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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

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)
1414 Kuhl Avenue

Room/suite

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 $ 2,218,059,013

F Name and address of principal officer
SHERRIE H SITARIK
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) ☐ 501(c) ( ) ◀ (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

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	14,203
6	Total number of volunteers (estimate if necessary)	**6**	1,250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,896,546
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,905,924	13,971,697
9	Program service revenue (Part VIII, line 2g)	1,644,315,215	1,652,803,659
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,259,527	28,626,109
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,545,571	8,722,297
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,689,026,237	1,704,123,762
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,037,798	1,317,737
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)	755,615,800	747,606,498
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,131	96,842
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,854,836		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	808,258,936	793,345,585
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,564,972,665	1,542,366,662
19	Revenue less expenses Subtract line 18 from line 12	124,053,572	161,757,100
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	2,059,912,719	2,113,949,411
21	Total liabilities (Part X, line 26)	1,124,839,623	1,105,320,928
22	Net assets or fund balances Subtract line 21 from line 20	935,073,096	1,008,628,483

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: 2012-08-10

Paul A Goldstein Vice President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 201 S BISCAYNE BLVD STE 3000 MIAMI, FL 33131				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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 1,286,015,078 including grants of $ 1,317,737) (Revenue $ 1,642,171,677)

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 SEPTEBER 30, 2011, OH FACILITIES PROVIDED 422,622 DAYS OF INPATIENT CARE, 473,542 OUTPATIENT VISITS, AND 236,867 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 REGIONAL MEDICAL CENTER 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 ORMC'S LEVEL ONE TRAUMA CENTER PROVIDED SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY-ILL PEOPLE WITHIN A 90-MILE RADIUS AND MORE THAN 68,884 PATIENTS VISITED ORMC'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 2011, AIR CARE TRANSPORTED 433 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 2011, THROUGH MORE THAN 51,677 VISITS, PEDIATRIC PATIENTS RECEIVED SPECIALIZED EMERGENCY CARE AND OUR TEAM RESPONDED TO 228 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 2010-2011, MORE THAN 14,450 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 7 MILLION IN RESEARCH WAS COMPLETED IN 2011 ADDITIONAL FUNDS ARE CONTINUALLY SECURED FOR ONGOING RESEARCH ACTIVITIES OF THE ORGANIZATION, CONTINUING TO MAKE LEADING-EDGE TREATMENTS AVAILABLE TO PATIENTS PRESENTLY OVER 525 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 A 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 2011 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 2011, ORLANDO HEALTH PROVIDED $75,782,722 IN CHARITY CARE, AS WELL AS $42,675,406 IN COMMUNITY BENEFIT PROGRAMS AND SERVICES AND $14,347,577 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 125 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** ▶ $ 1,286,015,078

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	918		
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	14,203		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								12,418,608	1,780,168	2,473,033

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 ▶ 283

			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 or individual 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
Sodexho Inc 9801 Washingtonian Blvd GAITHERSBURG, MD 20878	MGMT SVCS -FOOD/ENV	15,105,022
Robins Morton Group 400 Shades Creek Parkway Ste 200 BIRMINGHAM, AL 35209	GENERAL CONTRACTOR	13,731,625
Fl Hospital Healthcare Systems In 602 Courtland St Ste 162 ORLANDO, FL 32804	HEALTHCARE SERVICES	5,982,823
Chamberlin Edmnds Assoc Inc PO Box 572490 MURRAY, UT 84157	COLLECTION SERVICES	5,366,880
Variety Children's Hospital Inc 3100 SW 62nd Avenue MIAMI, FL 33155	PHYSICIANS SERVICES	5,069,636

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 ▶ 261

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	10,203,368			
	e Government grants (contributions)	1e	1,816,287			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,952,042			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		13,971,697			
Program Service Revenue		Business Code				
	2a Net Patient Service Revenue	621500	1,609,620,820	1,599,014,770	10,606,050	
	b OTHER PROGRAM REVENUE	621990	41,968,400	41,968,400		
	c Inc Exempt Affiliate	621990	676,284	676,284		
	d FITNESS CENTER	713940	512,223	512,223		
	e WELLNESS CENTER	713940	25,932		25,932	
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,652,803,659			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		12,585,748		-533	12,586,281
	4 Income from investment of tax-exempt bond proceeds . . ▶		1,039,731			1,039,731
	5 Royalties . . . . . ▶		3,308			3,308

		(i) Real	(ii) Personal				
	6a Gross Rents	578,987	263,790				
	b Less rental expenses	346,121	281,104				
	c Rental income or (loss)	232,866	-17,314				
	d Net rental income or (loss) . . . . . ▶			215,552		-60,831	276,383

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	527,929,657	378,999				
	b Less cost or other basis and sales expenses	512,607,554	700,472				
	c Gain or (loss)	15,322,103	-321,473				
	d Net gain or (loss) . . . . . ▶			15,000,630			15,000,630
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 Parking Garage		621990	939,418			939,418
	b Physicians Answering Service		561499	325,928		325,928	
	c MANAGEMENT FEES		900099	6,767,754			6,767,754
	d All other revenue			470,337			470,337
	e **Total.** Add lines 11a–11d . . . . . ▶			8,503,437			
	12 **Total revenue.** See Instructions . . . ▶			1,704,123,762	1,642,171,677	10,896,546	37,083,842

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	1,317,737	1,317,737		
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	10,314,792	2,631,734	6,400,326	1,282,732
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	603,045,525	489,745,331	111,626,223	1,673,971
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,880,733	16,148,394	3,732,339	
9 Other employee benefits	71,687,248	57,715,114	13,597,011	375,123
10 Payroll taxes	42,678,200	34,641,916	7,837,257	199,027
a Fees for services (non-employees) Management	0			
b Legal	6,076,776		6,076,776	
c Accounting	399,095		340,686	58,409
d Lobbying	301,846		301,846	
e Professional fundraising services *See Part IV, line 17*	96,842			96,842
f Investment management fees	1,211,927		1,211,927	
g Other	94,789,538	76,291,542	18,137,466	360,530
12 Advertising and promotion	7,216,043	769,790	6,442,643	3,610
13 Office expenses	295,197,727	290,251,297	4,274,153	672,277
14 Information technology	26,616,911	12,303,495	14,208,740	104,676
15 Royalties	0			
16 Occupancy	70,405,621	49,024,027	20,969,279	412,315
17 Travel	3,066,625	1,649,567	1,298,623	118,435
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	529,362	64,940	415,803	48,619
20 Interest	37,313,156	27,984,867	9,141,723	186,566
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	89,086,645	67,253,533	21,784,066	49,046
23 Insurance	15,150,204	15,146,120	4,084	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Regulatory Assessment	19,261,936	19,261,936		
b Bad Debt Expense	101,281,169	101,281,169		
c Discharge Support	6,530,318	6,530,318		
d Eligibility Fees	10,517,957	10,517,957		
e All other expenses	8,392,729	5,484,294	2,695,777	212,658
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,542,366,662	1,286,015,078	250,496,748	5,854,836
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		44,955,526	1	24,251,735
	2	Savings and temporary cash investments		34,182,947	2	4,196,652
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		221,341,573	4	232,393,215
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		16,263,061	8	18,105,771
	9	Prepaid expenses and deferred charges		35,850,543	9	32,608,969
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,928,168,759			
	b	Less accumulated depreciation	10b 1,062,859,879	861,467,743	10c	865,308,880
	11	Investments—publicly traded securities		715,015,265	11	780,616,126
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		26,256,096	14	33,081,668
	15	Other assets See Part IV, line 11		104,579,965	15	123,386,395
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,059,912,719	16	2,113,949,411
Liabilities	17	Accounts payable and accrued expenses		144,291,332	17	136,277,924
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		780,082,768	20	764,198,912
	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		705,071	23	642,733
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		199,760,452	25	204,201,359
	26	**Total liabilities.** Add lines 17 through 25		1,124,839,623	26	1,105,320,928
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		877,462,879	27	943,789,507
	28	Temporarily restricted net assets		57,030,794	28	64,245,526
	29	Permanently restricted net assets		579,423	29	593,450
		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		935,073,096	33	1,008,628,483
	34	Total liabilities and net assets/fund balances		2,059,912,719	34	2,113,949,411

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,704,123,762
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,542,366,662
3	Revenue less expenses Subtract line 2 from line 1	3	161,757,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	935,073,096
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-88,201,713
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,008,628,483

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

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 described in **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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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			
Sherrie H Sitarik President	40.0	X		X				801,533	0	137,680
Brian Besanceney Board Member (Eff 7/1/11)	5.0	X						0	0	0
C David Brown II Board Member (Eff 9/1/11)	5.0	X						0	0	0
Linda W Chapin Board Member	5.0	X						0	0	0
Meg Crofton Board Member (Term 3/28/11)	5.0	X						0	0	0
Arnold Einhorn Board Member (Term 7/1/11)	5.0	X						0	618,663	50,649
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 (Term 3/28/11)	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
Mark Sand MD Board Member (Eff 7/1/11)	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
CRAIG USTLER Board Member	5.0	X						0	0	0
Mildred Denise Beam VP Gen Counsel	40.0			X				513,943	0	61,489
John W Bozard SVP & Pres , APMC & Found	5.0			X				690,168	0	131,017
Nancy G Dinon Vice President, HR	40.0			X				395,825	0	97,070
Keith Eggert VP, Revenue Management	40.0			X				389,685	0	64,348
P Shannon Elswick Pres Adult Hospitals Grp	40.0			X				616,105	0	103,989

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			
Jennifer Endicott VP, Clinical Integration	40 0			X				0	172,725	30,815
Stephen M Glazier VP OHI/Pres SSEM (Trm 3/31/11)	40 0			X				255,399	0	28,446
Paul A Goldstein VP, Finance/Treasury & Accntg	40 0			X				483,618	0	101,769
Myra J Hancock VP, Operations APMC	40 0			X				252,502	0	51,246
Stephan J Harr SR VP, Finance & Admin	40 0			X				671,173	0	125,803
John Hillenmeyer President	40 0			X				1,986,603	0	257,508
Karl W Hodges VP, Business Development	40 0			X				378,265	0	87,160
David F Huddleson VP, Corporate Integrity	40 0			X				152,639	0	36,809
D Wayne Jenkins Vice President	5 0			X				0	988,780	152,134
Mark A Jones Pres, Dr P Phillips Hosp	40 0			X				337,367	0	64,774
John A Marzano VP, External Affairs	40 0			X				346,774	0	57,911
Robert A Miles VP, Fin Planning & Budgeting	40 0			X				339,687	0	76,109
Anne G Peach VP, Nursing	40 0			X				312,347	0	86,997
John Richard Schooler Vice President	40 0			X				503,195	0	113,134
Kathy A Swanson Pres, WPH, Sr VP OH	40 0			X				490,049	0	77,853
Karen L Frenier VP, Operations, ORMC	40 0			X				177,142	0	48,172
Andrew Caswell Gardiner VP, Ext Affairs & Comm Rel	40 0			X				145,284	0	24,224
Beth Boyer Kollas VP, Pat First Strategy/SLP&D	40 0			X				103,968	0	24,916
Robert E Snyder VP, Orlando Health & Pres,SSEM	40 0			X				201,145	0	71,256
David P Sylvester VP, Post Acute & Trnsition Svc	40 0			X				0	0	0
Jay L Falk Chief Academic Medical Officer	40 0					X		475,412	0	66,356
Timothy Bullard Faculty MD	40 0					X		396,042	0	56,146
Mark E Swanson Faculty MD	25 0					X		367,450	0	45,251
Michael Leonard Howell Faculty MD	40 0					X		332,226	0	68,652
Simon S Margolis Faculty MD	40 0					X		303,062	0	73,350

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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

2010

Open to Public Inspection

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

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

If the organization answered "Yes," 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		218,246
j	Total lines 1c through 1i			301,846
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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 1	ASSESSING CURRENT STATE AND FEDERAL LEGISLATION WITH CONSULTANTS WHO ADVISE HOW THE LEGISLATION WOULD AFFECT THE ORGANIZATION TOTALING $76,423 AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES USED FOR POLITICAL ACTIVITIES TOTALING $141,823

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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

2010

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		56,289,088		56,289,088
b Buildings		614,846,527	244,953,924	369,892,603
c Leasehold improvements		6,024,294	0	6,024,294
d Equipment		1,166,231,782	806,529,975	359,701,807
e Other		84,777,068	11,375,980	73,401,088
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				865,308,880

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
(1) Financial derivatives		
(2) 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
(1) Investment in Related Parties	9,879,296
(2) CASH SURRENDER VALUE LIFE INS	16,223,080
(3) Due from Affiliates	79,974,494
(4) Deposits	7,663,598
(5) Gift Annuity Trust	3,511,752
(6) Other Assets	6,134,175
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	123,386,395

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Malpractice Liability	89,544,586
REGULATORY ASSESSMENTS	764,175
Accrued Interest	15,619,170
Due to Third Party Payors	43,338,586
Other Liabilities	10,784,102
Due to Related Organizations	642,749
Due to Affiliates	370,073
Swap Liability	43,137,918
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	204,201,359

2. Fin 48 (ASC 740) 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 (ASC740)

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	SCHEDULE D, PART X, LINE 2	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

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
Malpractice Liability	89,544,586
REGULATORY ASSESSMENTS	764,175
Accrued Interest	15,619,170
Due to Third Party Payors	43,338,586
Other Liabilities	10,784,102
Due to Related Organizations	642,749
Due to Affiliates	370,073
Swap Liability	43,137,918

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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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
Central America and the Caribbean	1	1	Program Services	CAPTIVE INSURANCE	70,226
East Asia and the Pacific			Investments		11,875,906
Europe (Including Iceland and Greenland)			Investments		13,805,894
North America			Investments		33,521
Middle East and North Africa			Investments		6,540
Sub-Saharan Africa			Investments		854
3a Sub-total	1	1			25,792,941
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			25,792,941

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 Part V 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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

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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

2010

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.

