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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ORLANDO HEALTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1414 Kuhl Avenue

City or town, state or country, and ZIP + 4
Orlando, FL 32806

D Employer identification number
59-1726273

E Telephone number
(407) 841-5155

G Gross receipts $ 2,125,497,871

F Name and address of principal officer
John Hillenmeyer
1414 Kuhl Ave
Orlando, FL 32806

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www orlandohealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1977 | **M** State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION AS A COMMUNITY-OWNED ORGANIZATION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	15,120
6	Total number of volunteers (estimate if necessary)	6	1,196
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	10,603,754
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-490,041

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,601,505	11,905,924
9	Program service revenue (Part VIII, line 2g)	1,584,724,718	1,644,315,215
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,785,679	30,259,527
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,204,075	2,545,571
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,606,315,977	1,689,026,237
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,037,798
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	718,842,293	755,615,800
16a	Professional fundraising fees (Part IX, column (A), line 11e)	58,919	60,131
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,373,510		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	805,350,456	808,258,936
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,524,251,668	1,564,972,665
19	Revenue less expenses Subtract line 18 from line 12	82,064,309	124,053,572
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,959,321,083	2,059,912,719
21	Total liabilities (Part X, line 26)	1,116,906,938	1,124,839,623
22	Net assets or fund balances Subtract line 21 from line 20	842,414,145	935,073,096

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-08-08

▶ Stephen Harr Vice President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131			EIN ▶ Phone no ▶ (305) 358-4111

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ORLANDO HEALTH IS A TRUSTED LEADER INSPIRING HOPE THROUGH THE ADVANCEMENT OF HEALTH OUR MISSION AS A COMMUNITY-OWNED ORGANIZATION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,356,818,505 including grants of $ 1,045,798) (Revenue $ 1,644,315,215)

ORLANDO HEALTH (OH) PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA THROUGH ITS SIX HOSPITALS AND VARIOUS OUTPATIENT FACILITIES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, OH FACILITIES PROVIDED 449,891 DAYS OF INPATIENT CARE, 322,927 OUTPATIENT VISITS, AND 237,092 EMERGENCY DEPARTMENT VISITS IN ACCORDANCE WITH ITS MISSION, OH PROVIDED EXTENSIVE CARE TO PATIENTS WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES OH ALSO OFFERS COMMUNITY EDUCATION, SCHOOL INITIATIVES AND SUPPORT GROUPS AS A TEACHING HOSPITAL, OH OFFERS RESIDENCY PROGRAMS TRAINING FUTURE HEALTHCARE PROFESSIONALS ---WE ARE ORLANDO'S HEALTHCARE--- AS A NOT-FOR-PROFIT HEALTHCARE PROVIDER, THE CULTURE OF CARING AT ORLANDO HEALTH TOUCHES THE LIVES OF MANY THROUGHOUT THE GREATER ORLANDO AREA ORLANDO HEALTH'S PHYSICIANS, TEAM MEMBERS AND VOLUNTEERS KNOW THAT HEALTHCARE EXTENDS BEYOND THE WALLS OF THE HOSPITAL OUR DEDICATED MEDICAL PROFESSIONALS AND VOLUNTEERS OFTEN CONTRIBUTE TO THE COMMUNITY OUTSIDE OF THE HOSPITAL, EDUCATING THEIR NEIGHBORS AND PROVIDING MEDICAL CARE TO OTHERS IN THE REGION ORLANDO HEALTH DEMONSTRATES A COMMITMENT TO PROMOTING HEALTH, WELL-BEING AND A CARING SPIRIT THROUGHOUT THE COMMUNITY BY ORGANIZING AND PROVIDING SERVICES RANGING FROM WELLNESS EVENTS AND SCREENINGS, TO FLU SHOTS AND HIGH SCHOOL PHYSICALS THESE ACTIVITIES BRING LITTLE OR NO PAYMENT TO OUR HOSPITALS, BUT ARE SUSTAINED BECAUSE THEY ARE VALUABLE TO OUR REGION AND SUPPORT OUR MISSION ---COMMUNITY PROGRAMS AND SERVICES--- COMMUNITY OUTREACH SPEAKER'S BUREAU SUPPORT / EDUCATION GROUPS COMMUNITY WELLNESS COMMUNITY HEALTH FAIRS PASTORAL OUTREACH AND SPIRITUAL CARE ---COMMUNITY CLINICAL SUPPORT SERVICES--- ORLANDO HEALTH SUPPORTS THE MISSION OF COMMUNITY ORGANIZATIONS THAT PROVIDE ACCESS TO PRIMARY CARE SERVICES THE FACILITIES THAT MAKE UP THE ORLANDO HEALTH FAMILY ENJOY A LONG HISTORY OF WORKING WITH THE COMMUNITIES THEY SERVE EACH IS COMMITTED TO STRENGTHENING ITS SURROUNDING NEIGHBORHOODS, CITIES AND COUNTIES CHARITY CARE SERVICES ARE AN IMPORTANT COMPONENT OF ANY NOT-FOR-PROFIT HOSPITAL'S OPERATION AND REMAIN AT THE EPICENTER OF THE ORLANDO HEALTH COMMUNITY BENEFIT INITIATIVE CHARITY CARE PROVIDES MEDICAL ATTENTION TO OUR REGION'S MOST VULNERABLE PEOPLE, MANY OF WHOM WOULD NOT OTHERWISE HAVE ACCESS TO MEDICAL CARE AND ATTENTION ---CARING FOR THE UNINSURED THROUGH COLLABORATION IN THE COMMUNITY--- PRIMARY CARE ACCESS NETWORK CENTRAL FLORIDA FAMILY HEALTH CENTER COMMUNITY HEALTH CENTERS, INC HEALTH CARE CENTER FOR THE HOMELESS ORANGE COUNTY HEALTH SERVICES SHEPHERD'S HOPE MEDICAL CENTERS ---LEVEL ONE TRAUMA CENTER--- ORLANDO MEDICAL CENTER (OMC) IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-DESIGNATED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST POSSIBLE TIME OMC'S LEVEL ONE TRAUMA CENTER PROVIDED SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY-ILL PEOPLE WITHIN A 90-MILE RADIUS AND MORE THAN 69,042 PATIENTS VISITED OMC'S EMERGENCY DEPARTMENT IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVES AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER ORLANDO IN 2010, AIR CARE TRANSPORTED 1470 TRAUMA PATIENTS BERT MARTIN'S CHAMPIONS FOR CHILDREN EMERGENCY DEPARTMENT & TRAUMA CENTER AT ARNOLD PALMER HOSPITAL PROVIDES LEVEL ONE TRAUMA CARE TO PEDIATRIC PATIENTS IN 2010, THROUGH MORE THAN 48,859 VISITS, PEDIATRIC PATIENTS RECEIVED SPECIALIZED EMERGENCY CARE AND OUR TEAM RESPONDED TO 181 TRAUMA ALERTS ---WOMEN'S AND CHILDREN'S HEALTH SERVICES--- - MATERNAL EDUCATION CENTER - CHILD LIFE HOWARD PHILLIPS CENTER FOR CHILDREN & FAMILIES THE HOWARD PHILLIPS CENTER (HPC) IS A CENTER OF EXCELLENCE, HELPING CHILDREN, HEALING FAMILIES AND STRENGTHENING COMMUNITIES HPC CONTINUES TO PROVIDE HEALTHCARE TO TEENS FROM LOW INCOME FAMILIES, SUPPORT AND EDUCATION FOR NEW PARENTS SO THEY MAY BUILD BETTER LIVES FOR THEMSELVES AND THEIR CHILDREN, MUCH NEEDED THERAPEUTIC SUPPORT FOR BABIES AND TODDLERS WITH DEVELOPMENTAL DISABILITIES AND DELAYS, AND A SAFE PLACE FOR CHILDREN TO RECOVER AND HEAL FROM THE TRAUMA OF ABUSE AND NEGLECT IN FY 2009-2010, MORE THAN 11,200 CHILDREN AND THEIR FAMILIES WERE SERVED BY HPC ---RESEARCH--- RESEARCH IS A KEY COMPONENT IN MAKING ORLANDO HEALTH A STATE-OF-THE-ART HEALTHCARE FACILITY IN CENTRAL FLORIDA CLOSE TO $ 1 5 MILLION IN RESEARCH WAS COMPLETED IN 2010 ADDITIONAL FUNDS ARE CONTINUALLY SECURED FOR ONGOING RESEARCH ACTIVITIES OF THE ORGANIZATION, CONTINUING TO MAKE LEADING-EDGE TREATMENTS AVAILABLE TO PATIENTS PRESENTLY OVER 600 PATIENTS WITH A VARIETY OF CANCER TYPES ARE BEING FOLLOWED ON CLINICAL TRIALS, MORE THAN HALF OF THEM ARE NEWLY ENROLLED OR IN ACTIVE TREATMENT CLINICAL RESEARCH IS WELL INTEGRATED INTO THE ENTIRE CURRICULUM OF THE MEDICAL EDUCATION AND RESIDENCY PROGRAM, ENABLING RESIDENTS TO LEARN ABOUT RESEARCH ON A REGULAR BASIS AND TEACHING THEM THE METHODS OF INCORPORATING RESEARCH INTO THE PRACTICE OF MEDICINE --- HEALTH EDUCATION--- - GRADUATE MEDICAL EDUCATION COMMITMENT TO MEDICAL EDUCATION AS PART OF OUR CORE MISSION WE ARE THE ONLY DESIGNATED TEACHING HOSPITAL IN CENTRAL FLORIDA AND THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 14 FELLOWSHIP PROGRAMS WE SERVE AS A VALUABLE TRAINING SITE FOR MEDICAL STUDENTS FROM FLORIDA STATE UNIVERSITY, UNIVERSITY OF FLORIDA AND UNIVERSITY OF SOUTH FLORIDA, AS WELL AS FROM SCHOOLS THROUGHOUT THE UNITED STATES ORLANDO HEALTH IS ALSO A MAJOR CLINICAL AND COMMUNITY PARTNER WITH THE UNIVERSITY OF CENTRAL FLORIDA'S COLLEGE OF MEDICINE, PROVIDING FACULTY TO THE PROGRAM, AS WELL AS FINANCIAL SCHOLARSHIPS TO THE INAUGURAL CLASS OF MEDICAL STUDENTS ---NURSING AND ALLIED HEALTH PROFESSIONS--- IN RESPONSE TO THE NURSING AND NURSING FACULTY SHORTAGE, ORLANDO HEALTH UNDERWRITES KEY FACULTY POSITIONS AT LOCAL SCHOOLS, INCLUDING VALENCIA COMMUNITY COLLEGE, SEMINOLE STATE COLLEGE, THE UNIVERSITY OF CENTRAL FLORIDA AND W R BOONE HIGH SCHOOL HEALTHCARE ACADEMY THESE PROGRAMS INCLUDE FACULTY FOR NURSING, RADIOLOGY, CARDIOVASCULAR TECHNOLOGY AND A HIGH SCHOOL HEALTHCARE ACADEMY INSTRUCTOR CLINICAL PASTORAL EDUCATION IS ALSO PROVIDED BY THE SPIRITUAL CARE DEPARTMENT WITH A CLINICAL SETTING FOR STUDENTS PURSUING A PROFESSION IN PASTORAL CARE OR CHAPLAINCY ---VALUE TO THE COMMUNITY--- FISCAL YEAR 2010 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 ORLANDO HEALTH IS COMMITTED TO CHARITY CARE, WHICH IS THE PROVISION OF MEDICAL ATTENTION AND SERVICES TO THE REGION'S MOST VULNERABLE AND UNINSURED, REGARDLESS OF A PATIENT'S ABILITY TO PAY, A PATIENT'S INSUFFICIENT HEALTH INSURANCE COVERAGE, OR THE EXISTENCE OF ANY GOVERNMENT-SPONSORED PROGRAMS COVERING THE FULL COST OF SERVICES IN FISCAL YEAR 2010, ORLANDO HEALTH PROVIDED $77,750,069 IN CHARITY CARE, AS WELL AS $39,787,238 IN COMMUNITY BENEFIT PROGRAMS AND SERVICES AND $23,883,234 IN MEDICAID SHORTFALLS ---COMMUNITY PARTNERSHIPS--- THE TRUE VALUE OF COMMUNITY BENEFIT IS DERIVED NOT FROM PROGRAMS AND SERVICES THAT AN ORGANIZATION PROVIDES, BUT FROM THE RELATIONSHIPS IT CULTIVATES ORLANDO HEALTH HAS BEEN FORTUNATE TO PROVIDE BENEFITS BEYOND TRADITIONAL HEALTHCARE PROGRAMS THROUGH PARTNERSHIP OPPORTUNITIES WITH OVER 126 ORGANIZATIONS

