	Dividends and interest from securities	5		740,765.	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe <input type="checkbox"/>)	7			
8a	Gross amount from sales of assets other than inventory	8a	36,490,485.		
b	Less cost or other basis and sales expenses	8b	35,201,626.		
c	Gain or (loss) (attach schedule)	8c	1,288,859.		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		1,288,859.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 2,819,846. of STMT 1 contributions reported on line 1b).	9a	1,358,406.		
b	Less direct expenses other than fundraising expenses	9b	1,165,003.		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		193,403.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		13,950,744.	
13	Program services (from line 44, column (B))	13		9,215,457.	
14	Management and general (from line 44, column (C))	14		286,468.	
15	Fundraising (from line 44, column (D))	15		111,282.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		9,613,207.	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		4,337,537.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		73,102,940.	
20	Other changes in net assets or fund balances (attach explanation) STMT. 3	20		-9,067,374.	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		68,373,103.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>7,362,766.</u> noncash \$ <u>1,852,691.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 9,215,457.	9,215,457.	STMT 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a NONE	NONE	NONE	NONE
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	*FUNDRAISING SERVICES ARE CONTRIBUTED BY ORLANDO HEALTH. SEE DETAIL ATTACHED.		
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 154,655.		67,039.	87,616.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 12,501.			12,501.
37 Equipment rental and maintenance	37 1,759.			1,759.
38 Printing and publications	38 3,515.			3,515.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize)	43a 129,408.		129,408.	
a INVESTMENT COUNSELING	43b 90,021.		90,021.	
b INSURANCE/REAL ESTATE TAX	43c 5,891.			5,891.
c MISCELLANEOUS	43d			
d _____	43e			
e _____	43f			
f _____	43g			
g _____	44 9,613,207.	9,215,457.	286,468.	111,282.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).				

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a DISTRIBUTIONS ARE MADE TO ORLANDO HEALTH, INC. AND ITS
RELATED EXEMPT AFFILIATES TO FURTHER THE SYSTEM'S EXEMPT
PURPOSE OF PROVIDING HIGH QUALITY HEALTHCARE TO THE CENTRAL
FLORIDA COMMUNITIES. SEE STATEMENT ATTACHED.

(Grants and allocations \$ 9,215,457.) If this amount includes foreign grants, check here ☐

9,215,457.

b _____

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c _____

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

9,215,457.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	5,161,019.	46	5,714,472.
	47a Accounts receivable 47a 4,464.			
	b Less allowance for doubtful accounts 47b	3,756.	47c	4,464.
	48a Pledges receivable 48a 11,587,782.			
	b Less allowance for doubtful accounts 48b 276,112.	11,990,373.	48c	11,311,670.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 51,996,210.		54a	49,810,455.
	b Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis 55a 173,500.				
b Less accumulated depreciation (attach schedule) 55b	172,500.	55c	173,500.	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis 57a				
b Less accumulated depreciation (attach schedule) 57b		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)	11,177,914.	58	9,362,555.	
59 Total assets (must equal line 74). Add lines 45 through 58	80,501,772.	59	76,377,116.	
Liabilities	60 Accounts payable and accrued expenses	99,238.	60	125,092.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7)	7,299,594.	65	7,878,921.
66 Total liabilities. Add lines 60 through 65	7,398,832.	66	8,004,013.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	15,416,934.	67	8,982,907.
	68 Temporarily restricted	56,661,561.	68	58,329,489.
	69 Permanently restricted	1,024,445.	69	1,060,707.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	73,102,940.	73	68,373,103.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	80,501,772.	74	76,377,116.

Yes	No
-----	----

X

1

—

Ref

Yes	No
-----	----

X

x

x

A

x

NONE

x

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	4,759,193.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter a. Initiation fees and capital contributions included on line 12	N/A	
86b	b. Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter a. Gross income from members or shareholders	N/A	
87b	b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	X	
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911. <u>NONE</u> , section 4912. <u>NONE</u> , section 4955. <u>NONE</u>		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <u>NONE</u>		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization. <u>NONE</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90a	List the states with which a copy of this return is filed. <u>FL</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions).	NONE	
91a	The books are in care of <u>CHRISTOPHER MILLER</u> Telephone no <u>407-841-5194</u>		
	Located at <u>3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL</u> ZIP + 4 <u>32806</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	681,472.	
96 Dividends and interest from securities			14	740,765.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,288,859.	
101 Net income or (loss) from special events			01	193,403.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,904,499.	
105 Total (add line 104, columns (B), (D), and (E)) ▶					2,904,499.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 19			
b				
c				
Totals				1,852,691.