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 services? ☑ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
Allegiant Direct Inc	TELEPHONE SOLICITING		No		96,842	
Total . . . . . ▶					96,842	

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 and 10 in column (d) ▶				

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	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

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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

2010

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			58,826,712	0	58,826,712	4 080 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			271,946,206	263,529,639	8,416,567	0 580 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			23,592,097	886,180	22,705,917	1 580 %
d **Total** Financial Assistance and Means-Tested Government Programs			354,365,015	264,415,819	89,949,196	6 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			27,434,776	812,237	26,622,539	1 850 %
f Health professions education (from Worksheet 5)			45,354,818	15,036,683	30,318,135	2 100 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			1,782,229	0	1,782,229	0 120 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			447,854	0	447,854	0 030 %
j **Total** Other Benefits			75,019,677	15,848,920	59,170,757	4 100 %
k **Total.** Add lines 7d and 7j			429,384,692	280,264,739	149,119,953	10 340 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			531,000	0	531,000	0 030 %
9	Other						
10	**Total**			531,000	0	531,000	0 030 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	21,409,292		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	261,170,256		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	281,621,762		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-20,451,506		
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		
b	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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 5

	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)
1	Orlando Regional Medical Center	X	X		X			X		
2	Dr P Phillips Hospital 9400 Turkey Lake Rd Orlando, FL 32819	X	X					X		
3	South Seminole Hospital 555 W SR 434 Longwood, FL 32279	X	X					X		
4	Arnold Palmer Hospital for Children 92 W Miller Orlando, FL 32806	X		X	X			X		
5	Winnie Palmer Hosp for Women & Babies 82 W MILLER ORLANDO, FL 32806	X	X		X					NEONATAL UNIT

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Orlando Regional Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Dr P Phillips Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: South Seminole Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Arnold Palmer Hospital for Children

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Winnie Palmer Hosp for Women & Babies

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 3C		N/A PART I, LINE 6A OUR COMMUNITY BENEFIT REPORT FOR FY 2010 WAS PREPARED BY OUR OFFICE P ART I, LINE 7 PART I, LINE 7G NOT APPLICABLE, ORLANDO HEALTH DOES NOT INCLUDE COSTS ATTRI BUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES PART I, LINE 7, COLUMN F BED DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, BUT SUBTRACTED FOR PURPOSES OF CALCU LATING THE PERCENTAGE IS $101,281,169 OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $1,542,323,599 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $101,281,1 69 THIS LEFT A TOTAL EXPENSE OF $1,441,042,430 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) PART I, LINE 7 THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPOR TED IN LINE 7 THE AMOUNTS OF COSTS REPORTED ON LINE 7, PART I OF SCHEDULE H, WERE DETERMI NED BY UTILIZATION OF A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 AS CONTAINED IN THE SCHEDULE H INSTRUCTIONS PART II COMMUNITY BUILDING ACTIVITIES THE PRIMARY PURPOSE OF ORLA NDO HEALTH'S COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COM MUNITY ORLANDO HEALTH MAY RECRUIT OR ASSIST IN THE RECRUITMENT OF PHYSICIANS WHEN A NEED IS IDENTIFIED TO BRING A MEDICAL SERVICE OR PROVIDER TO THE AREA, TO MAINTAIN THE DELIVERY OF HEALTHCARE AS PHYSICIAN ATTRITION OCCURS DUE TO RETIREMENT, DISABILITY, RELOCATION OR OTHER PERTINENT REASONS A COMMUNITY NEED MUST BE DETERMINED BEFORE ORLANDO HEALTH WILL EN GAGE IN THE RECRUITMENT OF A PHYSICIAN OR ASSIST IN THE RECRUITMENT OF A PHYSICIAN RATION ALES THAT ORLANDO HEALTH USES TO DETERMINE COMMUNITY NEED INCLUDE INDEPENDENT HEALTH PLANN ING SERVICE ORGANIZATIONS, COMMUNITY NEEDS ASSESSMENT AND INDEPENDENTLY MAINTAINED PHYSICI AN DATABASE SOFTWARE THAT ASSISTS IN IDENTIFYING COMMUNITY NEED IT IS IMPORTANT TO ADDRES S THE PHYSICIAN WORKFORCE SHORTAGE ISSUES IN ORDER TO IMPROVE THE HEALTH AND QUALITY OF LI FE OF THE CENTRAL FLORIDA COMMUNITY IF A PARTICULAR PHYSICIAN SPECIALTY IS DEFICIENT IN T HE COMMUNITY IN COMPARISON TO THE POPULATION THIS CAN OFTEN LEAD TO INEFFICIENT OR NO ACCE SS OR LONG WAIT PERIODS TO ACCESS HEALTHCARE SERVICES WHICH OFTEN LEAD TO POOR HEALTH OUTC OMES OUR PHYSICIAN RECRUITMENT EFFORTS MEET THE COMMUNITY BENEFIT OBJECTIVE OF IMPROVING ACCESS TO HEALTH SERVICES WHICH ENHANCES PUBLIC HEALTH THESE ACTIVITIES PRIMARILY BENEFIT THE LOCAL COMMUNITY AND WERE NOT PROVIDED FOR MARKETING PURPOSES, NOR TO INCREASE REFERRA LS OF PATIENTS TO ORLANDO HEALTH, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STA NDARD OF CARE, NOR TO BENEFIT PERSONS AFFILIATED WITH ORLANDO HEALTH RATHER, THE PRIMARY PURPOSE OF THE WORKFORCE DEVELOPMENT ACTIVITIES IS TO BENEFIT THE COMMUNITY BASED ON INDEP ENDENT COMMUNITY NEEDS ANALYSES ORLANDO HEALTH HAS ASSISTED IN THE RECRUITMENT OF TWELVE NEW COMMUNITY BASED PHYSICIANS TO SUPPORT THE PHYSICIAN SHORTAGES IN OUR COMMUNITY DURING THE YEAR PART III, LINE 4 THE COST OF BAD DEBT AS REFLECTED IN PART III, LINE 2, WAS CALC ULATED USING A COST-TO-CHARGE RATIO ALL ACCOUNTS WHICH ARE ADJUSTED TO, OR WRITTEN OFF TO , BAD DEBT ARE REVIEWED TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IF SUFFIC IENT DOCUMENTATION WAS NOT PROVIDED BY THE ACCOUNT HOLDER, ORLANDO HEALTH USES PREDICTIVE ANALYTICS TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE ORLANDO HEALTH U SES DATA DERIVED FROM THIRD PARTIES WHICH INCLUDE, BUT ARE NOT LIMITED TO, DEMOGRAPHIC VER IFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALU ES AND HOME OWNERSHIP HISTORY AND VALUES ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPA RENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE IF THE ACCOUNT DOES QUALIFY, PREVI OUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW B ALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY BOTH DISCOUNTS AND PA YMENTS 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 THE PROVISION FOR BAD DEBT EXPENSE, AS STATED IN THE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS, IS BASED UPON MANAGEMENT'S ASS ESSMENT 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 COLLE CTION EFFORT HAS BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES RECOVERIES ARE TR EATED 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 EXPE RIENCES BY PAYOR CATEGORY RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO E STABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBL

Identifier	ReturnReference	Explanation
PART I, LINE 3C		E RECEIVABLES AND PROVISION FOR BAD DEBTS PART III, LINE 8 THE COSTING METHODOLOGY USED T O REPORT THE AMOUNT REPORTED ON LINE 6 AS MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAY MENTS RECEIVED FROM MEDICARE was calculated using the Medicare Cost Report OH DOES NOT CU RRENTLY INCLUDE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT HOWEVER, AS A NOT-FOR-PROFIT OR GANIZATION WE PROVIDE EMERGENCY AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINA NCIAL STATUS DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL CONTI NUE 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 B URDEN AS THIS CLASS OF PATIENTS TYPICALLY HAS LOW AND/OR FIXED INCOMES THE MEDICARE PATIE NT POPULATION IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVI DING 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 SH ORTFALL OF REIMBURSEMENT, IS A DIRECT COMMUNITY BENEFIT AND PROVIDES VALUE DIRECTLY TO THE COMMUNITIES SERVED PART III, LINE 9B COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENT S AND COMPLY WITH APPLICABLE PROVISIONS OF STATE LAW DURING PRE-ADMISSION, AT REGISTRATIO N OR AT BEDSIDE, ORLANDO HEALTH PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAIL ABILITY OF FINANCIAL ASSISTANCE ORLANDO HEALTH PERFORMS A THOROUGH EVALUATION OF THE PATI ENT'S FINANCIAL STATUS TO ENSURE THE UTILIZATION OF ALL AVAILABLE DISCOUNTS AND CHARITY CA RE PROGRAMS AVAILABLE UNDER THEIR DISCOUNT AND CHARITY CARE POLICIES THIS DETERMINATION P ROCESS IS COMPLETED BEFORE ANY PATIENT'S ACCOUNT IS REMITTED TO COLLECTION IT IS OUR POLI CY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE O R OTHER FINANCIAL ASSISTANCE PART VI - QUESTION 2 - NEEDS ASSESSMENT OH DID NOT CONDUCT A FORMAL COMMUNITY HEALTH CARE NEEDS ASSESSMENT DURING THIS FISCAL YEAR HOWEVER, THE ORGAN IZATION DOES ASSESS THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PR OCESS AND HAS PROCESSES IN PLACE TO ENSURE THE ORGANIZATION IS REACTIVE TO COMMUNITY HEALT H NEEDS EXAMPLES OF HOW OH RESPONDS TO COMMUNITY NEEDS ARE AS FOLLOWS 1 GOVERNING BOARD S ARE COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS A ND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE, 2 PARTNERSHIP WITH LOCAL AREA G ROUPS AND ASSOCIATIONS TO ATTEND TO THE HEALTH CARE NEEDS OF THE OH COMMUNITY, 3 SPONSORS HIP AND PARTICIPATION IN COMMUNITY HEALTH FAIRS, COMMUNITY FITNESS, WELLNESS EVENTS AND OT HER OUTREACH EVENTS, AND 4 TRANSITION SERVICES POST-DISCHARGE PATIENT FOLLOW-UP RELATED T O THE ON-GOING CARE AND TREATMENT OF PATIENTS TO PREVENT UNNECESSARY ADMISSIONS AND POTENT IAL RE-ADMISSIONS OH 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 THRO UGH COMMUNITY NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH PROBLEMS IN THE COMMUNITIES SERVED BY THE HOSPITALS OH SPONSORS A VARIETY OF PROGRAMS FOR AT-RISK POPULATIONS, FEDERALLY-DES IGNATED MEDICALLY UNDERSERVED AREAS AND SPECIAL NEEDS GROUPS, AS WELL AS FOR THE BROADER C OMMUNITY PART VI - QUESTION 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ORLANDO H EALTH FOLLOWS AN ESTABLISHED PROCESS TO INFORM ALL PATIENTS OF ITS CHARITY CARE AND UNINSU RED DISCOUNT POLICIES DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, UNINSURED PATIE NTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE POLICY AND OTHER FINANCIAL ASSISTANCE FIN ANCIAL INFORMATION IS SECURED FOR ALL UNINSURED PATIENTS TO SCREEN FOR POSSIBLE ENROLLMENT IN FEDERAL, STATE, AND LOCAL PROGRAMS