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** ▶ $ 1,356,818,505

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		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?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	776		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	15,120		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 11		
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?	2	Yes	
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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Paul A Goldstein
1414 Kuhl Avenue
Orlando, FL 32806
(321) 841-5155

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	12,853,953	0	2,049,793

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 355

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Robins Mortin Group 400 Shades Creek Parkway Ste 200 BIRMINGHAM, AL 35209	General Contractor	20,885,713
Sodexho Inc 9801 Washington Blvd GAITHERSBURG, MD 20878	FOOD MGMT SRVCS	16,269,161
Jack Jennings Sons Inc 1030 Wilfred Dr ORLANDO, FL 32803	Construction Service	8,402,094
Variety Children's Hospital Inc 3100 SW 62nd Ave MIAMI, FL 33155	Professional Service	5,494,261
Crothall Laundry Services Inc 955 Chesterbrook Blvd Ste 300 ROCHESTER, PA 19087	Laundry Services	4,506,640
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 245		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,622,936			
	e	Government grants (contributions)	1e	564,324			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,718,664			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		11,905,924			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	621,500	1,609,124,639	1,598,861,126	10,263,513	
	b	Other Patient Revenue	621,990	34,427,879	34,427,879		
	c	INC EXEMPT AFFILIATE	621,990	762,697	762,697		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,644,315,215			
	3	Investment income (including dividends, interest and other similar amounts)		13,800,258		-1,309	13,801,567
	4	Income from investment of tax-exempt bond proceeds		2,189,104			2,189,104
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,228,177				
	b	Less rental expenses	1,667,407				
	c	Rental income or (loss)	-439,230				
	d	Net rental income or (loss)		-439,230			-439,230
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	446,175,620	2,898,772			
	b	Less cost or other basis and sales expenses	431,764,103	3,040,124			
	c	Gain or (loss)	14,411,517	-141,352			
	d	Net gain or (loss)		14,270,165			14,270,165
Other Revenue	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		0			
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	Gift Shop	446,199	1,593,688			1,593,688
	b	Parking Garage	621,990	920,147			920,147
	c	Physicians Answering Service	561,499	341,550		341,550	
	d	All other revenue		129,416			129,416
	e	**Total.** Add lines 11a–11d		2,984,801			
	12	**Total revenue.** See Instructions		1,689,026,237	1,634,051,702	10,603,754	32,464,857