Yes	No
X	

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
	X

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

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

Signature of officer: John W. Bozard Date: 12/18/09

Type or print name and title: President, John W. Bozard

Paid Preparer's Use Only

Preparer's signature: Linda Mason Date: 12/14/2009 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U. S. LLP EIN: 34-6565596

201 SOUTH BISCAYNE BLVD, SUITE 3000 Phone no: 305-358-4111

MIAMI, FL 33131

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **ORLANDO HEALTH FOUNDATION, INC.**

Employer identification number

FKA ORLANDO REGIONAL HEALTHCARE FOUNDATION

59-2244943

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ► **NONE**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ► **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ► **NONE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>			
<p>a Sale, exchange, or leasing of property? S.T.M.T. 20</p>	2a	X	
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities? S.T.M.T. 21</p>	2c	X	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) S.T.M.T. 22</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	N/A	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	N/A	
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	N/A	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	N/A	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ►</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►</p>			NONE
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►</p>			NONE

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☒ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I☐ Type II☐ Type III - Functionally Integrated☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	14,071,721.	14,019,019.	10,841,816.	8,049,756.	46,982,312.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	991,913.	593,801.	530,989.	711,083.	2,827,786.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,559,708.	1,058,148.	824,826.	515,035.	3,957,717.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	16,623,342.	15,670,968.	12,197,631.	9,275,874.	53,767,815.
24 Line 23 minus line 17.	15,631,429.	15,077,167.	11,666,642.	8,564,791.	50,940,029.
25 Enter 1% of line 23.	166,233.	156,710.	121,976.	92,759.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,018,801.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 12,077,802.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 50,940,029.
d Add: Amounts from column (e) for lines 18 <u>3,957,717.</u> 19 <u> </u> 22 <u> </u> 26b <u>12,077,802.</u>					26d 16,035,519.
e Public support (line 26c minus line 26d total)					26e 34,904,510.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 68.5208 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total. _____ and line 27b total. _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

JSA

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**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 instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . .					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) . . .					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2007

ORLANDO HEALTH FOUNDATION, INC.

59-2244943

GAIN/(LOSS) ON SALE ASSETS OTHER THAN INVENTORY

9/30/2008

FORM 990, PART I, LINE 8 - GAIN/(LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY
COLUMN (A) - SECURITIES

	<u>Securities</u>	<u>Total</u>
Gross Proceeds	36,490,485	36,490,485
Less: Net Book Value	<u>(35,201,626)</u>	<u>(35,201,626)</u>
GAIN/(LOSS)	<u>1,288,859</u>	<u>1,288,859</u>

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

CHAMPIONS FOR CHILDREN	1,251,337.
WOMEN PLAYING FOR T. I. M. E.	521,583.
ONE NIGHT FOR TRAUMA	403,469.
OTHER	643,457.

TOTAL	2,819,846.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES
=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
CHAMPIONS FOR CHILDREN	955,323.	669,917.	285,406.
WOMEN PLAYING FOR T. I. M. E.	229,148.	97,144.	132,004.
ONE NIGHT FOR TRAUMA	90,145.	186,249.	-96,104.
OTHER	83,790.	211,693.	-127,903.
TOTALS	1,358,406.	1,165,003.	193,403.
	=====	=====	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

NET UNREALIZED LOSS ON SECURITIES

9,067,374.

TOTAL

9,067,374.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

=====

ORLANDO CANCER CENTER, INC.
1400 S. ORANGE AVENUE
ORLANDO, FL 32806

RELATED
501 (C) 3

GENERAL OPERATING

1,852,691

ORLANDO HEALTH, INC.
1414 KUHLE AVENUE
ORLANDO, FL 32806

RELATED
501 (C) 3

GENERAL OPERATING

7,362,766.

TOTAL CONTRIBUTIONS PAID

9,215,457

=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

RAISE FUNDS FOR THE OPERATING AND CAPITAL NEEDS OF ORLANDO HEALTH,
INC. (OH) AND ITS AFFILIATES.