Identifier	ReturnReference	Explanation
PART VI - QUESTION 4 - COMMUNITY INFORMATION		ORLANDO HEALTH CURRENTLY OPERATES 5 HOSPITALS IN CENTRAL FLORIDA WHICH HAS OVER TWO MILLIO N RESIDENTS AND THOUSANDS OF INTERNATIONAL VISITORS ANNUALLY ORLANDO HEALTH HAS MORE THAN 14,300 EMPLOYEES AND 1,950 PHYSICIANS ON STAFF WE ARE OUR COMMUNITY'S ONLY STATUTORY TEA CHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 14 FELLOWSHIP PROGRAMS ORLANDO HEALTH FACILITIES ENCOMPASS 1,700 F ULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOS PITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, DR P PHILLIPS HOSPITAL, A ND SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE ADULT TRAUMA CENTE R 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 CA RE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND MORE THAN 236,837 PATIENTS VISITED OUR EMERGENCY DEPARTMENTS IN 2011 ARNOLD PALMER HOSPITAL IS THE FIRST FACILITY IN CENTRAL FLORIDA TO PROVIDE EMERGENCY CARE EXCLUSIVELY FOR PEDIATRICS INC LUDING LEVEL ONE IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEA M SERVE AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER OR LANDO AIR CARE TRANSPORTED 433 TRAUMA PATIENTS IN 2011 ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE AND LAKE COUNTIES THE MEDIAN HOUSEHOLD INC OME IN THESE COUNTIES IS $64,393 10 7 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA I S 24% AND THERE ARE ELEVEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROU PS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCAT ION, RESEARCH, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT AS SISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE ORLANDO HEALTH SERVICES ALSO INCLUDE A REGIONAL BURN UNIT, ORTHOPEDICS AND SPORTS MEDICINE, CANCER CARE, THORACIC CARDIOVASCULAR SURGERY, CARDIOLOGY SERVICES, INTERNATIONAL HEALTH, AIR MEDICAL RESCUE, NEUROLOGY, AMBULATORY SURG ERY, REHABILITATION, BEHAVIORAL HEALTH SERVICES, COMMUNITY EDUCATION AND OUTREACH PROGRAMS , HOSPITALITY AND GUEST SERVICES, SENIORS PROGRAM, HOME HEALTH, MULTIPLE SCLEROSIS CENTER, PAIN MANAGEMENT, OCCUPATIONAL MEDICINE, PSYCHOSOCIAL SERVICES, PULMONARY MEDICINE PART V I - QUESTION 5 - PROMOTION OF COMMUNITY HEALTH AS A NOT-FOR-PROFIT HEALTH CARE PROVIDER, T HE 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, WE LL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY C OLLABORATION BOARDS ORLANDO HEALTH WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE P REVENTION AND ENVIRONMENTAL PROBLEMS ORLANDO HEALTH FOSTERS PARTNERSHIPS WITH OTHER COMMU NITY AGENCIES AND THE PUBLIC HEALTH DEPARTMENT IN OUR SERVICE AREA THAT WORK COLLABORATIVE LY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMM UNITY BOTH CASH AND IN-KIND DONATIONS ARE MADE ANNUALLY TO THESE VARIOUS LOCAL CHARITABLE ORGANIZATIONS ORLANDO HEALTH ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPR OVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE THE KEY COM PONENT OF A NON-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CH ARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNIT Y 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 MANA GEMENT IN CARRYING OUT THE MISSION OF ORLANDO HEALTH AND ITS AFFILIATES DIRECTORS ARE SEL ECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEI R SERVICES ORLANDO HEALTH'S VOLUNTEER BOARD BALANCE FINANCIAL DECISIONS ON COMMUNITY CONC ERNS 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 APPLICAN TS SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH AND USED TO FURTHER CHARITABLE PURPOSES A ND ACTIVITIES SURPLUS FUNDS FOR ORLANDO HEALTH AN

Identifier	ReturnReference	Explanation
PART VI - QUESTION 4 - COMMUNITY INFORMATION		D ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEAL TH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE ORLANDO HEALTH, THE UN IVERSITY OF FLORIDA, AND SHANDS HEALTHCARE HAVE SIGNED A MEMORANDUM OF UNDERSTANDING WITH THE INTENT TO COLLABORATE ON NEW HEALTH INITIATIVES THAT WILL MAKE CARE MORE ACCESSIBLE TO MILLIONS OF PATIENTS OVER A 20-COUNTY REGION AND EXPAND TRAINING OPPORTUNITIES FOR PHYSIC IANS PART VI - QUESTION 6 - AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH, INC IS THE PAR ENT ORGANIZATION OF AN INTEGRATED HEALTH SYSTEM FOR WHICH WE ARE ABLE TO PROVIDE COMPREHEN SIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN IN TEGRATED 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 OU R 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 PHYSCI ANS GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVI DING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES, SPECIALTY PHYSICIAN SERVICES, OCCUPATIONAL HEALTH SERVICES, REHABILITATION HEALTH SERVICES AND BEHAVIORAL HEA LTH SERVICES ORLANDO PHYSICIAN NETWORK , INC ALSO SERVES AS AN INTEGRAL COMPONENT OF ORL ANDO 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 HO SPITALS THEREBY HELPING TO REDUCE THE COSTS ASSOCIATED WITH PROVIDING SERVICES TO OUR COMM UNITY ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTE GRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS A ND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQ UIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PRO VIDED APPROXIMATELY $205 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS PART VI - QUESTION 7 - STATE FILING OF COMMUNITY BENEFIT REPORT NONE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227014092

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

2010

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 22

3 Enter total number of other organizations . . . ▶ 2

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 GOVERNMENT ENTITIES AND 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 ANY GRANT AMOUNT OVER $25,000 HAS TO BE APPROVED BY THE CEO AND REPORTED TO THE BOARD 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
A Gift For Teaching Inc6501 Magic Way Orlando,FL 32809	59-3515162	501(c)(3)	7,500				
American Cancer Society 1601 West Colonial Drive Suite 400-C Orlando,FL 32804	59-0657320	501(c)(3)	7,700				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
American Heart Association Inc237 E Marks St Suite 565 Orlando,FL 32803	13-5613797	501(c)(3)	170,000				Sponsorship Fee
Camp Boggy Creek30500 Brantley Branch Rd Suite 465 Eustis,FL 32736	59-3012889	501(c)(3)	7,500				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
Central FL Black Nurses Association IncPO Box 585142 Orlando,FL 32858	59-3288443	501(c)(3)	10,000				Sponsorship Fee
Central Florida Pediatric Society1890 SR 436 Winter Park,FL 32792	23-7422278	501(c)(3)	10,000				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
CENTRAL FL WOMEN'S LEAGUE FOUNDATION INC PO Box 1100 Windermere, FL 34786	59-3614854	501(c)(3)	6,000				Sponsorship Fee
Foundation for Seminole State College of FL100 Weldon Blvd Sanford, FL 32773	23-7033822	501(c)(3)	83,400				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
Grace Medical Home Inc51 Pennsylvania St Orlando,FL 32806	26-1817966	501(c)(3)	100,000				Sponsorship Fee
Healthcare Center for the Homeless Inc232 N Orange Blossom Trail Orlando,FL 32805	59-3185020	501(c)(3)	200,000				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
HEART OF FLORIDA UNITED WAY INC1940 Taylor Blvd Orlando,FL 32804	59-0808854	501(c)(3)	19,800				Sponsorship Fee
Junior League of Greater Orlando FL Inc125 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 N Maitland Ave Maitland, FL 32751	13-1846366	501(c)(3)	7,500				Sponsorship Fee
Orange County Public Schools445 W Amelia Avenue Orlando, FL 32802	59-6000773	GOVRMT ENTITY	61,278				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
Ronald McDonald House Charities Cntrl FL1030 N Orange Avenue Orlando,FL 32801	59-3211250	501(c)(3)	7,000				Sponsorship Fee
Second Harvest Food Bank of Central Florida2008 Brengle Avenue Orlando,FL 32808	59-2142315	501(c)(3)	5,250				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
UNITED ARTS OF CENTRAL FLORIDA2450 Maitland Center Parkway Maitland, FL 32751	59-1166446	501(c)(3)	11,000				Sponsorship Fee
University of Central Florida Fdn Inc12424 Research Pkwy Ste 140 Suite 115 Orlando, FL 32806	59-6211832	501(c)(3)	253,200				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
Valencia Community College Foundation IncPO Box 3028 Orlando,FL 32802	23-7442785	501(c)(3)	237,000				
Health Central Foundation Inc10000 West Colonial Drive Ocoee,FL 34761	59-2091206	501(c)(3)	7,500				

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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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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	SCHEDULE J, PART III	ORLANDO HEALTH, INC IS A COMMON PAYMASTER AND COMMON PAY AGENT FOR ORLANDO CANCER CENTER, INC EIN 59-3005020, ORLANDO HEALTH PHYSICIAN GROUP, INC EIN 59-3259553, HEALTHCARE PURCHASING ALLIANCE, INC EIN 59-2353091, ORLANDO HEALTH FOUNDATION, INC EIN 59-2244943, AND ORLANDO PHYSICIAN NETWORK, INC EIN 59-3110868 AND THEIR EMPLOYEES ARE INCLUDED ON THE ORLANDO HEALTH, INC 941
Supplemental Compensation Information	SCHEDULE J, PART I, LINE 4B	DEFERRAL DISTRIBUTIONS PAID TO THE FOLLOWING JOHN HILLENMEYER $428,017, D WAYNE JENKINS, M D $254,942 DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING MILDRED BEAM $48,423, JOHN W BOZARD $85,533, NANCY G DINON $31,585, KEITH EGGERT $35,043, SHANNON P ELSWICK $58,207, JENNIFER ENDICOTT $19,815, KAREN L FRENIER $10,573, STEPHEN M GLAZIER $8,657, PAUL A GOLDSTEIN $54,153, MYRA J HANCOCK $19,520, STEPHAN J HARR $61,587, JOHN HILLENMEYER $212,341, KARL W HODGES $41,765, DAVIS F HUDDLESON $11,706, D WAYNE JENKINS $81,769, MARK A JONES $31,470, JOHN A MARZANO $31,249, ROBERT A MILES $27,270, ANNE G PEACH $23,477, JOHN R SCHOOLER $47,109, SHERRIE H SITARIK $74,310, ROBERT E SNYDER $17,371, KATHY A SWANSON $45,440

Additional Data

Return to Form

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 Denise Beam	(I)	318,007	195,560	376	51,306	10,183	575,432	0
	(II)	0	0	0	0	0	0	0
John W Bozard	(I)	431,036	252,064	7,068	119,262	11,754	821,184	0
	(II)	0	0	0	0	0	0	0
Nancy G Dinon	(I)	244,344	149,326	2,155	80,498	16,573	492,896	0
	(II)	0	0	0	0	0	0	0
Keith Eggert	(I)	238,180	149,729	1,776	48,606	15,743	454,034	0
	(II)	0	0	0	0	0	0	0
P Shannon Elswick	(I)	396,428	215,553	4,123	90,620	13,369	720,094	0
	(II)	0	0	0	0	0	0	0
Jennifer Endicott	(I)	0	0	0	0	0	0	0
	(II)	147,114	24,810	802	30,815	0	203,540	0
Stephen M Glazier	(I)	207,089	48,001	309	11,024	17,422	283,845	0
	(II)	0	0	0	0	0	0	0
Paul A Goldstein	(I)	301,713	180,526	1,379	86,565	15,204	585,387	0
	(II)	0	0	0	0	0	0	0
Myra J Hancock	(I)	157,541	92,598	2,363	40,491	10,754	303,747	0
	(II)	0	0	0	0	0	0	0
Stephan J Harr	(I)	379,494	225,658	66,021	110,500	15,304	796,977	0
	(II)	0	0	0	0	0	0	0
John Hillenmeyer	(I)	876,262	699,472	410,869	244,753	12,754	2,244,110	421,456
	(II)	0	0	0	0	0	0	0
Karl W Hodges	(I)	230,435	146,669	1,161	68,677	18,483	465,425	0
	(II)	0	0	0	0	0	0	0
David F Huddleson	(I)	151,246	0	1,393	20,831	15,978	189,448	0
	(II)	0	0	0	0	0	0	0
D Wayne Jenkins	(I)	0	0	0	0	0	0	0
	(II)	548,798	183,468	256,514	130,682	21,453	1,140,915	0
Mark A Jones	(I)	224,852	110,995	1,520	58,383	6,391	402,141	0
	(II)	0	0	0	0	0	0	0
John A Marzano	(I)	212,670	132,614	1,491	47,287	10,624	404,685	0
	(II)	0	0	0	0	0	0	0
Robert A Miles	(I)	217,528	120,092	2,068	53,722	22,387	415,796	0
	(II)	0	0	0	0	0	0	0
Anne G Peach	(I)	198,456	112,240	1,652	70,162	16,835	399,344	0
	(II)	0	0	0	0	0	0	0
John Richard Schooler	(I)	312,054	189,768	1,373	96,022	17,113	616,330	0
	(II)	0	0	0	0	0	0	0
Sherrie H Sitarik	(I)	507,789	290,112	3,633	123,223	14,457	939,213	0
	(II)	0	0	0	0	0	0	0
Kathy A Swanson	(I)	299,994	187,736	2,319	77,853	0	567,902	0
	(II)	0	0	0	0	0	0	0
Karen L Frenier	(I)	137,750	36,986	2,406	33,603	14,569	225,314	0
	(II)	0	0	0	0	0	0	0
Andrew Caswell Gardiner	(I)	116,331	28,825	128	24,224	0	169,508	0
	(II)	0	0	0	0	0	0	0
Robert E Snyder	(I)	151,340	49,209	596	60,502	10,754	272,401	0
	(II)	0	0	0	0	0	0	0
Arnold Einhorn	(I)	0	0	0	0	0	0	0
	(II)	265,022	316,337	37,304	31,840	18,809	669,312	0
Jay L Falk	(I)	367,712	105,143	2,557	48,913	17,443	541,768	0
	(II)	0	0	0	0	0	0	0
Timothy Bullard	(I)	304,821	83,361	7,860	40,813	15,334	452,189	0
	(II)	0	0	0	0	0	0	0
Mark E Swanson	(I)	284,735	81,164	1,552	23,573	21,679	412,702	0
	(II)	0	0	0	0	0	0	0
Michael Leonard Howell	(I)	257,804	73,774	648	49,539	19,113	400,878	0
	(II)	0	0	0	0	0	0	0
Simon S Margolis	(I)	268,072	33,868	1,122	62,930	10,421	376,413	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