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,037,798	1,037,798		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,254,619	4,274,880	3,759,634	1,220,105
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	611,807,450	553,015,596	57,103,208	1,688,646
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,971,126	15,807,349	2,163,777	
9 Other employee benefits	73,776,789	64,423,324	8,976,779	376,685
10 Payroll taxes	42,805,816	37,725,021	4,892,629	188,166
11 Fees for services (non-employees)				
a Management	41,989,156		41,989,156	
b Legal	5,312,994		5,312,994	
c Accounting	444,651		444,651	
d Lobbying	158,475		158,475	
e Professional fundraising *See Part IV, line 17*	60,131			60,131
f Investment management fees	41,138		41,138	
g Other	47,972,821	39,121,078	8,851,743	
12 Advertising and promotion	6,775,236		6,666,834	108,402
13 Office expenses	286,123,930	281,803,819	3,580,459	739,652
14 Information technology	22,563,791	13,413,666	9,083,370	66,755
15 Royalties	0			
16 Occupancy	62,125,724	36,144,418	25,277,622	703,684
17 Travel	2,586,474	929,883	1,606,375	50,216
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	334,681	291,710	33,468	9,503
20 Interest	37,957,739	34,092,014	3,865,725	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	91,855,423	89,695,486	2,104,566	55,371
23 Insurance	33,893,773	31,963,147	1,930,626	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Regulatory Assessment	18,736,181	18,736,181		
b Bad Debt Expense	117,598,596	117,598,596		
c Discharge Support	5,010,719	5,010,719		
d Eligibility Fees	10,125,785		10,125,785	
e All other expenses	16,651,649	11,733,820	4,811,635	106,194
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,564,972,665	1,356,818,505	202,780,649	5,373,510
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		36,169,004	1	44,955,526
	2	Savings and temporary cash investments		192,157,333	2	34,182,947
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		217,003,260	4	221,341,573
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		17,013,891	8	16,263,061
	9	Prepaid expenses and deferred charges		34,586,627	9	35,850,543
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,848,118,883			
	b	Less accumulated depreciation	10b 986,651,140	853,276,494	10c	861,467,743
	11	Investments—publicly traded securities		488,079,633	11	715,015,265
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		9,061,169	14	26,256,096
	15	Other assets See Part IV, line 11		111,973,672	15	104,579,965
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,959,321,083	16	2,059,912,719
Liabilities	17	Accounts payable and accrued expenses		147,533,900	17	144,291,332
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		771,320,923	20	780,082,768
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		767,409	23	705,071
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		197,284,706	25	199,760,452
	26	**Total liabilities.** Add lines 17 through 25		1,116,906,938	26	1,124,839,623
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		791,188,346	27	877,462,879
	28	Temporarily restricted net assets		50,651,850	28	57,030,794
	29	Permanently restricted net assets		573,949	29	579,423
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	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		842,414,145	33	935,073,096
	34	Total liabilities and net assets/fund balances		1,959,321,083	34	2,059,912,719

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

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	(C) Position (check all that apply)						(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			
Linda W Chapin Board member	5 0	X						0	0	0
Meg Crofton Board member	5 0	X						0	0	0
Arnold Einhorn MD Board member	5 0	X						62,271	0	0
Lennard Greenbaum MD Board member	5 0	X						0	0	0
Jamal Hakim MD Board member	5 0	X						0	0	0
Joshua High Board member	5 0	X						0	0	0
Kathy Johnson Board member	5 0	X						0	0	0
Marilyn M King Board member	5 0	X						0	0	0
Harvey Kobrin Board member	5 0	X						0	0	0
George Koehn Board member	5 0	X						0	0	0
Edward J Manning Board member	5 0	X						0	0	0
Rex V McPherson II Board member	5 0	X						0	0	0
Dianna Morgan Board member	5 0	X						0	0	0
Ray Sandhagen Board member	5 0	X						0	0	0
Conrad Santiago Board member	5 0	X						0	0	0
Sanford C Shugart PhD Board member	5 0	X						0	0	0
Mildred D Beam VP, Gen Counsel	40 0			X				320,408	0	54,533
John W Bozard SVP & Pres , APMC & Found	40 0			X				530,748	0	124,624
Nancy G Dinon Vice President	40 0			X				288,531	0	94,356
Keith Eggert VP, Revenue Management	40 0			X				290,554	0	63,203
P Shannon Elswick President Adult Hospitals Grp	40 0			X				462,336	0	92,913
Stephen M Glazier VP, Orlando Health & Pres,SSEM	40 0			X				244,040	0	51,847
Paul A Goldstein VP, Finance/Treasury & Account	40 0			X				367,985	0	100,085
Myra J Hancock VP, Operations APMC	40 0			X				184,108	0	65,925
Stephan J Harr Sr Vice Pres, Finance & Admin	40 0			X				529,569	0	120,745

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	(C) Position (check all that apply)						(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			
John Hillenmeyer President	40.0			X				998,093	0	254,433
Karl W Hodges Vice President	40.0			X				283,370	0	86,354
David F Huddleson VP, Corporate Integrity	40.0			X				145,414	0	35,383
Mark A Jones Pres, Dr P Phillips Hosp	40.0			X				265,148	0	64,043
John A Marzano VP, External Affairs	40.0			X				262,479	0	55,305
Robert A Miles VP, Financial Plan & Budgeting	40.0			X				268,318	0	75,176
Anne G Peach Vice President, Nursing	40.0			X				215,568	0	65,058
John R Schooler Vice President	40.0			X				369,397	0	110,654
Sherrie H Sitarik Executive Vice President	40.0			X				556,878	0	132,275
Kathy A Swanson Pres, WPH,Sr VP Orlando Health	40.0			X				362,187	0	73,300
Jay L Falk Chief Academic Medical Officer	40.0				X			379,880	0	107,492
Javier A Lafuente Faculty MD	40.0					X		2,565,673	0	40,115
Gregory Thomas Simmons Faculty MD	40.0					X		787,236	0	0
Mark W Munro Physician	40.0					X		785,104	0	63,896
Andrew R Burgess Faculty MD	40.0					X		755,475	0	48,729
Dennis Raymond Knapp Jr Faculty MD	40.0					X		573,183	0	69,349

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Regulatory Assessment	18,736,181	18,736,181		
Bad Debt Expense	117,598,596	117,598,596		
Discharge Support	5,010,719	5,010,719		
Eligibility Fees	10,125,785		10,125,785	
All other expenses	16,651,649	11,733,820	4,811,635	106,194

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
ORLANDO HEALTH INC	59-1726273

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		83,600
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV	Yes		74,875
j	Total lines 1c through 1i			158,475
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER POLITICAL ACTIVITIES	SCHEDULE C, PART II-B, LINE I	ASSESSING CURRENT STATE AND FEDERAL LEGISLATION WITH CONSULTANTS WHO ADVISE HOW THE LEGISLATION WOULD AFFECT THE ORGANIZATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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	2d	

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,267,938		56,267,938
b Buildings		613,140,387	225,009,636	388,130,751
c Leasehold improvements		6,128,925		6,128,925
d Equipment		1,118,545,399	751,091,843	367,453,556
e Other		54,036,234	10,549,661	43,486,573
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				861,467,743

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Investment in Related Parties	8,343,296
CASH SURRENDER VALUE LIFE INS	12,407,084
Due from Affiliates	67,361,583
Deposits	7,492,261
Gift Annuity Trust	3,868,491
Other Assets	5,107,250
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	104,579,965

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Malpractice Liability	96,278,255
Regulatory Assesments	764,175
Accrued Interest	15,902,728
Due to Third Party Payors	42,971,270
Other Liabilities	8,010,196
Swap Liability	35,833,828
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	199,760,452