Orlando Health Foundation 2008

Orlando Health is a \$1.5 billion not-for-profit health care organization and a community-based network of nine hospitals and care centers in the Orlando region. The organization, which includes the area's only Level One Trauma Centers for adults and pediatrics, is a statutory teaching hospital system that offers both specialty and community hospitals. They are: Orlando Regional Medical Center; Arnold Palmer Hospital for Children; Winnie Palmer Hospital for Women and Babies; Lucerne Hospital; Dr. P. Phillips Hospital; South Seminole Hospital; South Lake Hospital (50 percent partnership); St. Cloud Regional Medical Center (20 percent partnership) and M. D. Anderson Cancer Center Orlando – the first affiliate of one of the nation's premier cancer centers, The University of Texas M. D. Anderson Cancer Center in Houston. Orlando Health's areas of clinical excellence are heart and vascular, cancer care, neurosciences, surgery, pediatric orthopedics and sports medicine, neonatology, and obstetrics and gynecology.

Orlando Health is Central Florida's fifth largest employer with nearly 14,000 employees and more than 2,000 affiliated physicians, all of whom support our philosophy of providing high quality care and service when it matters most. We prove this everyday with over 100,000 inpatient admissions and more than 600,000 outpatient visits each year. In all, Orlando Health serves 1.6 million Central Florida residents and nearly 3,000 international patients annually. Additionally, Orlando Health provides approximately \$198 million in support of community health needs. More information can be found at www.orlandohealth.com.

The Orlando Health Foundation is the philanthropic heart of Orlando Health's hospitals and medical programs. Created over twenty years ago to help build Arnold Palmer Hospital for Children, the Foundation has since been instrumental in raising funds for the construction of M.D. Anderson Cancer Center – Orlando, Winnie Palmer Hospital for Women & Babies, the Cynthia C. & William E. Perry Pavilion and Bert Martin's Champions for Children's Emergency Department & Trauma Center at Arnold Palmer Hospital, in addition to supporting programs, services and the acquisition of life-saving equipment.

As Central Florida's population steadily increases, the need for excellent medical services continues to grow, taxing our capacity to its limit. To keep pace with this tremendous growth and prepare for the even greater needs of tomorrow, Orlando Health has set forth strategic plans for expansion across all of its focus areas, in addition to aggressively pursuing the highest standards in the development of its "Centers of Excellence." Philanthropic investment is essential to achieving the expansion of our programs and services to meet the healthcare needs of our community.

As an organization, **Orlando Health** made headlines in 2008 as we changed our name and became tobacco-free across all of our campuses – all to better reflect our mission. Throughout 2008, much was accomplished in our strategic plan to keep pace with the community's growing healthcare needs and provide the highest level of medical excellence.

Orlando Regional Medical Center (ORMC) – received state approval to begin the first heart transplant program in Central Florida and recruited an internationally renowned heart transplant surgeon to lead the initiative. This past spring, one of the world’s first MRI-compatible pacemakers was inserted at ORMC. ORMC was also the first hospital in Orlando to use the newest drug-coated stent to treat heart disease. As one of the busiest Level One Trauma Centers in the nation, ORMC continues to treat the region’s most critically ill and injured patients. So far this year, we have cared for more than 4,000 patients from 20 counties, in addition to visitors from other states and countries.

Arnold Palmer Hospital for Children – *U.S. News & World Report* named Arnold Palmer Hospital one of “America’s Best Children’s Hospitals” for pediatric heart/heart surgery – one of only two children’s hospitals in the state for Florida and the only one in Central Florida to make the prestigious list. We also made great strides in the planning and development of our Children’s Cancer Center and Kids’ Kidney Center; construction on both is scheduled to begin early in 2009.

Winnie Palmer Hospital for Women & Babies – continued serving the growing needs of families in Central Florida. A record 14,678 deliveries over a recent 12-month period served as a testament to the impact the outstanding care is having in our community. With nearly 10 percent of newborns needing specialized care, the Neonatal Intensive Care Unit remains one of the busiest in the nation – one of the most successful with a 96 percent survival rate.

M. D. Anderson Cancer Center Orlando – announced plans to co-locate our Cancer Research Institute (CRI) with the University of Central Florida’s Burnett Biomedical Sciences Building at Lake Nona’s medical city. This will enable the CRI to triple its staff size and research programs in the search for a cure. In 2008, researchers at the CRI published more than 50 articles in national and international scientific journals. Many discoveries made at the CRI are moving into clinical trials to demonstrate their efficacy in cancer prevention, early diagnosis and treatment.