2010

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Orange County Health Facilities Authority	52-1378595	684503 2J3	01-25-2006	182,254,609	REFUND REMAINING SERIES 2002 BONDS	X			X		X
B	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035L5	05-15-2008	155,816,665	CONVERT SERIES 2005A, 2006A1 & A2		X		X		X
C	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035Q4	06-18-2008	78,568,277	REPAY CREDIT DRAW REFUND SRS 2007B		X		X		X
D	ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	6845035U5	06-18-2008	179,360,000	REFUND SERIES 1999A, 1999B & 1999C		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	125,230,000			125,230,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	187,977,751	161,016,385	79,612,524	179,362,823
4	Gross proceeds in reserve funds	5,303,599	13,674,864	9,788,842	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	713,556	1,110,980	847,852	1,573,177
8	Credit enhancement from proceeds	1,053,969			1,053,969
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	69,579,532		14,685,424	
11	Other spent proceeds	18,727,325			18,727,325
12	Other unspent proceeds				
13	Year of substantial completion	2006	2008	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	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	
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 %		0 %		0 %		0 %	
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 %		0 210 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 210 %	
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	

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?	X			X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	MORGAN STANLEYDEXIA							
c	Term of hedge		14 4						14 4
d	Was the hedge superintegrated?								
e	Was a hedge terminated?		X						X
4a	Were gross proceeds invested in a GIC?		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
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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 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 2011 HOSPITAL REVENUE BONDS TO REFUND THE 2007A BONDS AND PAY THE COST OF ISSUANCE OF THE 2011 BONDS (ISSUE DATE 9/15/2011)

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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

2010

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
RELATIONSHIP BETWEEN PERSONS AND ORGANIZATION	SCHEDULE L, PART IV, COLUMN B	LINE 5 - J HAKIM, BOD, OWNER IN CONTRACTED GROUP LINE 6 - RAY SANDHAGEN, BOD OF BOTH OHI & SUNTRUST LINE 7 - REX V, MCPHERSON II, BOD OF BOTH OHI & SUNTRUST LINE 8 - M SAND, BOD OF OHI AND DIRECTOR OF CONTRACTED ENTITY LINE 9 - BOD, D MORGAN'S BROTHER-IN-LAW SCOTT CAHILL IS OWNER OF CONTRACTED ENTITY
RELATIONSHIP BETWEEN PERSONS AND ORGANIZATION	SCHEDULE L, PART IV, COLUMN B	LINE 1 - FATHER OF CRAIG USTLER, BOD, OWNS 1/3 OF COLUMBIA PROPERTIES SILVER COURT LLC

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**
IRENE KOVATS	MOTHER OF N DINON OFCR	34,023	COMPENSATION FOR EMPLOYMENT		No
THOMAS F MCDANIEL JR	BROTHER OF M KING BOD	51,305	COMPENSATION FOR EMPLOYMENT		No
STACEY L SITARIK	DAUGHTER S SITARIK OFCR	10,873	COMPENSATION FOR EMPLOYMENT		No
JESSICA JONES	SPOUSE OF M JONES OFCR	44,759	COMPENSATION FOR EMPLOYMENT		No
ANESTHIA GROUP OF ORLANDO PA	SEE PART V	1,172,239	CONTRACTED ANESTHESIOLOGY SVCS		No
SUNTRUST BANK OF CENTRAL FLORIDA	SEE PART V	726,408	GENERAL BANKING SERVICES		No
SUNTRUST BANK OF CENTRAL FLORIDA	SEE PART V	726,408	GENERAL BANKING SERVICES		No
CARDIOVASCULAR SURGEONS PA	SEE PART V	363,843	CONTRACTED SURGERY SERVICES		No
FULCROM PARTNERS	SEE PART V	66,235	RETIREMENT PLAN SERVICES		No
HEALTHCHOICE INC	OH OFFICERS ON HC BOARD	717,851	PURCHASED MANAGED CARE SVCS		No
COLUMBIA PROPERTIES SILVER COURT L	SEE PART V	692,262	OHI RENTS OFFICE SPACE		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ORLANDO HEALTH INC

Employer identification number
59-1726273

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	JOHN HILLENMEYER, STEPHAN HARR, PAUL GOLDSTEIN, KARL HODGES, AND NANCY DINON HAVE A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF FOR PROFIT COMPANIES WHOLLY OWNED BY ORLANDO HEALTH, INC DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 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 NET 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 THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY REQUIRED CHANGES WERE MADE TO THE FORM 990 BEFORE THE FORM WAS REVIEWED WITH THE FINANCE 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 REPORT 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 PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C ORGANIZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANONYMOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND MONITORS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE CONFLICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A & 15B THE EXECUTIVE COMPENSATION PROCESS AT ORLANDO HEALTH IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES THEY FOLLOW A BOARD APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THIS PROCESS APPLIES TO THE CEO AND WAS IMPLEMENTED PRIOR TO OCTOBER 1, 2006 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 BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS AND RETENTION OF 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 ADMINISTERING COMPENSATION AS COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS TO FULFILL THEIR RESPONSIBILITY TO LOOK AT RELEVANT MARKET DATA AND BECAUSE OF THE SCALE AND COMPLEXITY 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 ADMINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND EXECUTIVE BENEFITS THE COMPENSATION COMMITTEE IS COMPRISED OF 5 INDEPENDENT MEMBERS OF THE BOARD THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPENDENT COMPENSATION CONSULTANT AND 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 "SAFE HARBOR" STANDARDS AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO PUBLIC FORM 990, PART VI, QUESTION 19 THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	ESTIMATED HOURS WORKED BY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES,AND HIGHEST COMPENSATED EMPLOYEES AT RELATED ENTITIES HEALTHCARE PURCHASING ALLIANCE, INC JOHN W BOZARD - 5 P SHANNON ELSWICK - 5 STEPHEN M GLAZIER - 5 PAUL A GOLDSTEIN - 5 STEPHAN J HARR - 5 MARK A JONES - 5 JOHN RICHARD SCHOOLER - 5 ROBERT E SNYDER - 5 KATHY A SWANSON - 5 ORLANDO HEALTH FOUNDATION, INC JOHN W BOZARD - 40 JOHN HILLENMEYER - 5 KATHY JOHNSON - 5 RAY SANDHAGEN - 5 SHERRIE H SITARIK - 5 ORLANDO CANCER CENTER, INC P SHANNON ELSWICH - 2 PAUL A GOLDSTEIN - 2 STEPHAN J HARR - 2 JOHN HILLENMEYER - 2 ANNE G PEACH - 2 SHERRIE H SITARIK - 2 ORLANDO PHYSICIAN NETWORK, INC P SHANNON ELSWICK - 5 JENNIFER ENDICOTT - 5 PAUL A GOLDSTEIN - 5 STEPHAN J HARR - 5 JOHN HILLENMEYER - 5 KARL W HODGES - 5 D WAYNE JENKINS - 30 SHERRIE H SITARIK - 5 ORLANDO HEALTH PHYSICIAN GROUP, INC P SHANNON ELSWICK - 5 JENNIFER ENDICOTT - 40 PAUL A GOLDSTEIN - 5 STEPHAN J HARR - 5 JOHN HILLENMEYER - 5 KARL W HODGES - 5 D WAYNE JENKINS - 20 SHERRIE H SITARIK - 5 MARK E SWANSON - 25 OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 5 CONTRIBUTION REVENUE - BOOK/TAX DIFFERENCE = ($11,589,240), UNREALIZED GAIN/LOSS = ($21,714,588), NET ASSETS RELEASED FROM RESTRICTIONS = $2,879,080, CONTRIBUTIONS - TEMP RESTRICTED NET ASSETS = $13,775,011, NET REALIZED/UNREALIZED GAIN ON INVESTMENTS - TEMP = ($53,019), CONTRIBUTIONS - PERMANENT RESTRICTED NET ASSETS = $19,205, NET REALIZED/UNREALIZED GAINS ON INVESTMENTS - PERM = ($5,177), NET ASSETS RELEASED FROM RESTRICTIONS - TEMP = ($6,507,259), AFFILIATED EQUITY TRANSFERS = ($65,000,000), MISCELLANEOUS CHANGES = ($5,726), TOTAL = (88,201,713)

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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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Orlando Health Physician Group Inc 1414 Kuhl Avenue Orlando, FL 32806 59-3259553	PYS SUPRT SRV	FL	501(C)(3)	11 Type I	OHI		
(2) Orlando Physicians Network Inc 1414 Kuhl Avenue Orlando, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11 Type I	OHI		
(3) Orlando Health Foundation Inc 3160 Southgate Commerce Blvd Orlando, FL 32806 59-2244943	Support OH	FL	501(C)(3)	7	OHI		
(4) Orlando Cancer Center Inc 1400 S Orange Avenue Orlando, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 Type I	OHI		
(5) Healthcare Purchasing Alliance Inc 1417 Kuhl Avenue Orlando, FL 32806 59-2353091	CNTL PURCHSNG	FL	501(C)(3)	3	OHI		

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) Disproprtionate 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	(k) Percentage ownership

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
(1) Orange Indemnity LTD PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-0516252	CAPTIVE INSURANCE	CJ	OHI	C CORP	375,047	1,929,066	100 000 %
(2) HEALTHNET SERVICES INC & SUBS 1414 KUHL AVENUE ORLANDO, FL32806 59-2246203	MEDICAL SERVICES	FL	OHI	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, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
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**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
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	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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 ($)	(d) Method of determining amount involved
(1)	Orlando Health Foundation Inc	C	5,480,583	
(2)	Healthcare Purchasing Alliance Inc	R - D	3,993,953	
(3)	Orlando Cancer Center Inc	I	776,000	
(4)	Orlando Health Physician Group Inc	I	413,300	
(5)	Orlando Health Physician Group Inc	L	2,330,900	
(6)	Healthchoice Inc	L	861,851	
(7)	Orlando Health Physician Group Inc	Q	42,999,000	
(8)	Orlando Cancer Center Inc	Q	20,000,000	
(9)	Orlando Health Foundation Inc	M	4,385,538	
(10)	Orlando Health Foundation Inc	N	1,282,732	
(11)	Orange Indemnity Ltd	L	225,000	
(12)	Orlando Physicians Network Inc	Q	2,000,000	

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01, **2010, and ending** 09/30, **20** 11

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

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): 1414 KUHL AVENUE — Room/suite: MP 2

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 $ 2,218,059,013.

F Name and address of principal officer: SHERRIE H. SITARIK
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) ☐ 501(c) ( ) ◀ (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	17.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14,203.
6	Total number of volunteers (estimate if necessary)	6	1,250.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	10,897,079.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,905,924.	13,971,697.
9	Program service revenue (Part VIII, line 2g)	1,644,315,215.	1,653,000,581.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,259,527.	28,626,109.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,545,571.	8,525,375.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,689,026,237.	1,704,123,762

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,037,798.	1,317,737.
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)	755,615,800.	747,606,498.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,131.	96,842.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,854,836.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	808,258,936.	793,345,585.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,564,972,665.	1,542,366,662.
19	Revenue less expenses Subtract line 18 from line 12	124,053,572.	161,757,100.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,059,912,719.	2,113,949,411.
21	Total liabilities (Part X, line 26)	1,124,839,623.	1,105,320,928.
22	Net assets or fund balances Subtract line 21 from line 20	935,073,096.	1,008,628,183.