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
AFS NOTE - INCOME TAXES		ORLANDO HEALTH AND THE SIGNIFICANT CONSOLIDATING ENTITIES ARE NOT-FOR-PROFIT CORPORATIONS, RECOGNIZED AS TAX-EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTIONS 501(C)(3) AND 501(E) OF THE INTERNAL REVENUE CODE OF 1985, AS AMENDED THE OTHER CONSOLIDATING ENTITIES ARE ORGANIZED AS FOR-PROFIT CORPORATIONS, BUT HAVE PRODUCED NET OPERATING LOSSES TO DATE ACCORDINGLY, IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, THESE ENTITIES HAVE RECOGNIZED DEFERRED TAX ASSETS ASSOCIATED WITH THEIR NET OPERATING LOSSES, ALONG WITH A FULL VALUATION ALLOWANCE SINCE IT IS UNLIKELY THAT THESE DEFERRED TAX ASSETS WILL BE REALIZED

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1	Program Services	CAPTIVE INSURANCE	76,075
East Asia and the Pacific			Investments		
Europe (Including Iceland and Greenland)			Investments		
Totals . . . . . ►	1	1			76,075

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
DIRECT LINE TECHNOLOGIES	TELEPHONE SOLICITING		No		389,625	
SINCLAIR TOWNES COMPANY	FUNDRAISING CONSULTING		No		6,127	
Total . . . . . ▶					395,752	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			77,750,069	0	77,750,069	5 370 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			279,779,907	269,083,607	10,696,300	0 740 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			583,458	0	583,458	0 040 %
d **Total** Charity Care and Means-Tested Government Programs			358,113,434	269,083,607	89,029,827	6 150 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			15,450,286	0	15,450,286	1 000 %
f Health professions education (from Worksheet 5)			33,201,184	8,806,711	24,394,473	1 690 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			1,478,000	104,713	1,373,287	0 090 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,133,583	0	1,133,583	0 070 %
j **Total** Other Benefits			51,263,053	8,911,424	42,351,629	2 850 %
k **Total.** Add lines 7d and 7j			409,376,487	277,995,031	131,381,456	9 000 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	27,153,516		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	254,499,485
6	Enter Medicare allowable costs of care relating to payments on line 5	6	317,709,123
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-63,209,638
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Orlando Regional Medical Center	X	X		X			X		
Dr P Phillips Hospital 9400 Turkey Lake Rd Orlando, FL 32819	X	X					X		
Winnie Palmer Hospital for Women & Babie 82 W Miller Orlando, FL 32806	X	X		X					NEONATAL UNIT
South Seminole Hospital 555 W SR 434 Longwood, FL 32279	X	X					X		
Lucerne Hospital 818 Main Lane Orlando, FL 32806		X							inpatient rehab care
Arnold Palmer Hospital for Children 92 W Miller Orlando, FL 32806	X		X	X			X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

7 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 communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUR COMMUNITY BENEFIT REPORT FOR FY 2009 WAS PREPARED BY OUR OFFICE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN LINE 7 THE AMOUNTS OF COSTS REPORTED ON LINE 7 PART I OF SCHEDULE H, WERE DETERMINED BY UTILIZATION OF A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 AS CONTAINED IN THE SCHEDULE H INSTRUCTIONS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE, ORLANDO HEALTH DOES NOT INCLUDE COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IS $117,598,596 OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $1,564,972,665 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $117,598,596 THIS LEFT A TOTAL EXPENSE OF $1,447,374,069 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COST OF BAD DEBT AS REFLECTED IN PART III, LINE 2, WAS CALCULATED USING A COST-TO-CHARGE RATIO BOTH DISCOUNTS AND PAYMENTS TO ACCOUNTS WILL REDUCE THE BAD DEBT EXPENSE, SHOULD THE ACCOUNT BE REPORTED AS BAD DEBT THAT IS TO SAY, DISCOUNTS APPLIED TO ACCOUNTS ARE NOT REVERSED PRIOR TO DECLARING, ADJUSTING AND/OR WRITING OFF ACCOUNTS AS BAD DEBT ALL ACCOUNTS WHICH ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT ARE REVIEWED TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IF SUFFICIENT DOCUMENTATION WAS NOT PROVIDED BY THE ACCOUNT HOLDER, ORLANDO HEALTH USES PREDICTIVE ANALYTICS TO DETERMINE IF THE ACCOUNT HOLDER QUALIFIES FOR FINANCIAL ASSISTANCE AND CAN BE APPLIED FOR ACCOUNTS ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT USES DATA DERIVED FROM THIRD PARTIES WHICH INCLUDE, BUT ARE NOT LIMITED TO DEMOGRAPHIC VERIFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALUES AND HOME OWNERSHIP HISTORY AND VALUES ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPARENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE IF THE ACCOUNT DOES QUALIFY, PREVIOUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW BALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY THE AUDITED FINANCIAL STATEMENT'S FOOTNOTE REGARDING BAD BEBT THE PROVISION FOR BAD DEBT EXPENSE IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORT HAS BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCES BY PAYOR CATEGORY RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR BAD DEBTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COSTING METHODOLOGY USED TO REPORT THE AMOUNT REPORTED ON LINE 6 AS MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE WAS CALCULATED USING THE COST-TO-CHARGE RATIO AS PRESCRIBED IN THE IRS FORM INSTRUCTIONS ORLANDO HEALTH DOES NOT CURRENTLY INCLUDE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT HOWEVER, AS A NOT-FOR-PROFIT ORGANIZATION WE PROVIDE EMERGENCY AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL CONTINUE TO CARE FOR THE MEDICARE POPULATION AND ACCEPT THE MEDICARE REIMBURSEMENT RATE CARING FOR THE MEDICARE PATIENT POPULATION FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THIS CLASS OF PATIENTS TYPICALLY HAS LOW AND/OR FIXED INCOMES THE MEDICARE PATIENT POPULATION IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS NECESSITATES THAT NOT-FOR-PROFIT HOSPITALS USE OTHER FUNDS TO COVER THE DEFICIT NOT-FOR-PROFIT HOSPITALS HAVE A RESPONSIBILITY TO WORK TOWARD IMPROVED HEALTH IN THE COMMUNITIES THEY SERVE AND CARING FOR THE MEDICARE PATIENTS, DESPITE THE SHORTFALL OF REIMBURSEMENT, IS A DIRECT COMMUNITY BENEFIT AND PROVIDES VALUE DIRECTLY TO THE COMMUNITIES SERVED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF STATE LAW DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, ORLANDO HEALTH PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ORLANDO HEALTH PERFORMS A THOROUGH EVALUATION OF THE PATIENT'S FINANCIAL STATUS TO ENSURE THE UTILIZATION OF ALL AVAILABLE DISCOUNTS AND CHARITY CARE PROGRAMS AVAILABLE UNDER THEIR DISCOUNT AND CHARITY CARE POLICIES THIS DETERMINATION PROCESS IS COMPLETED BEFORE ANY PATIENT'S ACCOUNT IS REMITTED TO COLLECTION IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