Dr. P. Phillips Hospital – celebrated the grand opening of a new state-of-the-art, five-story tower which doubled the size of the hospital to keep pace with Southwest Orlando’s rapidly growing demand. The new facilities include a five-story patient tower, state-of-the-art operating rooms and an 850-car parking deck. Dr. P. Phillips Hospital also became an approved Agency for Healthcare Accreditation Primary Stroke Center and opened a new Chest Pain Center to provide rapid diagnosis and treatment for patients who arrive at our Emergency Department with chest pain or heart attack symptoms.

South Seminole Hospital opened a new Women’s Imaging Center, renovated its Behavioral Health Unit, launched a Women’s Advisory Council, and celebrated the addition of an air ambulance helicopter – making it the first hospital-based air ambulance in Seminole County and the third aircraft in use by Orlando Health’s Air Care Team.

Orlando Health Hospitality Homes – The Cynthia C. & William E. Perry Pavilion at Dr. P. Phillips Hospital celebrated its fourth anniversary and has proven invaluable, hosting guests

from across the nation as well as other countries. The Hubbard House completed its 14th year of service to families of patients on the downtown campus, in addition to providing a home-away-from-home for patients of M. D. Anderson Cancer Center Orlando who require several weeks of on-going treatment.

Continuing Accreditation as Only Statutory Teaching Hospital in Central Florida - Orlando Health continued to serve the community as a fully accredited, teaching hospital organization through the Accreditation Council for Graduate Medical Education. Orlando Health is the only statutory teaching hospital in Central Florida and sponsors seven residency and 10 fellowship programs, which in turn allow our programs to thrive.

Top 100 Company for Working Families - Orlando Health was once again selected as one of the top 100 companies for working families by the *Orlando Sentinel*.

Physicians at Orlando Health Recognized Among Best in Nation

In December, *Orlando Magazine* highlighted several physicians at Orlando Health as among the nation's top five percent in their field. The physicians were selected from the Best Doctors in America® database which lists 33,000 doctors in the United States who have been selected through a peer-review survey.

In 2008, donors invested more than \$22 million in cash, pledges and planned gift agreements to benefit Orlando Health and related affiliates. Perhaps there is no stronger testament to our dedication to serving the community than our team members who collectively contributed over \$1 million to the Team Member Giving Campaign for the advancement of health care through research, education and quality patient care.

Signature events continued to provide much needed operational and capital dollars to further the mission of Orlando Health. Arnold Palmer Hospital benefited greatly from the Annual Bert Martin's Champions for Children golf tournament. The Arnold Palmer Invitational was a tremendous success, raising substantial dollars and giving national exposure to a world-class healthcare facility for women and babies. In addition, The Dick Batchelor Run for the Children, Bert M. Warden's Golden South Classic Track Meet and the Miracle Miles Run raised nearly \$1 million for Arnold Palmer Medical Center. The Women Playing for T.I.M.E. Golf and Tennis Events, the largest supporter of M. D. Anderson Cancer Center Orlando, raised nearly \$750,000 during the 2008 events, bringing the total to nearly \$8 million over the past 16 years. The One Night Trauma Event has provided nearly \$1 million in much needed support to the area's only Level One Trauma Center.

Value to the Community – \$220,347,000

By offering the best quality of care, responding to community needs and concentrating resources in areas that truly make a difference, Orlando Health maintains a rich tradition of providing benefit to the community. Our community benefit effort is a measured approach to meeting identified community health needs, particularly in the vulnerable, uninsured and underserved communities. As a not-for-profit, community-based organization, Orlando Health is dedicated to improving the health and well-being of the people we serve.

Charity care, medical attention to our region's most vulnerable and uninsured, means that Orlando Health provides care regardless of a patient's ability to pay, insufficient health insurance and whether or not government-sponsored programs cover the full cost of services. In fiscal year 2008, Orlando Health provided \$60,245,000 in charity care. Additionally, \$2,231,000 was provided in community benefit programs and services and \$31,073,000 in Medicaid shortfalls. As Central Florida's only statutory teaching hospital, Orlando Health's Graduate Medical Education Program also provided medical education dollars that directly contribute to the training and education of tomorrow's healthcare workforce.