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: 8/10/12

▶ Paul A Goldstein Vice President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Linda Mason	Linda Mason	08/10/2012	☐	

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 201 S BISCAYNE BLVD, STE 3000 MIAMI, FL 33131 — Phone no 305-358-4111

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

For Paperwork Reduction Act Notice, see the separate instructions Form **990** (2010)

JSA
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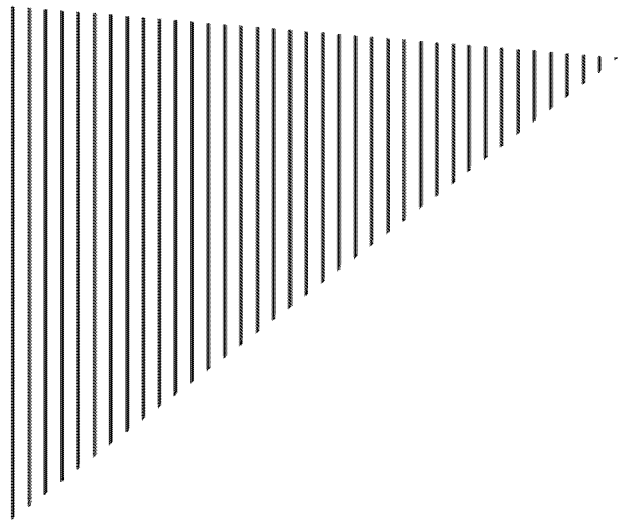
ORLANDO HEALTH, INC
59-1726273

ORLANDO HEALTH, INC
ATTACHMENT TO FORM 5471, PAGE 1 DETAIL

SECTION D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

NAME, ADDRESS, IDENTIFYING NUMBER, AND APPLICABLE CATEGORY

1 ORLANDO HEALTH PHYSICIAN GROUP, INC, 1414 KUHL AVENUE ORLANDO, FL 32806, 59-3259553, DEEMED SHAREHOLDER
2 ORLANDO PHYSICIANS NETWORK, INC, 1414 KUHL AVENUE ORLANDO, FL 32806, 59-3110868, DEEMED SHAREHOLDER
3 ORLANDO HEALTH FOUNDATION, INC, 3160 SOUTHGATE COMMERCE BLVD , SUITE 50, ORLANDO, FL 32806, 59-2244943, DEEMED SHAREHOLDER
4 ORLANDO CANCER CENTER, INC, 1400 S ORANGE AVENUE, SUITE 118, ORLANDO, FL 32806, 59-3005020, DEEMED SHAREHOLDER
5 HEALTHCARE PURCHASING ALLIANCE, INC, 1417 KUHL AVENUE, SUITE 100, ORLANDO, FL 32806, 59-2353091, DEEMED SHAREHOLDER
6 HEALTHNET SERVICES INC, 1414 KUHL AVENUE ORLANDO, FL, 32806, 59-2246203, DEEMED SHAREHOLDER
7 HEALTHCHOICE, INC, 1414 KUHL AVENUE ORLANDO, FL 32806, 59-2364223, DEEMED SHAREHOLDER
8 MEDEV, INC, 1414 KUHL AVENUE ORLANDO, FL 32806, 20-4855354, DEEMED SHAREHOLDER
9 ORLANDO HEALTH PHYSICIAN PARTNERS, INC, 1414 KUHL AVENUE ORLANDO, FL 32806, 90-0748014, DEEMED SHAREHOLDER



Consolidated Financial Statements and Other Financial Information

Orlando Health, Inc. and Controlled Affiliates
Years Ended September 30, 2011, 2010, and 2009
With Report of Independent Certified Public Accountants

Ernst & Young LLP

Ernst & Young

Orlando Health, Inc. and Controlled Affiliates

Consolidated Financial Statements and
Other Financial Information

Years Ended September 30, 2011, 2010, and 2009

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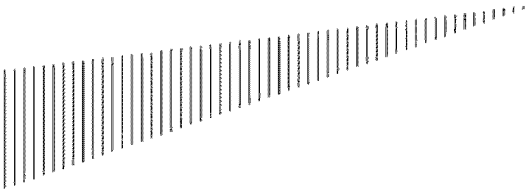

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Report of Independent Certified Public Accountants

The Board of Directors
Orlando Health, Inc

We have audited the accompanying consolidated balance sheets of Orlando Health, Inc and Controlled Affiliates (the System) as of September 30, 2011, 2010, and 2009, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the System's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the System's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Orlando Health, Inc and Controlled Affiliates at September 30, 2011, 2010, and 2009, and the consolidated results of their operations, changes in their net assets, and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States

In accordance with *Government Auditing Standards*, we have also issued our report dated November 22, 2011, on our consideration of Orlando Health, Inc and Controlled Affiliates' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit

Ernst & Young LLP

November 22, 2011

Orlando Health, Inc. and Controlled Affiliates

Consolidated Balance Sheets

(In Thousands)

	September 30		
	2011	**2010**	**2009**
Assets			
Current assets			
Cash and cash equivalents	**$ 47,159**	$ 123,007	$ 243,610
Short-term investments	**207,473**	176,170	129,591
Assets limited as to use	**53,433**	54,630	48,816
Accounts receivable, less allowances for uncollectible accounts of $124,831 in 2011, $99,244 in 2010, and $97,655 in 2009	**230,565**	216,797	209,246
Other receivables	**25,656**	24,386	24,754
Other current assets	**41,823**	39,665	39,946
Total current assets	**606,109**	634,655	695,963
Assets limited as to use			
Debt service and reserve funds held by bond trustee	**50,672**	57,356	57,434
Designated by board for property and equipment	**–**	260,307	225,943
Interest rate swap contract collateral receivable	**16,819**	–	–
Designated by board for malpractice self-insurance	**77,972**	75,014	69,667
	145,463	392,677	353,044
Less amount required to meet current obligations	**(53,433)**	(54,630)	(48,816)
	92,030	338,047	304,228
Long-term investments - unrestricted	**422,198**	112,044	–
Long-term investments - restricted	**49,709**	49,443	49,586
Investments in related parties	**22,122**	20,098	19,028
Other assets	**91,842**	83,887	64,934
Property and equipment, net	**874,819**	865,683	867,722
Total assets	**$ 2,158,829**	$ 2,103,857	$ 2,001,461
Liabilities and net assets			
Current liabilities			
Accounts payable and accrued expenses	**$ 142,569**	$ 148,530	$ 150,927
Other current liabilities	**85,329**	87,002	83,986
Current portion of long-term debt	**15,427**	14,657	12,567
Total current liabilities	**243,325**	250,189	247,480
Long-term debt, less current portion	**749,414**	766,131	762,036
Accrued malpractice claims	**67,158**	72,209	68,265
Other noncurrent liabilities	**60,129**	49,360	49,158
Total liabilities	**1,120,026**	1,137,889	1,126,939
Net assets			
Unrestricted	**964,724**	899,844	814,354
Temporarily restricted	**71,659**	63,717	57,767
Permanently restricted	**2,420**	2,407	2,401
Total net assets	**1,038,803**	965,968	874,522
Total liabilities and net assets	**$ 2,158,829**	$ 2,103,857	$ 2,001,461

See accompanying notes

Orlando Health, Inc. and Controlled Affiliates

Consolidated Statements of Operations and Changes in Net Assets

(In Thousands)

	Year Ended September 30		
	2011	**2010**	**2009**
Unrestricted revenues and other support			
Net patient service revenue (net of contractual allowances and discounts)	**$ 1,694,565**	$ 1,636,362	$ 1,577,284
Provision for bad debts	**(107,146)**	(120,185)	(130,054)
Net patient service revenue less provision for bad debts	**1,587,419**	1,516,177	1,447,230
Other revenue	**58,236**	57,347	55,293
Net assets released from restrictions	**6,356**	7,002	5,253
Total unrestricted revenues and other support	**1,652,011**	1,580,526	1,507,776
Expenses			
Salaries and benefits	**883,138**	807,498	754,256
Supplies and other	**549,223**	546,305	528,873
Professional fees and purchased services	**33,296**	34,458	34,138
Depreciation and amortization	**90,425**	92,944	90,061
Impairment	**315**	–	3,193
Interest	**37,313**	37,958	38,350
Total expenses	**1,593,710**	1,519,163	1,448,871
Income from operations	**58,301**	61,363	58,905
Nonoperating gains and losses			
Investment income	**16,308**	39,508	31,828
Change in fair value of interest rate swap agreements	**(7,304)**	(13,552)	(17,419)
Loss on early extinguishment of debt	**(2,858)**	(4,330)	–
Nonoperating gains, net	**6,146**	21,626	14,409
Excess of revenues, other support, and gains over expenses and losses	**64,447**	82,989	73,314

Continued on next page

Orlando Health, Inc. and Controlled Affiliates

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Year Ended September 30		
	2011	**2010**	**2009**
Unrestricted net assets			
Excess of revenues, other support, and gains over expenses and losses	**$ 64,447**	$ 82,989	$ 73,314
Other changes in unrestricted net assets			
Net assets released from restriction for property and equipment	**1,018**	2,952	6,554
Other	**(585)**	(451)	(344)
Increase in unrestricted net assets	**64,880**	85,490	79,524
Temporarily restricted net assets			
Contributions	**15,159**	14,330	6,516
Net assets released from restrictions	**(7,374)**	(9,954)	(11,807)
Net realized and unrealized gains (losses) on investments	**(102)**	1,574	1,358
Reclassifications and other	**259**	–	–
Increase (decrease) in temporarily restricted net assets	**7,942**	5,950	(3,933)
Permanently restricted net assets			
Contributions	**19**	4	1,338
Net realized and unrealized gains (losses) on investments	**(6)**	2	1
Increase in permanently restricted net assets	**13**	6	1,339
Increase in net assets	**72,835**	91,446	76,930
Net assets at beginning of year	**965,968**	874,522	797,592
Net assets at end of year	**$ 1,038,803**	$ 965,968	$ 874,522

See accompanying notes

Orlando Health, Inc. and Controlled Affiliates

Consolidated Statements of Cash Flows

(In Thousands)

	Year Ended September 30		
	2011	**2010**	**2009**
Operating activities			
Change in net assets	**$ 72,835**	$ 91,446	$ 76,930
Adjustments to reconcile change in net assets to net cash provided by operating activities			
Depreciation and amortization	**90,425**	92,944	90,061
Change in fair value of interest rate swap agreements	**7,304**	13,552	17,419
Net unrealized losses (gains) on investments	**17,066**	(8,528)	(19,096)
Loss on early extinguishment of debt	**2,858**	4,330	–
Impairment	**315**	–	3,193
Restricted contributions and investment income	**(15,329)**	(15,910)	(9,213)
Purchase of short-term trading securities, net of sales	**(32,733)**	(46,572)	(10,437)
Changes in operating assets and liabilities			
Accounts receivable, net	**(13,768)**	(7,551)	25,318
Other operating assets	**(3,428)**	649	(9,225)
Accounts payable and accrued expenses	**(5,961)**	(2,397)	15,159
Other operating liabilities	**(3,259)**	5,734	25,192
Net cash provided by operating activities	**116,325**	127,697	205,301
Investing activities			
Purchases of property, equipment and other noncurrent assets	**(107,173)**	(112,305)	(96,059)
(Increase) decrease in assets limited as to use	**(27,131)**	(34,801)	28,357
Purchase of long-term trading securities, net of sales	**(58,932)**	(109,011)	–
Other investing activities	**(5,248)**	1,881	(1,389)
Net cash used in investing activities	**(198,484)**	(254,236)	(69,091)
Financing activities			
Proceeds from issuance of long-term debt	**89,129**	257,551	2,515
Proceeds from debt service reserve fund liquidation	**7,239**	–	–
Repayments of long-term debt	**(105,076)**	(252,181)	(14,949)
Swap termination payments	**–**	(12,124)	–
Long-term debt proceeds used for loan costs	**(310)**	(3,220)	–
Restricted contributions and investment income	**15,329**	15,910	9,213
Net cash provided by (used in) financing activities	**6,311**	5,936	(3,221)
(Decrease) increase in cash and cash equivalents	**(75,848)**	(120,603)	132,989
Cash and cash equivalents at beginning of year	**123,007**	243,610	110,621
Cash and cash equivalents at end of year	**$ 47,159**	$ 123,007	$ 243,610

See accompanying notes

Orlando Health, Inc. and Controlled Affiliates

Notes to Consolidated Financial Statements

September 30, 2011

1. Organization

Orlando Health, Inc. (Orlando Health) is a not-for-profit corporation, recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, that controls a diversified healthcare delivery system headquartered in Orlando, Florida (collectively referred to as the System). Orlando Health includes the following hospitals operating in Central Florida: Orlando Regional Medical Center (ORMC) which includes the Lucerne Pavilion (Lucerne), Dr. P. Phillips Hospital, Arnold Palmer Hospital for Children (APH), Winnie Palmer Hospital for Women and Babies (WPH), South Seminole Hospital, , and a home health services division. APH and WPH are jointly referred to as the Arnold Palmer Medical Center (APMC). Lucerne was formerly Orlando Regional Lucerne Hospital, a separately licensed hospital that was added to the license of ORMC on July 1, 2009.