ORLANDO HEALTH DOES NOT CURRENTLY CONDUCT A FORMAL ANNUAL HEALTH CARE NEEDS ASSESSMENT HOWEVER, THE ORGANIZATION DOES ASSESS THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PROCESS AND HAS PROCESSES IN PLACE TO ENSURE THE ORGANIZATION IS REACTIVE TO COMMUNITY HEALTH NEEDS EXAMPLES OF HOW ORLANDO HEALTH RESPONDS TO COMMUNITY NEEDS ARE AS FOLLOWS 1 GOVERNING BOARDS ARE COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE, 2 PARTNERSHIP WITH LOCAL AREA GROUPS AND ASSOCIATIONS TO ATTEND TO THE HEALTH CARE NEEDS OF THE ORLANDO HEALTH COMMUNITY, 3 SPONSORSHIP AND PARTICIPATION IN COMMUNITY HEALTH FAIRS, COMMUNITY FITNESS, WELLNESS EVENTS AND OTHER OUTREACH EVENTS, AND 4 TRANSITION SERVICES POST-DISCHARGE PATIENT FOLLOW-UP RELATED TO THE ON-GOING CARE AND TREATMENT OF PATIENTS TO PREVENT UNNECESSARY ADMISSIONS AND POTENTIAL RE-ADMISSIONS ORLANDO HEALTH MEETS THE NEEDS OF THE COMMUNITY THROUGH ITS EDUCATION, RESEARCH AND PATIENT CARE PROGRAMS THE SPECIFIC NEEDS TARGETED BY THESE PROGRAMS HAVE BEEN IDENTIFIED BY THE EXPERIENCE OF COMMUNITY HOSPITAL ADVISORY COUNCILS, NEIGHBORHOOD OUTREACH AND THROUGH COMMUNITY NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH PROBLEMS IN THE COMMUNITIES SERVED BY THE HOSPITALS ORLANDO HEALTH SPONSORS A VARIETY OF PROGRAMS FOR AT-RISK POPULATIONS, FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND SPECIAL NEEDS GROUPS, AS WELL AS FOR THE BROADER COMMUNITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

ORLANDO HEALTH FOLLOWS AN ESTABLISHED PROCESS TO INFORM ALL PATIENTS OF ITS CHARITY CARE AND UNINSURED DISCOUNT POLICIES DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, UNINSURED PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE POLICY AND OTHER FINANCIAL ASSISTANCE FINANCIAL INFORMATION IS SECURED FOR ALL UNINSURED PATIENTS TO SCREEN FOR POSSIBLE ENROLLMENT IN FEDERAL, STATE, AND LOCAL PROGRAMS ORLANDO HEALTH HAS CONTRACTED DEDICATED ORGANIZATIONS THAT ASSIST THE PATIENT WITH THEIR ENROLLMENT PROCESS ALL THE WAY TO APPROVAL OR DENIAL BY THE RESPECTIVE AGENCIES FOR UNINSURED PATIENTS THAT ARE DENIED COVERAGE OR DO NOT MEET THE COVERAGE CRITERION FOR A RESPECTIVE AGENCY, ORLANDO HEALTH THEN SCREENS THE PATIENT FOR CHARITY ELIGIBILITY IT IS ORLANDO HEALTH'S OBJECTIVE TO PROVIDE CHARITY CARE TO OUR PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

ORLANDO HEALTH CURRENTLY OPERATES 6 HOSPITALS IN THE CENTRAL FLORIDA REGION, WHICH HAS OVER TWO MILLION RESIDENTS AND THOUSANDS OF INTERNATIONAL VISITORS ANNUALLY ORLANDO HEALTH HAS MORE THAN 13,700 EMPLOYEES AND 2,200 PHYSICIANS ON STAFF WE ARE CENTRAL FLORIDA'S FIFTH LARGEST EMPLOYER AND HAVE BEEN SELECTED AS AN "EMPLOYER OF CHOICE " WE ARE OUR COMMUNITY'S ONLY STATUTORY TEACHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 14 FELLOWSHIP PROGRAMS ORLANDO HEALTH FACILITIES ENCOMPASS 1,700 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, DR P PHILLIPS HOSPITAL, AND SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE ORMC'S LEVEL ONE TRAUMA CENTER PROVIDES SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND MORE THAN 233,100 PATIENTS VISITED OUR EMERGENCY DEPARTMENTS IN 2010 ARNOLD PALMER HOSPITAL IS THE FIRST FACILITY IN CENTRAL FLORIDA TO PROVIDE EMERGENCY CARE EXCLUSIVELY FOR PEDIATRICS IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVE AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING ON GREATER ORLANDO AIR CARE TRANSPORTED 1,470 TRAUMA PATIENTS IN 2010 ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE AND LAKE COUNTIES THE MEDIAN HOUSEHOLD INCOME IN THESE COUNTIES IS $68,355 10 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA IS 23% AND THERE ARE ELEVEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, RESEARCH, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

AS A NOT-FOR-PROFIT HEALTH CARE PROVIDER, THE CULTURE OF CARING AT ORLANDO HEALTH TOUCHES THE LIVES OF MANY INDIVIDUALS AND FAMILIES THROUGHOUT CENTRAL FLORIDA ORLANDO HEALTH DEMONSTRATES A COMMITMENT TO PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS ORLANDO HEALTH WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE PREVENTION AND ENVIRONMENTAL PROBLEMS ORLANDO HEALTH FOSTERS PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY BOTH CASH AND IN-KIND DONATIONS ARE MADE ANNUALLY TO THESE VARIOUS LOCAL CHARITABLE ORGANIZATIONS ORLANDO HEALTH ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

THE KEY COMPONENT OF A NON-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS ORLANDO HEALTH AND ITS HOSPITAL GOVERNING BOARD ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF ORLANDO HEALTH AND ITS AFFILIATES DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES ORLANDO HEALTH'S VOLUNTEER BOARD BALANCE FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY ORLANDO HEALTH OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA ORLANDO HEALTH'S CREDENTIALING PROCESS IS GUIDED BY POLICIES AND PROCEDURES THAT STANDARDIZE THE PROCESS THIS PRESCRIBED CREDENTIALING PROCESS ENSURES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR ORLANDO HEALTH AND ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

ORLANDO HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH SYSTEM FOR WHICH WE ARE ABLE TO PROVIDE COMPREHENSIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH HAS SEVERAL SUPPORT ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS ORLANDO CANCER CENTER, INC HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF OUR CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH NETWORK, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES, SPECIALTY PHYSICIAN SERVICES, OCCUPATIONAL HEALTH SERVICES, REHABILITATION HEALTH SERVICES AND BEHAVIORAL HEALTH SERVICES ORLANDO HEALTH PHYSICIAN PARTNERS, INC ALSO SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING CARDIOLOGY PHYSICIAN SERVICES TO OUR PATIENTS AND COMMUNITY SERVED HEALTHCARE PURCHASING ALLIANCE, INC SERVES ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM BY PROVIDING VALUE THROUGH CENTRALIZED PURCHASING SERVICES TO ITS PATRON HOSPITALS THEREBY HELPING TO REDUCE THE COSTS ASSOCIATED WITH PROVIDING SERVICES TO OUR COMMUNITY ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED APPROXIMATELY $225 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 19

3 Enter total number of other organizations . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	ORLANDO HEALTH, INC MAKES GRANTS SOLELY TO ORGANIZATIONS EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THAT FURTHER THE MISSION OF ORLANDO HEALTH TO SUPPORT HEALTHCARE IN CENTRAL FLORIDA ORLANDO HEALTH'S COMMUNITY RELATIONS DEPARTMENT DETERMINES SUPPORT FOR LOCAL NON-PROFIT SPONSORSHIPS THE GRANTS ARE MONITORED TO ENSURE THE ORGANIZATION'S MISSION IS ALIGNED WITH ORLANDO HEALTH'S MEETING A SOCIAL AND COMMUNITY NEED IN THE AREAS OF HEALTH, SOCIAL SERVICES, ARTS AND EDUCATION