Philanthropy has never played a more important role in furthering our mission *to improve the health and quality of life of the individuals and communities we serve*. For more information about how you can help, please contact the Foundation at 407.841.5194 or visit orlandohealthfoundation.com.

ORLANDO HEALTH FOUNDATION, INC
9/30/2008

59-2244943

FORM 990, PART IV, LINE 55a - INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

	<u>NET BOOK VALUE</u>
LAND	<u>172,500</u>
TOTAL INVESTMENT	<u>172,500</u>

ORLANDO HEALTH FOUNDATION, INC.

59-2244943

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

ENDING
BOOK VALUE

CASH SURRENDER VALUE OF LIFE

INSURANCE POLICIES

2,782,591.

ASSETS HELD IN TRUST

6,579,964.

TOTALS

9,362,555.

=====

STATEMENT 6

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO ORLANDO HEALTH, INC.	2,292,128.
DUE TO ORLANDO CANCER CENTER	845,950.
REFUNDABLE ADVANCES	1,185,740.
LIAB UNDER CHAR TRUST AGREEMENT	2,371,977.
DUE TO OTHER AFFILIATES	1,183,126.

TOTALS	7,878,921.
	=====

ORLANDO HEALTH FOUNDATION, INC.

59-2244943

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

SPECIAL EVENTS EXPENSE

1,165,003.

TOTAL

1,165,003.

STATEMENT 8

ORLANDO HEALTH FOUNDATION, INC.

59-2244943

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

SPECIAL EVENTS EXPENSE

1,165,003.

TOTAL

1,165,003.

STATEMENT 9

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOHN W. BOZARD 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	PRESIDENT/OHF 40.00	NONE	NONE	NONE
GREGOR ALEXANDER, M.D. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
DON R. AMMERMAN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
ROGER CHAPIN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
JESS BAILES 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
CLARENCE H. BROWN, III, M.D. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
JAMES P. CARUSO	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806				
KENNETH M CLAYTON 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
ROBERT EAGAN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
PHILLIPS A. EASTERLING 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
JERRY FALLIN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
ANNETTE FORD 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
M. KATHRYN GARRETT, M.D. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JANE GIBSON, PH.D. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
CATHY GILLASPIE 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
CAROLYN GOSSELIN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
ROBERT M. HARRELL 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
LEE HEARD 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
JOHN HILLENMEYER 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	PRESIDENT, CEO/OH 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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ALAN C. HELMAN, FAIA 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
SALLY HOCH 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
RICHARD T. HURT 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
KATHY JOHNSON 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	CHAIRPERSON 2.00	NONE	NONE	NONE
ED KINNEY 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
BROCK KELSEY 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
HARVEY KOBIRIN	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806				
HELEN LEON 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
ELAINE M LUSTIG 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
R. RANDOLPH LYON, JR. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
RAFAEL E. MARTINEZ 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
RICHARD R. MCCREE, SR. 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
SHERYL MEITIN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KELLY MILLER 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	TREASURER 2.00	NONE	NONE	NONE
CYNTHIA C. PERRY 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
DONALD PLUMLEY, MD 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
RUSS PRATHER, MD 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
PHILIP W. RICH 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	VICE CHAIR 2.00	NONE	NONE	NONE
RAY SANDHAGEN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
AMY SAUNDERS 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
SHERRIE SITARIK 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
KENNETH M SMITH 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	SECRETARY/DIRECTOR 2.00	NONE	NONE	NONE
JAN STRATTON 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
CHARLES TEWS 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	DIRECTOR 2.00	NONE	NONE	NONE
KAREN THORNTON JENSEN 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	VP/OHF 40.00	NONE	NONE	NONE
CHRISTOPHER C. STOWERS	VP/OHF 40.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806				
ROBERT N. SERROS, M.D.	DIRECTOR	NONE	NONE	NONE
3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	2.00			
F. ANDREW WARDEN	DIRECTOR	NONE	NONE	NONE
3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	2.00			
GRAND TOTALS				
		NONE	NONE	NONE
		=====	=====	=====