Orlando Health controls several affiliates as the sole or majority member, sole shareholder, or through board appointment and approval of all major transactions. These affiliates operate a variety of healthcare-related services, including an outpatient cancer treatment center (MD Anderson Cancer Center Orlando), a physician practice group, (Orlando Health Physician Group, Inc.), as well as rehabilitative services, a preferred provider organization, a group purchasing organization, and other healthcare-related services. These financial statements include the consolidated accounts of Orlando Health and its controlled affiliates. Significant transactions between entities have been eliminated.

The System owns a 20% interest in OsceolaSC, LLC (OsceolaSC), a for-profit limited liability corporation. The remaining 80% is owned by Health Management Associates, Inc. (HMA), a publicly held company. OsceolaSC owns and operates St. Cloud Regional Medical Center, 84 bed hospital in Osceola County. The System's 20% interest in OsceolaSC is accounted for using the equity method with the accounts of OsceolaSC excluded from these consolidated financial statements.

Orlando Health has a 50% membership on the Board of Directors of South Lake Hospital, Inc. (South Lake), a not-for-profit acute care hospital. As Orlando Health does not hold a controlling interest, nor rights and obligations to profits and losses, the accounts of South Lake are excluded from the consolidated financial statements.

2. Significant Accounting Policies

Recent Accounting Pronouncements

In September 2011, the FASB issued ASU No. 2011-08, *Intangibles—Goodwill and Other (Topic 350): Testing Goodwill for Impairment* (ASU 2011-08). ASU No. 2011-08 simplifies how entities test goodwill for impairment. The amendments permit an entity to first assess qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment test described in FASB Accounting Standards Codification Topic 350. The more-likely-than-not threshold is defined as having a likelihood of more than 50%. This new guidance is effective for fiscal years beginning after December 15, 2011, with early application permitted. The System decided not to adopt ASU 2011-08 early and will adopt for fiscal year 2012. The adoption of ASU 2011-08 is not expected to have any impact on Orlando Health's consolidated financial position or results of operations.

2. Significant Accounting Policies (continued)

In July, 2011, the FASB issued ASU No 2011-07, *Health Care Entities (Topic 954), Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) ASU 2011-07 requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from net patient service revenue (net of contractual allowances and discounts)

Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts The new guidance also requires disclosures of patient service revenue (net of contractual allowances and discounts), as well as qualitative and quantitative information about changes in the allowance for doubtful accounts This new guidance is effective for fiscal years beginning after December 15, 2011, with early application permitted The System early adopted ASU 2011-07 during the year ended September 30, 2011

In January 2011, the FASB issued ASU 2010-07, *Not-for-Profit Entities Merger and Acquisitions* (ASU 2010-07), which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or acquisition, how to account for each, and the required disclosures It requires mergers to be accounted for using the carryover method and acquisitions to be accounted for using the acquisition method It also allows for recognition of a contribution when net assets are received without transferring consideration, or if the consideration transferred is less than the fair value of the net assets received ASU 2010-07 is effective for mergers or acquisitions for which the merger or acquisition date is on or after the beginning of the initial reporting period of the new entity that begins on or after December 15, 2009

In addition, ASU 2010-07 included amendments to FASB's ASC Topic 350, *Intangibles – Goodwill and Other* (ASC Topic 350), and Topic 810, *Consolidation* (ASC Topic 810), to make both applicable to not-for-profit entities, thus requiring not-for-profit entities to cease amortizing goodwill and other indefinite-lived intangible assets and perform impairment testing on at least an annual basis ASC Topic 350 clarifies the accounting for goodwill and indefinite-lived identifiable intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity Such assets are not amortized and are tested for impairment at least annually ASU 2010-07 requires entities to perform a transitional intangible impairment test within six months of the beginning of the fiscal year beginning after December 15, 2009 Orlando Health adopted this standard effective October 1, 2010, and has performed a transitional impairment analysis at March 31, 2011 The impairment test results were positive and no impairment indicators existed The System will complete its annual impairment analysis on March 31 of each fiscal period Amortization of goodwill ceased as of October 1, 2010, and reduced amortization expense by approximately $4,000,000 for the fiscal year ended September 30, 2011

In August 2010, the FASB issued ASU No 2010-23, *Measuring Charity Care for Disclosure* (ASU 2010-23) The provisions of ASU 2010-23 are intended to reduce the diversity in how charity care is calculated and disclosed by health care entities Charity care is required to be measured at cost, defined as the direct and indirect costs of providing the charity care As Orlando Health does not recognize revenue when charity care is provided, ASU 2010-23 will have no effect on the consolidated statements of operations and changes in net assets ASU 2010-23 only requires additional disclosures, including the method used to estimate the cost of charity care This new guidance is effective for fiscal years beginning after December 15, 2010, with early application permitted

2. Significant Accounting Policies (continued)

The System early adopted ASU 2010-23 during the year ended September 30, 2011

In August 2010, the FASB issued ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24) ASU 2010-24 prohibits the netting of insurance recoveries against a related claim liability and requires the claim liability to be calculated without consideration of insurance recoveries This guidance is effective for fiscal years beginning after December 15, 2010, with early application permitted Orlando Health will adopt ASU 2010-24 in the first quarter of fiscal year 2012 The adoption of ASU 2010-24 is not expected to have a significant impact on Orlando Health's consolidated financial position or results of operations

In January 2010, the FASB updated the accounting standards to require new disclosures for fair value measurements and to provide clarification for existing disclosure requirements More specifically, this update requires (a) an entity to disclose separately the amounts of significant transfers in and out of Levels 1 and 2 fair value measurements and to describe the reasons for the transfers and (b) information about purchases, sales, issuances, and settlements to be presented separately (i e , present the activity on a gross basis rather than net) in the roll forward of fair value measurements using significant unobservable inputs (Level 3 inputs) This update clarifies existing disclosure requirements for the level of disaggregation used for classes of assets and liabilities measured at fair value and require disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements using Level 2 and Level 3 inputs The standard is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements Those disclosures are effective for fiscal years beginning after December 12, 2010, and for interim periods within those fiscal years The adoption of this guidance did not have an effect on Orlando Health's consolidated financial position or results of operations

Reclassifications

As a result of adopting ASU 2011-07, the provision for bad debts was reclassified from operating expense to reduction in revenue The years ended September 30, 2010 and 2009 have been reclassified to reflect the current year presentation

At September 30, 2011, the presentation of long-term investments was modified to reflect the intended use of such investments Under the new presentation, long-term investments are classified as either long-term investments – unrestricted or long-term investments – restricted Long-term investments – restricted are comprised of donor restricted investments held by Orlando Health Foundation, Inc (Foundation), a controlled affiliate of Orlando Health Long-term investments at September 30, 2010 have been reclassified to reflect the new presentation There were no long-term investments – unrestricted at September 2009 Such reclassification had no effect on the decrease in cash and cash equivalents for the year ended September 30, 2010

The presentation of the statement of cash flows for the year ended September 30, 2010 was also modified to reclassify purchases of long-term trading securities from operating activities to investing activities Such reclassifications had no effect of decrease in cash and cash equivalents during the year ended September 30, 2010

2. Significant Accounting Policies (continued)

A summary of the effect of the reclassification on the statement of cash flows for the year ended September 30, 2010 is as follows

	As Originally Reported	Reclassification	As Reclassified
Operating activities			
Purchase of short-term trading securities, net of sales	(155,583)	109,011	(46,572)
Net cash provided by operating activities	18,686	109,011	127,697
Investing activities			
Purchase of long-term trading securities, net of sales	–	(109,011)	(109,011)
Net cash used in investing activities	(145,225)	(109,011)	(254,236)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

Investments with maturities of three months or less when purchased are classified as cash equivalents Cash deposits are federally insured in limited amounts

Investments and Investment Income

Investments in marketable equity securities and all debt securities are stated at fair value in the consolidated balance sheets All investments have been designated by management as trading securities Investment income or loss, including realized and unrealized gains and losses, interest, and dividends, is included in excess of revenues, other support, and gains over expenses and losses, unless the income or loss is restricted by donor or law or capitalized to construction-in-progress

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 1986, 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

2. Significant Accounting Policies (continued)

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

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under bond indenture agreements, and designated assets set aside by Orlando Health's Board of Directors for future malpractice claims The Board of Directors retains control of, and may use these designated assets for other purposes Amounts required to meet related current liabilities are reported as current During the year ended September 30, 2011, the Board of Directors voted to remove the limitation on the use of investments designated by board for property and equipment, and as a result, $266,602,000 was reclassified from board designated for property and equipment to long-term investments-unrestricted As this was a Board action, no reclassification was made to the prior periods

Property and Equipment

Property and equipment are recorded at cost, except for donated items, which are recorded at fair value at the date of the contribution Expenditures that materially increase values, change capacities, or extend useful lives are capitalized, as are interest costs during periods of construction Depreciation is computed utilizing the straight-line method at rates estimated by management to amortize the cost of the various assets within the periods of expected use Depreciation of assets recorded as capital leases is included in depreciation expense and accumulated depreciation

Goodwill

Goodwill results from the excess of the purchase price over the fair value of net assets of investments accounted for under the equity method and acquisitions accounted for as purchases

On September 1, 2011, Orlando Health purchased certain assets of a physician group for $10,000,000 in cash The purchased assets included $7,297,000 of goodwill and $2,593,000 of fixed assets On December 28, 2009, Orlando Health purchased certain assets of a physician group for $21,400,000 in cash The purchased assets included $20,335,000 of goodwill, $500,000 in other intangible assets, and $565,000 of fixed assets The other intangible assets are being amortized over seven years Goodwill amounted to $31,973,000, $24,676,000 and $7,528,000 at September 30, 2011, 2010, and 2009, respectively and is included in other assets on the consolidated balance sheets

Investments in Related Parties

Investments in related parties in which the System owns or controls at least a 20% interest and less than a 50% voting interest are recorded using the equity method Investments in related parties of less than a 20% interest are recorded using the cost method, and income is recognized only when cash dividends are received Income or losses from equity investments and cash dividends received from cost method investments are included in other revenue

2. Significant Accounting Policies (continued)

Impairment of Long-Lived Assets

The System evaluates the financial recoverability of long-lived assets, including goodwill, by comparing their carrying value to the expected future undiscounted cash flows. If such evaluations indicate that the carrying value of the assets has been impaired, the assets are adjusted to their fair values. Additionally, long-lived assets held for sale are similarly evaluated by comparison of the carrying value to fair value less costs to sell. If the carrying value exceeds fair value less costs to sell, the assets are adjusted to fair value less costs to sell. Adjustments are reported as impairment expense. During the year ended September 30, 2011, $315,000 of building costs were deemed impaired as they are to be demolished in preparation for an ORMC expansion project. During the year ended September 30, 2009, $3,193,000 in previously capitalized planning and architectural costs included in construction in progress were deemed impaired. The costs were associated with a hospital expansion plan that changed due to economic conditions. These amounts are included in impairment expense.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are primarily available for property and equipment purchases. Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity. Income from restricted funds is used for the restricted purpose as stipulated by the donor.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the System are reported at fair value as of the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value as of the date the gift is received. The gifts are reported as either temporarily or permanently restricted contributions if they are received with donor stipulations that limit their use. When a stipulated time restriction ends or a restricted purpose is accomplished, temporarily restricted net assets are released from restrictions.

Excess of Revenues, Other Support, and Gains Over Expenses and Losses

The consolidated statements of operations and changes in net assets include excess of revenues, other support, and gains over expenses and losses, which is analogous to income from continuing operations for a for-profit enterprise. Nonoperating gains and losses represent activities peripheral to direct patient care services and include investment income (loss), loss on interest rate swap agreements, and loss on early extinguishment of debt. Changes in unrestricted net assets that are excluded from excess of revenues, other support, and gains over expenses and losses, consistent with industry practice, include changes in fair value for derivative financial instruments that qualify as cash flow hedges, and contributions of long-lived assets, including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets.

2. Significant Accounting Policies (continued)

Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established charges. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments for hospital services, and percentages of Medicare fee schedules for physician services. The System provides discounts from established charges to uninsured patients. The discount increased from 40% for the years ended September 30, 2009 and 2010, to 65% for the year ended September 30, 2011. Such discounts are reflected in net patient service revenue and totaled approximately $116,355,000, $56,965,000, and $52,649,000 for the years ended September 30, 2011, 2010 and 2009, respectively.