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 237 E Marks St Orlando,FL 32803	13-5613797	501(c)(3)	145,000				Sponsorship Fee
A Gift For Teaching Inc6501 Magic Way Suite 400-C Orlando,FL 32809	59-3515162	501(c)(3)	10,000				Sponsorship Fee
Orange County Healthy Start Coalition Inc600 Courtland St Suite 565 Orlando,FL 32804	59-3125675	501(C)(3)	22,500				Sponsorship Fee
Hispanic Heritage Schlrshp Fund Metro Orl315 E Robinson St Suite 465 Orlando,FL 32801	01-0807279	501(c)(3)	20,000				Sponsorship Fee
Historical Society of Central Florida Inc65 E Central Blvd Orlando,FL 32801	59-1860444	501(c)(3)	6,000				Sponsorship Fee
Orlando Repetory Theatre Inc1001 E Princeton St Orlando,FL 32803	59-1056385	501(c)(3)	15,000				Sponsorship Fee
Ronald McDonald House of Charities Central FL1030 N Orange Ave Suite 105 Orlando,FL 32801	59-3211250	501(c)(3)	11,000				Sponsorship Fee
Adventist Health System - Sunbelt Inc601 E Rollins St Orlando,FL 32803	59-0724459	501(c)(3)	6,000				Sponsorship Fee
University of Central Florida Found12424 Research Parkway Suite 140 Orlando,FL 32806	59-6211832	501(c)(3)	371,000				Medical School Scholarship, Sponsorships
Central Florida Black Nurses AssocPO Box 585142 Orlando,FL 32858	59-3288443	501(c)(3)	10,000				Scholarship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Florida YMCA433 N Mills Avenue Orlando, FL 32803	59-0624430	501(c)(3)	10,000				Sponsorship Fee
Foundation for Seminole State College of Florida100 Weldon Blvd Sanford, FL 32773	23-7033822	501(c)(3)	83,300				Sponsorship Fee
Grace Medical Home Inc51 Pennsylvania Street Orlando, FL 32806	26-1817966	501(c)(3)	75,000				Sponsorship Fee
Healthcare Center for the Homeless Inc232 N Orange Blossom Trail Orlando, FL 32805	59-3185020	501(c)(3)	107,000				Sponsorship Fee
Jewish Community Center of Greater Orlando851 N Maitland Avenue Maitland, FL 32812	23-7448234	501(c)(3)	10,000				Sponsorship Fee
Orange County Florida Health Services Div101 Westmorland Drive Orlando, FL 32805	59-6000773	GOVRMT ENTITY	25,000				Sponsorship Fee
Orange County Public Schools445 West Amelia Avenue Orlando, FL 32802	59-6000773	GOVRMT ENTITY	60,198				Sponsorship Fee
Orlando Science Center Inc 777 East Princeton Street Orlando, FL 32803	59-0896343	501(c)(3)	10,000				Sponsorship Fee
Shepherd's Hope Inc4851 S Apopka-Vineland Road Orlando, FL 32819	59-3420727	501(c)(3)	5,500	5,000	COST	MEDICAL SUPP	Sponsorship Fee
Junior League of Greater Orlando Florida125 N Lucerne Circle East Orlando, FL 32801	59-0774674	501(c)(3)	15,000				Sponsorship Fee

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
March of Dimes Foundation - Central FL Div341 North Maitland Avenue Suite 115 Maitland, FL 32751	13-1846366	501(c)(3)	12,000				Sponsorship Fee

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information		ORLANDO HEALTH, INC IS A COMMON PAYMASTER FOR ORLANDO CANCER CENTER, INC EIN 59-3005020, ORLANDO HEALTH NETWORK, INC EIN 59-3259553, HEALTHCARE PURCHASING ALLIANCE, INC EIN 59-2353091, ORLANDO HEALTH FOUNDATION, INC EIN 59-2244943, AND ORLANDO HEALTH PHYSICIAN PARTNERS, INC EIN 59-3110868 AND THEIR EMPLOYEES ARE INCLUDED ON THE ORLANDO HEALTH, INC 941 SCHEDULE J, PART I, LINE 4B NO DEFERRAL DISTRIBUTIONS WERE PAID DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING MILDRED D BEAM $44,800, JOHN W BOZARD $79,534, NANCY G DINON $28,022, KEITH EGGERT $35,282, P SHANNON ELSWICK $49,781, STEPHEN M GLAZIER $30,884, PAUL A GOLDSTEIN $52,894, MYRA J HANCOCK $19,520, STEPHAN J HARR $57,380, JOHN HILLENMEYER $209,116, KARL W HODGES $41,984, DAVID F HUDDLESON $10,683, MARK A JONES $32,562, JOHN A MARZANO $30,587, ROBERT A MILES $27,179, ANNE G PEACH $23,477, JOHN R SCHOOLER $45,684, SHERRIE H SITARIK $71,517, KATHY A SWANSON $41,137, JAY L FALK $43,679

Additional Data

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Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mildred D Beam	(I)	316,083	4,000	325	44,800	9,733	374,941	0
	(II)	0	0	0	0	0	0	0
John W Bozard	(I)	417,085	108,065	5,598	114,219	10,405	655,372	0
	(II)	0	0	0	0	0	0	0
Nancy G Dinon	(I)	231,072	56,928	531	76,935	17,421	382,887	0
	(II)	0	0	0	0	0	0	0
Keith Eggert	(I)	238,440	51,696	418	48,146	15,057	353,757	0
	(II)	0	0	0	0	0	0	0
P Shannon Elswick	(I)	369,274	90,827	2,235	82,194	10,719	555,249	0
	(II)	0	0	0	0	0	0	0
Stephen M Glazier	(I)	206,876	35,636	1,528	33,947	17,900	295,887	0
	(II)	0	0	0	0	0	0	0
Paul A Goldstein	(I)	301,713	64,941	1,331	85,306	14,779	468,070	0
	(II)	0	0	0	0	0	0	0
Myra J Hancock	(I)	145,591	37,697	820	55,520	10,405	250,033	0
	(II)	0	0	0	0	0	0	0
Stephan J Harr	(I)	379,879	89,076	60,614	106,293	14,452	650,314	0
	(II)	0	0	0	0	0	0	0
John Hillenmeyer	(I)	740,881	246,039	11,173	241,528	12,905	1,252,526	0
	(II)	0	0	0	0	0	0	0
Karl W Hodges	(I)	231,035	51,261	1,074	68,897	17,457	369,724	0
	(II)	0	0	0	0	0	0	0
David F Huddleson	(I)	145,189	0	225	19,461	15,922	180,797	0
	(II)	0	0	0	0	0	0	0
Mark A Jones	(I)	225,977	38,849	322	58,955	5,088	329,191	0
	(II)	0	0	0	0	0	0	0
John A Marzano	(I)	212,589	48,447	1,443	44,900	10,405	317,784	0
	(II)	0	0	0	0	0	0	0
Robert A Miles	(I)	215,198	52,807	313	53,598	21,578	343,494	0
	(II)	0	0	0	0	0	0	0
Anne G Peach	(I)	172,231	42,444	893	48,648	16,410	280,626	0
	(II)	0	0	0	0	0	0	0
John R Schooler	(I)	297,434	70,678	1,285	94,597	16,057	480,051	0
	(II)	0	0	0	0	0	0	0
Sherrie H Sitarik	(I)	450,394	104,480	2,004	120,430	11,845	689,153	0
	(II)	0	0	0	0	0	0	0
Kathy A Swanson	(I)	297,203	63,728	1,256	73,300	0	435,487	0
	(II)	0	0	0	0	0	0	0
Jay L Falk	(I)	323,661	49,749	6,470	90,500	16,992	487,372	0
	(II)	0	0	0	0	0	0	0
Javier A Lafuente	(I)	2,479,224	85,000	1,449	24,146	15,969	2,605,788	0
	(II)	0	0	0	0	0	0	0
Gregory Thomas Simmons	(I)	634,988	150,000	2,248	0	0	787,236	0
	(II)	0	0	0	0	0	0	0
Mark W Munro	(I)	378,007	405,575	1,522	43,413	20,483	849,000	0
	(II)	0	0	0	0	0	0	0
Andrew R Burgess	(I)	695,304	50,000	10,171	32,413	16,316	804,204	0
	(II)	0	0	0	0	0	0	0
Dennis Raymond Knapp Jr	(I)	527,071	34,500	11,612	48,650	20,699	642,532	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