ORLANDO HEALTH FOUNDATION, INC.
9/30/2008

59-2244943

FORM 990, PART V - LIST OF OFFICERS PAID > \$100,000 BY RELATED ORGANIZATIONS

NAME AND ADDRESS	COMPENSATION	BENEFIT PLANS	EXPENSE ACCOUNT
Compensation paid by related organization: Orlando Health Systems, Inc. EIN 59-1726273			
JOHN HILLENMEYER 1414 KUHL AVENUE ORLANDO, FL 32806	1,003,221 255,392 *	44,245 150,101 **	NONE
SHERRIE H SITARIK 1414 KUHL AVENUE ORLANDO, FL 32806	521,570 74,402 *	61,966 59,438 **	NONE
JOHN W BOZARD 1400 SOUTH ORANGE AVE ORLANDO, FL 32806	507,770 36,916 *	41,370 56,208 **	NONE
CHRISTOPHER C STOWERS 1414 KUHL AVENUE ORLANDO, FL 32806	126,962 8,776 *	28,489 7,910 **	NONE
KAREN THORNTON JENSEN 1414 KUHL AVENUE ORLANDO, FL 32806	126,442 9,824 *	34,716 8,204 **	NONE
Compensation paid by related organization: Orlando Cancer Center, Inc. EIN 59-3005020			
CLARENCE H BROWN, III 1400 SOUTH ORANGE AVE ORLANDO, FL 32806	430,114 50,264 *	58,481 **	NONE

* These amounts represent payments received in the current year that were deferred in prior years.

** These amounts represent contributions to a deferred compensation plan and are fully forfeitable if certain contractual conditions are not met. These amounts also will be reported as compensation when all contractual conditions have been met.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	ORLANDO HEALTH, INC. F/K/A ORL REG
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	SOUTH LAKE HOSPITAL, INC.
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	HEALTHNET SERVICES, INC. AND
EXEMPT:	SUBSIDIARIES
RELATED ORGANIZATION NAME:	ORLANDO HEALTH NETWORK, INC. F/K/A
EXEMPT: X	ORL REG HLTH NETWORK
RELATED ORGANIZATION NAME:	HEALTHCARE PURCHASING ALLIANCE, INC.
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	ORLANDO HEALTH PHYSICIAN PARTNERS,
EXEMPT: X	INC. F/K/A CARELINK
RELATED ORGANIZATION NAME:	ORLANDO CANCER CENTER, INC.
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	ORANGE INDEMNITY, LTD.
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	VNA OF CENTRAL FLORIDA, INC.
EXEMPT: X	NONEXEMPT:

Orlando Health Foundation, Inc.

EIN: 59-2244943

9/30/08

FORM 990, Part VI, Line 82b

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Svc</u>	<u>Mgmt & General</u>	<u>Fundraising*</u>
Contributed Services	2,877,053			2,877,053
Prof fundraising fees	162,427			162,427
Accounting fees	52,019		52,019	-
Supplies	255,021			255,021
Telephone	57,946			57,946
Postage & shipping	20,381			20,381
Equipment rental	989			989
Occupancy	409,492			409,492
Printing	400,499			400,499
Travel	124,078			124,078
Conferences & meetings	89,442			89,442
Investment expenses	1,200			1,200
Advertising/promotion	35,924			35,924
Miscellaneous	119,053			119,053
Recruiting/Education	33,051			33,051
Depreciation	120,620			120,620
Total expenses	4,759,195	-	52,019	4,707,176

*Fundraising services and expenses were contributed by Orlando Health, Inc

The following employees and services were paid for by Orlando Health, Inc and contributed to Orlando Health Foundation, Inc Disclosure is made to report expenses that would have been paid by OHF but for the contribution by OH

Employees Paid > \$50,000:

			<u>Comp</u>	<u>Benefits</u>	<u>Exp</u>
Michael J Mangan	Foundation VP, OMC	40 Hrs/Wk	103,069	26,646	None
			8,633 *	7,000 **	
Bobby A Ennis	Found VP, Plan & Spec Gifts	40 Hrs/Wk	113,364	15,570	None
			13,809 *	7,000 **	
Michael V Stephens	Dir, Corporate Partnerships	40 Hrs/Wk	88,665	24,943	None
			7,175 *	5,950 **	
Jeremy Drashman Gamble	Foundation VP, OMC	40 Hrs/Wk	90,185	15,131	None
			5,768	5,040 **	
Janet C Morrow	Dir, Planned & Major Gifts	40 Hrs/Wk	90,153	22,555	None
			7,176	5,474 **	