Net patient service revenue is reported at estimated net realizable amounts due from patients and third-party payors for medical services rendered, and includes adjustments resulting from reviews and audits of prior year Medicare and Medicaid cost reports. Such adjustments are considered in the recognition and estimation of revenue in the period that services are rendered, and in future periods as the adjustments become known or as cost report years are no longer subject to such reviews and audits. During the year ended September 30, 2010, the Medicaid program audited and settled cost reports for two years, which resulted in a $7,843,000 increase in net patient service revenue. The combined effect from changes of all prior year cost report settlements and adjustments was an increase in net patient service revenue of approximately $11,551,000, $13,070,000, and $5,400,000 for the years ended September 30, 2011, 2010, and 2009, respectively.

The Centers for Medicare and Medicaid Services (CMS) utilizes Recovery Audit Contractors (RAC) to retroactively review the propriety of payments to hospitals for services rendered. During the RAC demonstration project, CMS began recouping amounts previously paid to the System based upon a review of medical records. The System was a part of the demonstration project that reviewed claims from 2002 to 2006, and for 2008 claims, and will be subject to the RAC program that was made permanent by Section 302 of the Tax Relief and Healthcare Act of 2006. The System included its history of successful appeals of previously denied claims in estimating its valuation allowances for exposure to RAC audits. The complexities of the Medicare program rules and the nature of the RAC audit process provide at least a reasonable possibility that the System's valuation allowances for exposure to the RAC audit may change in the near term. The effect of the recouping of amounts previously paid to the System was a reduction in net patient service revenue of approximately $1,757,000, $2,218,000, and $2,657,000 for the years ended September 30, 2011, 2010, and 2009, respectively.

Net patient revenue (net of contractual allowances and discounts) before the provision for bad debts by payor type is presented below:

	September 30		
	2011	**2010**	**2009**
	(In Thousands)		
Third party payors	**$ 1,683,546**	$ 1,549,392	$ 1,525,390
Patients	**11,019**	86,970	51,894
	$ 1,694,565	$ 1,636,362	$ 1,577,284

2. Significant Accounting Policies (continued)

The System grants credit without collateral to its patients, most of whom are local residents, insured under third-party payor agreements. The mix of receivables from patients and third-party payors before allowances for doubtful accounts is as follows:

	September 30		
	2011	**2010**	**2009**
Medicare	**16%**	18%	21%
Medicaid	**31**	26	24
Other third-party payors	**35**	31	26
Patients	**18**	25	30

During the year ended September 30, 2010, Orlando Health received $3,623,000 of federal stimulus money through the State of Florida Medicaid Low Income Pool program and recognized the receipt as other revenue.

Approximately 23%, 25%, and 26% of net patient service revenue was earned under the Medicare and Medicare HMO programs, and 17%, 16%, and 14% under state Medicaid and Medicaid HMO programs (including estimated revenue for patients whose qualification for the Medicaid program is pending), for the years ended September 30, 2011, 2010, and 2009, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Allowance for Doubtful Accounts

The provision for bad debts 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.

Accounts receivable are reduced by an allowance for doubtful accounts. Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. Data about these major payor sources of revenue and the results of this review are then used to establish an appropriate allowance for uncollectible receivables and provision for bad debts. Additionally, for receivables associated with services provided to patients who have third-party coverage, contractually due amounts are analyzed and compared to actual cash collected over time to enhance the quality of the estimate of the allowance for doubtful accounts and the provision for bad debts (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), a significant allowance for doubtful accounts is recorded on the basis of historical experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for

2. Significant Accounting Policies (continued)

which they are financially responsible An estimate of the difference between contracted rates and amounts actually collected, after all reasonable collection efforts have been exhausted, is charged to the provision for bad debts and credited to the allowance for doubtful accounts

The allowance for doubtful accounts for self-pay hospital patients as a percent of related self-pay accounts receivable increased from 87% at September 30, 2010, to 92% at September 30, 2011 Hospital self pay discounts increased from $56,965,000 for the year ended September 30, 2010 to $116,355,000 for the year ended September 30, 2011 due to the self pay discount policy change described above Conversely, hospital self-pay bad debt provision decreased from $120,185,000 for the year ended September 30, 2010 to $107,146,000 for the year ended September 30, 2011 The $46,351,000 or 26% net combined increase in bad debt provision and self pay discounts were the result of negative trends experienced in the collection of amounts from self-pay patients during the year ended September 30, 2011 The allowances for doubtful accounts includes $55,306,000, $32,401,000, and $31,724,000 in amounts due from third-party payors at September 30, 2011, 2010 or 2009, respectively, but there were no significant write-offs from third-party payors during those years Most of the $22,905,000 increase from 2010 to 2011 resulted from significant payment delays from the Medicaid program

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy at no charge or at amounts less than its established charges Because the System does not pursue collection of amounts determined to qualify as charity care, such amounts are excluded from net patient service revenue Patients are eligible for charity care if their household income is less than 200% of the federal poverty level guidelines, or the amount of their medical bill is more than 25% of their annual household income, not to exceed 400% of the federal poverty level guidelines Charity care is provided to all patients meeting these criteria, including those participating in a county program for which the System receives minimal reimbursement Charity care provided was approximately 5 5%, 5 3%, and 6 5% of total services rendered during the years ended September 30, 2011, 2010, and 2009, respectively, based on total charges for all services in those years The estimated cost of charity care delivered was approximately $88,057,000, $79,870,000, and $94,123,000 during the years ended September 30, 2011, 2010, and 2009, respectively Cost is estimated based on the ratio of expenses to established patient service charges

Estimated Malpractice Costs

The provision for estimated medical malpractice claims is an estimate of the ultimate cost of reported claims and claims incurred but not reported

Derivative Instruments and Hedging Activities

Derivative instruments are recorded at their fair value as either an asset or liability Accounting for changes in the fair value depends on whether the derivative has been designated as part of a hedging relationship and on the type of hedging relationship Derivative instruments designated as hedging instruments are further designated as either fair value hedges or cash flow hedges, depending on the exposure being hedged The System's derivative instruments are limited to cash flow hedging relationships, whose purpose is to hedge the variability in future cash flows

2. Significant Accounting Policies (continued)

attributed to interest rate fluctuations The change in fair value of those derivative instruments, less any ineffective portion thereof, that meet the criteria of an effective hedge is reported as other changes in unrestricted net assets The ineffective portion of the derivative instruments that does meet hedge accounting criteria is recognized in excess (deficiency) of revenues, other support, and gains over expenses and losses, as are changes in fair value on derivative instruments not meeting hedge accounting requirements Collateral required to be posted under interest rate swap contracts is recorded gross of the related asset or liability, and classified as assets limited as to use when receivable and other noncurrent liability when a payable

Functional Expenses

The System does not present expense information by functional classification since substantially all of its activities and resources are derived from the provision of healthcare services in a manner similar to that of a business enterprise Other financial indicators included in these consolidated financial statements are important in evaluating how well management has discharged its stewardship responsibilities

3. Fair Value Measurements

The System follows ASC 820, which provides a framework for measuring the fair value of certain assets and liabilities and disclosures about fair value measurements As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date ASC 820 establishes a fair value hierarchy that prioritizes the inputs used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement)

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed income and equity instruments and interest rate swap agreements The three levels of the fair value hierarchy defined by ASC 820 and a description of the valuation methodologies used for instruments measured at fair value are as follows

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date Level 1 primarily consists of financial instruments such as money market securities, certain U S Treasury and agency securities, certain U S corporate debt securities, and listed equity securities

Level 2 – Observable pricing inputs other than quoted prices included within Level 1, including quoted market prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and inputs other than quoted prices that are observable or are derived principally from, or corroborated by, observable market data by correlation or other means

Level 3 – Unobservable pricing inputs that are supported by little or no market activity, are significant to the fair value of the assets or liabilities, and reflect our own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances

3. Fair Value Measurements (continued)

The following methods and assumptions were used to estimate the fair value of each class of financial instrument in accordance with the provisions of the Fair Value Topic

***Cash and cash equivalents*:** The carrying amount reported in the consolidated balance sheets approximates fair value

***Short-term investments, long-term investments, and assets limited as to use*:** The carrying amount reported in the consolidated balance sheets is fair valued, based on quoted market prices, or estimated using quoted market prices for similar securities

***Long-term debt*:** Fair value of fixed rate debt is estimated based on applicable quoted interest rate yield curves applied to the outstanding issues as of the end of each period The carrying value of variable-rate debt approximates its fair value

***Interest rate swap agreements*:** Assets are included in other assets, and liabilities are included in other noncurrent liabilities Estimates are based on quoted market prices or estimated based on derivative pricing models that involve adjusting the periodic mid-market values to incorporate nonperformance risk of Orlando Health when the financial instrument is a liability or the nonperformance risk of the counterparty when the financial instrument is an asset

The derivative valuations determined by mid-market quotations are considered Level 2 assets or liabilities since quoted prices can be obtained from a number of dealer counterparties and other independent market sources based on observable interest rates and yield curves for the full term of the asset or liability

The estimated fair value of interest rate swap agreements that hedge interest rate fluctuations on variable rate bonds and loans is presented below These amounts are included in other noncurrent liabilities in the accompanying consolidated balance sheets

	Asset (Liability)		
	September 30		
	2011	**2010**	**2009**
	(In Thousands)		
2004 Swap	**$ –**	$ –	$ (623)
2011 Swaps	**(31,183)**	(24,609)	(16,903)
2008D-G Swaps	**(9,764)**	(8,405)	(16,150)
Construction Loan Swap	**(2,191)**	(2,820)	(730)

3. Fair Value Measurements (continued)

The following table represents the fair value hierarchy of the System's financial assets and liabilities measured at fair value on a recurring basis as of September 30, 2011

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Cash and cash equivalents	**$ 47,159**	**$ –**	**$ –**	**$ 47,159**
Financial assets				
U S Treasury and agency obligations	**$ –**	**$ 307,497**	**$ –**	**$ 307,497**
U S corporate bonds	**–**	**231,842**	**–**	**231,842**
Equity securities	**138,176**	**–**	**–**	**138,176**
Cash and cash equivalents	**45,099**	**–**	**–**	**45,099**
Municipal bonds	**–**	**19,641**	**–**	**19,641**
Mortgage-backed obligations	**–**	**1,635**	**–**	**1,635**
International bonds	**–**	**46,134**	**–**	**46,134**
	$ 183,275	**$ 606,749**	**$ –**	**$ 790,024**
Financial liabilities				
Long-term debt	**$ –**	**$ 764,841**	**$ –**	**$ 764,841**
Interest rate swap agreements	**–**	**43,138**	**–**	**43,138**
	$ –	**$ 807,979**	**$ –**	**$ 807,979**

The following table represents the fair value hierarchy of the System's financial assets and liabilities measured at fair value on a recurring basis as of September 30, 2010

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Cash and cash equivalents	$ 123,007	$ –	$ –	$ 123,007
Financial assets				
U S Treasury and agency obligations	$ –	$ 283,469	$ –	$ 283,469
U S corporate bonds	–	216,204	–	216,204
Equity securities	141,141	–	–	141,141
Cash and cash equivalents	53,144	–	–	53,144
Municipal bonds	–	27,523	–	27,523
Mortgage-backed obligations	–	7,992	–	7,992
Hedge funds	–	861	–	861
	$ 194,285	$ 536,049	$ –	$ 730,334
Financial liabilities				
Long-term debt	$ –	$ 780,788	$ –	$ 780,788
Interest rate swap agreements	–	35,834	–	35,834
	$ –	$ 816,622	$ –	$ 816,622

3. Fair Value Measurements (continued)

Financial assets are reflected in the consolidated balance sheet as follows

	September 30	
	2011	**2010**
	(In Thousands)	
Investments measured at fair value	**$ 790,024**	$ 730,334
Investments accounted for under cost method	**18,000**	–
Total investments	**$ 808,024**	$ 730,334

4. Investments

Investment income is comprised of the following

	Year Ended September 30		
	2011	**2010**	**2009**
	(In Thousands)		
Interest income	**$ 17,168**	$ 16,156	$ 17,045
Change in unrealized gains (losses)	**(17,066)**	14,808	19,096
Realized gains (losses) on sales of securities	**16,206**	8,544	(4,313)
	$ 16,308	$ 39,508	$ 31,828

The composition of short-term investments, long-term investments, and assets limited as to use (excluding interest rate swap contract collateral receivable) is presented below

	September 30		
	2011	**2010**	**2009**
	(In Thousands)		
U S Treasury and agency obligations	**$ 307,497**	$ 283,469	$ 201,135
U S corporate bonds	**236,342**	216,204	137,458
Equity securities	**147,076**	141,141	108,380
Cash and cash equivalents	**45,099**	53,144	62,309
Municipal bonds	**19,641**	27,523	22,939
Hedge Funds	**–**	861	**–**
International bonds	**46,134**	–	**–**
Mortgage-backed obligations	**6,235**	7,992	**–**
	$ 808,024	$ 730,334	$ 532,221