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	
							Yes	No	Yes	No
A	ORANGE COUNTY HEALTH FACILITES AUTHORITY	52-1278595	684503ZJ3	01-25-2006	182,254,609	SEE SCHEDULE O	X			X
B	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845032X2	01-25-2007	150,000,000	SEE SCHEDULE O	X			X
C	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035L5	05-15-2008	155,816,665	SEE SCHEDULE O		X		X
D	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035Q4	06-18-2008	78,568,277	SEE SCHEDULE 0		X		X
E	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035U5	06-18-2008	179,360,000	SEE SCHEDULE O	X			X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	185,915,082	158,876,412	156,817,430	79,148,378	179,360,000
2	Gross proceeds in reserve funds	5,161,521	7,228,775		7,535,001	
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	18,727,325				18,727,325
5	Issuance costs from proceeds	713,556	3,195,613	0	847,852	2,627,146
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	69,579,532	79,575,612		14,685,424	
8	Year of substantial completion	2006	2008	2008		

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X	X			X	X	
10	Were the bonds issued as part of an advance refunding issue?	X			X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X			X
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	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		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			X	X			X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X			X	X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 290 %		0 140 %		0 900 %		0 %		0 090 %	
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 ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 290 %		0 140 %		0 900 %		0 %		0 090 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X		X	X	
b	Name of provider	MORGAN STANLEY		MORGAN STANLEY						MORGAN STANLEYDEXIA	
c	Term of hedge	34 67		34 67						20 67	
4a	Were gross proceeds invested in a GIC?		X		X		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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
HEALTHCHOICE INC	OH OFFICERS ON HC BOD	708,432	PURCHASE MANAGED CARE SVCS		No
MARK E SWANSON MD	SPOUSE OF K SWANSON OFCR	325,997	COMPENSATION FOR EMPLOYMENT		No
IRENE KOVATS	MOTHER OF N DINON OFCR	37,102	COMPENSATION FOR EMPLOYMENT		No
SHANNON L ROWELL	DAUGHTER S SITARIK OFCR	24,725	COMPENSATION FOR EMPLOYMENT		No
THOMAS F MCDANIEL JR	BROTHER OF M KING BOD	50,308	COMPENSATION FOR EMPLOYMENT		No
STACEY L SITARIK	DAUGHTER S SITARIK OFCR	13,896	COMPENSATION FOR EMPLOYMENT		No
JESSICA JONES	SPOUSE OF M JONES OFCR	41,544	COMPENSATION FOR EMPLOYMENT		No
JAMAL HAKIM MD	BOARD MEMBER	539,632	CONTRACTED ANESTHESIOLOGY SVCS		No
RAY SANDHAGEN	BOARD MEMBER	291,667	GENERAL BANKING SERVICES		No
EDWARD MANNING	BOARD MEMBER	2,293,955	BUILDING/SUITES LEASED TO ORG		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ORLANDO HEALTH INC	59-1726273

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	JOHN HILLENMEYER, STEPHAN J HARR, PAUL A GOLDSTEIN, KARL W HODGES, AND NANCY G DINON H AVE A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF FOR PROFIT COMPANIES WHOLLY OWNED BY ORLAN DO HEALTH, INC DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUEST ION 6 A GROUP OF 40 MEMBERS OF THE COMMUNITY WAS ESTABLISHED WHEN ORLANDO HEALTH (OH) WAS CREATED THIS SELF-PERPETUATING GROUP ELECTS THE GOVERNING BODY OF OH THIS GROUP DOES NOT APPROVE DECISIONS OF THE GOVERNING BODY, NOR DOES IT RECEIVE AN SHARE OF THE INCOME OR NE T ASSETS OF OH DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A THE GROUP OF 40 MEMBERS DESCRIBED ABOVE ELECTS THE GOVERNING BODY OF ORLANDO HEALTH, INC DESCR PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11A CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND A NY REQUIRED CHANGES WERE MADE TO THE FORM 990 BEFORE THE FORM WAS REVIEWED WITH THE FINANC E AND AUDIT COMMITTEES OF THE BOARD ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CHANGES REQUIRED AS A RESULT OF THE REVIEW WERE MADE THE COMMITTEE JOINTLY SUBMITTED A R EPORT TO THE BOARD OF DIRECTORS ABOUT THEIR REVIEW OF THE FORM AND THE FINAL FORM 990 WAS THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD BEFORE IT WAS FILED DESCRIPTION OF PROCES S TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C ORGANI ZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANONY MOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND MONITORS ALL ANNUAL CONFLICT OF INTERES T QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE CONFLICTS AT BOARD MEETINGS AND LEAVE T HE ROOM FOR THE DISCUSSION AND THE VOTE OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A THE EXECUTIVE COMPENSATION PROCESS AT ORLANDO HEALTH IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES THEY FOLLOW A BO ARD APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THIS PROCESS APPLIES T O THE CEO AND WAS IMPLEMENTED PRIOR TO OCTOBER 1, 2006 THE PROCESS WAS UNDERTAKEN FOR THE CURRENT YEAR THE CHARTER EMPOWERS THE COMPENSATION COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OVERALL, THE PH ILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIV IDUAL PERF ORMANCE EXPECTATIONS AND RETENTION OF KEY MANAGEMENT TALENT AND TO ENSURE THAT COMPENSATIO N AND BENEFITS DO NOT EXCEED MARKET NORMS ORLANDO HEALTH'S EXECUTIVE COMPENSATION PHILOSO PHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS TO FULFILL THEIR RESPONSIBILITY TO LOOK AT RELEVANT MARKET D ATA AND BECAUSE OF THE SCALE AND COMPLEXITY OF THE ORGANIZATION, THE COMMITTEE ALSO REVIEW S INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT T HEIR DECISIONS REGARDING ON-GOING ADMINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVIDES C OMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGR AM, AND EXECUTIVE BENEFITS THE COMPENSATION COMMITTEE IS COMPRISED OF 5 INDEPENDENT MEMBE RS OF THE BOARD THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPO RT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPENDENT COMPENSATION CONSULTANT AND CO UNSEL OPINE TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET APPLICABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15B THE EXECUTIVE COMPENSATION PROCESS AT ORLANDO HEALTH IS A DMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES THEY REVIEW THE COMPENSATION FOR ALL O FFICERS PLUS SENIOR VICE PRESIDENTS AND ALL VICE PRESIDENTS THEY FOLLOW A BOARD APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THIS PROCESS WAS IMPLEMENTED PRIOR TO OCTOBER 1, 2006 THE PROCESS WAS UNDERTAKEN FOR THE CURRENT YEAR THE CHARTER EMPOWERS THE COMPENSATION COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BRO AD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS AND RETENTION O F KEY MANAGEMENT TALENT AND TO ENSURE THAT COMPENSATION AND BENEFITS DO NOT EXCEED MARKET NORMS ORLANDO HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTE RING COMPENSATION AS COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS TO FUL FILL THEIR RESPONSIBILITY TO LOOK AT RELEVANT MARKET DATA AND BECAUSE OF THE SCALE AND COM PLEXITY OF THE ORGANIZATION, THE COMMITTEE ALSO REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ON-GOING AD MINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVID

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	ES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE P ROGRAM, AND EXECUTIVE BENEFITS THE COMPENSATION COMMITTEE IS COMPRISED OF 5 INDEPENDENT M EMBERS OF THE BOARD THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING S UPPORT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPENDENT COMPENSATION CONSULTANT AN D COUNSEL OPINE TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET APPLICABLE IRS REASONABLENESS AND "S AFE HARBOR" STANDARDS AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO PUBL IC FORM 990, PART VI, QUESTION 19 THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PU BLIC HOURS WORKED FOR RELATED ORGANIZATIONS FORM 990, PART VII, SECTION A, COLUMN B ESTIM ATED HOURS WORKED BY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOY EES, AND HIGHEST COMPENSATED EMPLOY EES AT RELATED ENTITIES ORLANDO HEALTH PHY SICIAN PARTNERS, INC P SHANNON ELSWIC K - 2 PAUL A GOLDSTEIN - 2 JOHN HILLENMEY ER - 2 KARL W HODGES - 2 STEPHAN J HARR - 2 HE ALTHCARE PURCHASING ALLIANCE, INC JOHN W BOZARD - 1 P SHANNON ELSWICK - 1 PAUL A GOLD STEIN - 1 STEPHAN J HARR - 1 MARK A JONES - 1 ORLANDO CANCER CENTER, INC P SHANNON EL SWICK - 2 PAUL A GOLDSTEIN - 2 JOHN HILLENMEY ER - 2 STEPHAN J HARR - 2 ANNE G PEACH - 2 0 SHERRIE H SITARIK - 2 ORLANDO HEALTH FOUNDATION, INC LINDA W CHAPIN - 2 KATHY JOHNSO N - 2 RAY SANDHAGEN - 2 JOHN W BOZARD - 2 JOHN HILLENMEY ER - 2 ORLANDO HEALTH NETWORK, IN C P SHANNON ELSWICK - 2 PAUL A GOLDSTEIN - 2 JOHN HILLENMEY ER - 2 KARL W HODGES - 2 S TEPHAN J HARR - 2

Identifier	Return Reference	Explanation
DISTINGUISHING PYMTS FOR PROF FUNDRAISING SERVICES FROM EXP PYMT OR REIMB	SCHEDULE G, PART I, COL V	PLEDGE COMMITMENTS ARE GENERATED VIA TELEPHONE BY DIRECT LINE TECHNOLOGIES WITH PLEDGE PAYMENT BEING MADE DIRECTLY TO ORLANDO HEALTH FOUNDATION BY THE DONOR THE FEE RETAINER AT CONTRACT SIGNING IS AN ESTIMATE WITH FINAL AMOUNT BASED UPON PLEDGE COMMITMENTS SECURED THE CONTRIBUTIONS ARE MADE IN FULL TO ORLANDO HEALTH FOUNDATION, BUT THE EXPENSE IS PAID BY ORLANDO HEALTH DESCRIPTION OF PURPOSE SCHEDULE K, PART I COLUMN (F) HOSPITAL REVENUE BONDS, SERIES 2006A&B TO REFUND THE REMAINING SERIES 2002 BONDS (ISSUE DATE 5/16/02), AND PROVIDE $6,809,000 TO FINANCE AND REIMBURSE FOR CONTRUCTION AND EQUIPMENT COSTS FOR IMPROVEMENTS AT ORLANDO REGIONAL MEDICAL CENTER, AND TO FINANCE AND REIMBURSE FOR A PORTION OF THE CONTRUCTION AND EQUIPMENT COSTS OF THE NEW WINNIE PALMER HOSPITAL FOR WOMEN AND BABIES DEFEASED AND CONVERTED TO FIXED RATE BY SERIES 2008B ISSUED ON 5/15/08 HOSPITAL REVENUE BONDS, SERIES 2007A&B TO FINANCE AND REIMBURSE FOR CONSTRUCTION AND EQUIPMENT COSTS OF IMPROVEMENTS THAT INCLUDE A NEW PATIENT TOWER AT DR PHILLIPS HOSPITAL 2007B DEFEASED BY SERIES 2008C BOND ISSUED ON 6/18/08 HOSPITAL REVENUE BONDS, SERIES 2008A&B TO CONVERT SERIES 2005A (ISSUE DATE 5/26/05) AND SERIES 2006A1&A2 (ISSUE DATE 1/25/06)TO FIXED INTEREST RATE HOSPITAL REVENUE BONDS, SERIES 2008C TO REPAY A $55,500,000 LINE OF CREDIT DRAW USED TO REFUND THE 2007B BONDS (ISSUE DATE 1/25/07), AND REIMBURSE FOR CERTAIN PRIOR CAPITAL EXPENDITURES, FUND A DEBT SERVICE RESERVE FUND, AND PAY COSTS OF ISSUANCE HOSPITAL REVENUE BONDS, SERIES 2008D, E, F, AND G TOGETHER WITH THE DEBT SERVICE RESERVE FUNDS FROM THE 1999ABC BONDS, THE PROCEEDS WERE USED TO REFUND THE 1999ABC BONDS (ISSUE DATE 9/22/99), PAY COSTS OF ISSUANCE, AND PAY THE TERMINATION VALUE OF INTEREST RATE SWAP AGREEMENTS THAT HEDGED THE VARIABLE RATE EXPOSURE OF THE 1999ABC BONDS 2009 HOSPITAL REVENUE BOND TO REFUND THE SERIES 1999D&E (ISSUE DATE 9/22/99), SERIES 2004 (ISSUE DATE 12/16/04), AND SERIES 2008D, F & G (ISSUE DATE 6/18/2008) AND TO FUND THE TERMINATION OF RELATED INTEREST RATE SWAPS ON THE REFUNDED BONDS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
Orlando Health Network Inc 59-3259553	PYS SUPRT SRV	FL	501(C)(3)	11 Type I	NA
Orlando Health Physician Partners Inc 59-3110868	SUPPORT OH	FL	501(C)(3)	11 Type I	NA
Orlando Health Foundation Inc 59-2244943	Support OH	FL	501(C)(3)	7	NA
Orlando Cancer Center Inc 59-3005020	CANCER CENTER	FL	501(C)(3)	11 Type I	NA
Healthcare Purchasing Alliance Inc 59-2353091	CNTL PURCHSNG	FL	501(C)(3)	3	NA

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
Orange Indemnity LTD PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-0516252	CAPTIVE INSURANCE	CJ	NA	C CORP	375,047	1,929,066	100 000 %
HEALTHNET SERVICES INC & SUBS 1414 KUHL AVENUE ORLANDO, FL32806 59-2246203	MEDICAL SERVICES	FL	NA	C CORP	-538,000	12,641,000	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-1726273
Name: ORLANDO HEALTH INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ORLANDO HEALTH FOUNDATION INC	C	8,622,946
(1)	HEALTHCARE PURCHASING ALLIANCE INC	R - D	4,159,000
(2)	ORLANDO CANCER CENTER INC	I	776,000
(3)	DOWNTOWN OUTPATIENT BUILDING LLC	I	226,300
(4)	ORLANDO HEALTH NETWORK INC	I	60,400
(5)	ORLANDO HEALTH NETWORK INC	L	7,096,200
(6)	HEALTHNET SERVICES INC & SUBS	L	640,900
(7)	HEALTHNET SERVICES INC & SUBS	Q	730,000
(8)	ORLANDO HEALTH NETWORK INC	Q	6,200,000
(9)	ORLANDO CANCER CENTER INC	Q	12,931,000
(10)	ORLANDO HEALTH FOUNDATION INC	M	4,153,405
(11)	ORLANDO HEALTH FOUNDATION INC	P	1,220,105
(12)	DOWNTOWN OUTPATIENT BUILDING LLC	Q	730,000
(13)	ORANGE INDEMNITY LTD	L	375,000
(14)	ORLANDO HEALTH PHYSICIAN PARTNERS INC	Q	3,600,000