Address is the same for all employees: 3160 Southgate Commerce Blvd, Suite 50, Orlando, FL 32806

* These amounts represent payments received in the current year that were deferred in prior years

** These amounts represent contributions to a deferred compensation plan and are fully forfeitable if certain contractual conditions are not met These amounts also will be reported as compensation when all contractual conditions have been met

Professional Services Paid > \$50,000:

Sinclair, Townes and Company	Fundraising Consulting	162,427
670 Village Trace Bldg #19, Atlanta, GA 30358		
Compensation is not based on funds raised		
Asset Strategy Consultants, LLC	Consulting	50,472
1532 Old Okeechobee Rd, W Palm Beach, FL 33409		

Non-Professional Services Paid > \$50,000:

Orlando Sentinel Communications	Advertising Services	63,208
633 North Orange Avenue, Orlando, FL 32801		
Hyatt Corporation dba Hyatt Regency Orlando	Banquet Services	65,768
71 S Wacker Drive, Chicago, IL 60606		
Event Marketing & Management Int'l, Inc	Event Services	60,577
1013 Montana St, Orlando, FL 32803		

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
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CONTROLLED ENTITY'S NAME: ORLANDO CANCER CENTER, INC.
CONTROLLED ENTITY'S ADDRESS: 140 SOUTH ORANGE AVENUE
CITY, STATE & ZIP: ORLANDO, FL 32806
EIN: 59-3005020
TRANSFER AMOUNT: 1,852,691.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
DISTRIBUTION OF DONATED CONTRIBUTIONS FOR OCC

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A
=====

JAMES P. CARUSO, A MEMBER OF THE BOARD OF DIRECTORS, IS AN OWNER OF CARUSO PROPERTIES, WHICH RENTS BUILDINGS TO THE FOUNDATION. ALL TERMS AND CONDITIONS WERE AT FAIR MARKET VALUE AND IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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DON R. AMMERMAN, A MEMBER OF THE BOARD OF DIRECTORS, IS A DIRECTOR OF DR. PHILLIPS CHARITIES, WHICH IS A SUBSTANTIAL CONTRIBUTOR TO THE FOUNDATION. ALL TERMS AND CONDITIONS ARE AT FAIR MARKET VALUE AND IN THE ORDINARY COURSE OF BUSINESS.

LEE HEARD, A MEMBER OF THE BOARD OF DIRECTORS, PROVIDES DESIGN SERVICES FOR FLORAL DECORATIONS FOR SOME OF THE FOUNDATION FUNDRAISERS. ALL TERMS AND CONDITIONS ARE AT FAIR MARKET VALUE AND IN THE ORDINARY COURSE OF BUSINESS.

RICHARD T. HURT, A MEMBER OF THE BOARD OF DIRECTORS, IS A SHAREHOLDER IN AKERMAN SENTERFITT WHICH OCCASIONALLY RENDERS SERVICES TO THE FOUNDATION OR TO DONORS TO THE FOUNDATION WHO MAY ENGAGE IN SALES TO OR PLANNED GIVING ARRANGEMENTS WITH THE FOUNDATION. IN PLANNED GIVING TRANSACTIONS ADVICE WAS PROVIDED TO DONORS WHO OCCASIONALLY DONATE REAL ESTATE TO CHARITABLE TRUSTS WHICH CAN SELL THE PROPERTY TO DONORS WHO NEGOTIATE OTHER PLANNED GIFTS. ESTATE PLANNING SERVICES WERE PROVIDED TO A FEW SENIOR EXECUTIVES. ALL TERMS AND CONDITIONS WERE AT FAIR MARKET VALUE AND IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

DISBURSEMENTS ARE MADE BY THE FOUNDATION FOR THE FURTHERANCE OF ITS CHARITABLE PROGRAMS TO ORGANIZATIONS IN ACCORDANCE WITH ITS ARTICLES OF INCORPORATION. THE ARTICLES OF INCORPORATION STATE THE FUNDS WILL BE DISBURSED "FOR THE PURPOSE OF PROVIDING FUNDS FOR OPERATING OR CAPITAL EXPENDITURES, OR BOTH, OF THE ORLANDO HEALTH, INC., (SO LONG AS IT IS AN ORGANIZATION EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE) AND ANY AFFILIATE OR SUBSIDIARY ALSO EXEMPT FROM TAXATION UNDER SECTION 501(C)(3).