5. Investments in Related Parties

OsceolaSC, LLC

On February 1, 2006, the System sold the property and equipment of St Cloud Hospital to OsceolaSC partnership, in which the System holds a 20% interest As a result of this transaction, the property and equipment of St Cloud Hospital were released from the mortgage, securing repayment of Orlando Health's bond issues The System's equity investment in OsceolaSC is included in investments in related parties and amounted to $12,352,000, $11,954,000, and $10,884,000 at September 30, 2011, 2010, and 2009, respectively Earnings on the investment are included in other revenue and amounted to $398,000, $1,091,000, and $916,000 for the years ended September 30, 2011, 2010, and 2009, respectively

South Lake

Effective October 1, 1995, the System entered into an arrangement with South Lake County Hospital District (the District), whereby the two entities formed and jointly control South Lake, a Section 501(c)(3) not-for-profit corporation Under the terms of the joint venture, the District leased its hospital assets to South Lake for 99 years The System contributed $7,400,000 to the District for the purpose of establishing a new Foundation for health and other charitable services to South Lake County and contributed $500,000 to South Lake In exchange for the cash contribution to the District, the System received an option to purchase the leased assets and transfer them to South Lake at any time throughout the 99-year lease period These amounts are included in investments in related parties in the consolidated financial statements The System has no rights to the profits or obligations for the losses of South Lake The System agreed to extend a line of credit, not to exceed $7,400,000 to South Lake, if needed, with repayments including interest at the prime rate The System provides management services to South Lake at cost according to the terms of a Management Agreement During 2010 and 2009, the System amended the Management Agreement to provide that for eight months beginning on February 1, 2010, and eight months beginning on February 1, 2009, South Lake would be under no obligation to reimburse the System for the cost of the management services The cost of the services provided during the years ended September 30, 2010 and 2009, was $ $6,999,000 and $6,431,000, respectively, of which $4,673,000 and $4,328,000, respectively, was not reimbursed

The System guaranteed South Lake Hospital's (South Lake) $38,000,000 Revenue Bonds, Series 1999 (1999 Bonds), dated July 1, 1999 On May 14, 2010, South Lake issued $34,330,000 of Revenue Bonds, Series 2010 (2010 Bonds), and used the proceeds to refund the 1999 Bonds for the purpose of reducing future debt service The System guarantees the 2010 Bonds As of September 30, 2011, $34,330,000 of the 2010 Bonds was outstanding As of the date of this filing, there have never been any payments made or requested under the line of credit or guaranty, and in the opinion of management of the System, no funding of such guaranteed indebtedness will be necessary At September 30, 2011, the fair value of the guarantee approximated $1,500,000 recorded within other noncurrent liabilities in the accompanying consolidated balance sheets

6. Property and Equipment

Property and equipment consist of the following

	September 30		
	2011	**2010**	**2009**
	(In Thousands)		
Land and improvements	**$ 71,703**	$ 71,568	$ 69,120
Buildings	**616,530**	613,386	566,730
Equipment	**1,191,616**	1,135,901	1,083,739
	1,879,849	1,820,855	1,719,589
Less accumulated depreciation	**(1,075,272)**	(993,909)	(905,851)
	804,577	826,946	813,738
Construction-in-progress	**70,242**	38,737	53,984
	$ 874,819	$ 865,683	$ 867,722

Construction-in-progress represents numerous construction and renovation projects Estimated costs to complete these projects as of September 30, 2011 are approximately $107,940,000, which includes $25,759,000 in remaining construction costs associated with a medical office building and outpatient center expected to be completed by December 2011 and financed with a construction loan described below The remainder of these projects will be funded by fund-raising activities, long term investments, proceeds from future bond issues, future cash flow, or unrestricted cash on hand

Equipment includes approximately $14,268,000 of costs associated with information system projects-in-progress at September 30, 2011 Estimated costs to complete these projects as of September 30, 2011, are approximately $17,278,000, and are expected to be paid from future cash flow or unrestricted cash on hand

The System leases property and equipment for a variety of purposes under operating leases Operating lease expense is classified as supplies and other expenses and amounted to $16,895,000, $17,037,000, and $13,671,000 for the years ended September 30, 2011, 2010, and 2009, respectively

7. Long-Term Debt

Long-term debt consists of the following

	September 30		
	2011	**2010**	**2009**
		(In Thousands)	
Fixed rate hospital revenue bonds – secured			
Series 2009 – fixed rate plus net unamortized premium of $2,773,000 and $2,957,000 at September 30, 2011 and 2010, respectively, interest rates from 3.0% to 5.375%, payable through 2027	**$ 233,938**	$ 244,092	$ –
Series 2008A and B – fixed rate plus net unamortized premium of $992,000, $1,036,000, and $1,080,000 at September 30, 2011, 2010, and 2009, respectively, interest rates from 4.00% to 5.25%, payable through 2036	**150,567**	152,461	154,330
Series 2008C – fixed rate less net unamortized discount of $1,491,000, $1,541,000, and $1,591,000 at September 30, 2011, 2010, and 2009, respectively, interest rates from 5.250% to 5.375%, payable 2029 through 2042	**78,734**	78,684	78,634
Series 2006B – fixed rate plus unamortized premium of $669,000, $695,000, and $720,000 at September 30, 2011, 2010, and 2009, respectively, interest rates from 4.750% to 5.125%, payable 2034 through 2040	**75,319**	75,345	75,370
Series 1999D and E – fixed rate less net unamortized discount of $292,000 at September 30, 2010	**–**	–	103,463
Series 1996A and Series 1996C – fixed rate plus unamortized premium of $1,303,000, $1,531,000, and $1,770,000 at September 30, 2011, 2010, and 2009, respectively, interest rates from 3.75% to 6.25%, payable through 2022	**63,303**	66,306	69,150
Variable rate hospital revenue demand bonds – secured			
Series 2011	**83,175**	–	–
Series 2008E	**54,130**	54,130	54,130
Series 2008D, F and G	**–**	–	125,230
Series 2007A1 and A2	**–**	90,000	90,000
Series 2004	**–**	–	21,035
Notes payable and other indebtedness			
Construction Loan – secured, variable interest rate of 30-day LIBOR plus 3.5%	**25,033**	19,079	2,515
Other	**642**	691	746
Total debt, net of premiums and discounts	**764,841**	780,788	774,603
Less current portion, excluding premiums and discounts	**(15,427)**	(14,657)	(12,567)
Total long-term debt	**$ 749,414**	$ 766,131	$ 762,036

7. Long-Term Debt (continued)

Aggregate principal amounts of long-term debt outstanding, excluding premiums and discounts, are due during the following years ending September 30: $15,427,000 in 2012, $16,619,000 in 2013, $41,641,000 in 2014, $17,952,000 in 2015, $18,922,000 in 2016, and $649,961,000 thereafter.

Master Trust Indenture

An Amended and Restated Master Indenture (Master Indenture), dated as of August 1, 1999, was executed by Orlando Health. All obligations issued under the Master Indenture are equally and ratably secured by (i) a mortgage on substantially all real property and a security interest in certain tangible personal property of Orlando Health pursuant to a Mortgage and Security Agreement, dated as of August 1, 1999, by Orlando Health in favor of the Master Trustee, and (ii) a pledge of the accounts (as defined in Article 9 of the Florida Uniform Commercial Code) and the Gross Revenue of Orlando Health. The Master Indenture provides for specific restrictive covenants, including a debt service coverage requirement. Orlando Health, Inc. is the only member of the Obligated Group under the terms of the Master Indenture, and is subject to these covenants. None of Orlando Health's controlled affiliates are members of the Obligated Group. Financial information of the Obligated Group is included in the Other Financial Information appearing on pages 30 and 31.

Hospital Revenue Bonds, Series 1999A-E

In September 1999, the Orange County Health Facilities Authority (Authority) issued Hospital Revenue Bonds, Series 1999A, B, and C auction rate bonds (1999ABC Bonds), and Series 1999 D and E fixed rate bonds (1999DE Bonds) for Orlando Health. A portion of the proceeds of the 1999ABC Bonds and 1999DE Bonds were used to advance refund certain existing indebtedness (Series 1996A and C) of Orlando Health. The 1999ABC Bonds and 1999DE Bonds were secured under the terms of the Master Indenture. The 1999ABC Bonds were refunded by the Series 2008D-G Bonds described below. On January 15, 2010, the 1999DE Bonds were redeemed as described below. As of September 30, 2011, $50,305,000 of the Series 1996A and C bonds remain outstanding, but Orlando Health is no longer the obligor as this portion was refunded.

Hospital Revenue Bonds, Series 2004

On December 17, 2004, the Authority issued $52,070,000 in Hospital Revenue Bonds, Series 2004 (2004 Bonds) for Orlando Health to refund the remaining Series 1993B fixed rate bonds. The 2004 Bonds were variable rate demand bonds, secured by the terms of the Master Indenture, and supported by an irrevocable and extendable letter of credit. The 2004 Bonds were redeemed on January 15, 2010, as described below.

Hospital Revenue Bonds, Series 2005A, 2006A, 2008A, and 2008B

On May 16, 2005, the Authority issued $51,050,000 in Series 2005A Bonds (2005A Bonds) for Orlando Health to refund the remaining Series 1993 Bonds, and provide $15,000,000 in funding for certain prior capital expenditures. The Series 2005A Bonds were issued as insured Select Auction Variable Rate Securities (SAVRS), secured under the terms of the Master Indenture.

7. Long-Term Debt (continued)

On January 25, 2006, the Authority issued $106,800,000 in Series 2006A-1 and A-2 bonds (2006A Bonds) for Orlando Health to advance refund the remaining Series 2002 Bonds, and provide $6,809,000 to finance and reimburse Orlando Health for construction and equipment costs for improvements at ORMC. The Series 2006A Bonds were issued as insured Auction Rate Securities (ARS), secured under the terms of the Master Indenture.

On May 15, 2008, the 2005A Bonds and 2006A Bonds were converted to insured fixed rate bonds, and were re-offered and sold as Series 2008A and Series 2008B bonds (2008AB Bonds), respectively. The 2008AB Bonds are secured under the terms of the Master Indenture. As of September 30, 2011, $109,600,000 of the Series 2002 bonds remain outstanding, but Orlando Health is no longer the obligor. On December 1, 2012, the Series 2002 Bonds will be redeemed by the escrowed treasury securities at par.

Hospital Revenue Bonds, Series 2006B

On January 25, 2006, the Authority issued $74,650,000 in Series 2006B Bonds (2006B Bonds) for Orlando Health to finance and reimburse Orlando Health for a portion of the construction and equipment costs of the new WPH. The 2006B Bonds are uninsured fixed rate bonds, secured under the terms of the Master Indenture.

Hospital Revenue Bonds, Series 2007A, 2007B, and 2008C

On January 25, 2007, the Authority issued $90,000,000 in Hospital Revenue Bonds, Series 2007A-1, A-2 (2007A Bonds), and $60,000,000 in 2007B Bonds (2007B Bonds) for Orlando Health to finance and reimburse Orlando Health for construction and equipment costs of improvements that include a new patient tower at Dr. P. Phillips Hospital. The Series 2007A Bonds and 2007B Bonds were issued as insured variable rate demand bonds, secured under the terms of the Master Indenture. The 2007A Bonds were redeemed on September 15, 2011, as described below.

On June 18, 2008, the Authority issued $80,200,000 in Hospital Revenue Bonds, Series 2008C, for Orlando Health to repay a $55,500,000 line of credit draw used to refund the 2007B Bonds, reimburse Orlando Health for certain prior capital expenditures, fund a debt service reserve fund, and pay costs of issuance. The Series 2008C Bonds are uninsured fixed rate bonds, secured under the terms of the Master Indenture.

Hospital Revenue Bonds, Series 2008D-G

On June 18, 2008, the Authority issued $179,360,000 in Hospital Revenue Bonds, Series 2008D, E, F, and G (2008D-G Bonds) for Orlando Health. Together with the debt service reserve funds from the 1999ABC Bonds, the proceeds were used to refund the 1999ABC Bonds, pay costs of issuance, and pay the termination value of interest rate swap agreements that hedged the variable rate exposure of the 1999ABC Bonds. The Series 2008D-G Bonds were variable rate demand bonds, secured under the terms of the Master Indenture, and supported by irrevocable and extendable letters of credit. On December 23, 2009, the Series 2008D, F and G bonds were redeemed as described below.

7. Long-Term Debt (continued)

The Series 2008E bonds remain outstanding and are supported by an irrevocable and extendable letter of credit On May 27, 2009, Orlando Health changed its letter of credit provider on the Series 2008E bonds in the amount of $54,130,000 The 2008E bonds were remarketed and a Remarketing Supplement was issued on that date BB&T Capital Markets is the remarketing agent on the Series 2008E Bonds

Hospital Revenue Bonds, Series 2009

On December 16, 2009, the Authority issued $241,135,000 of fixed rate Hospital Revenue Bonds (2009 Bonds) on behalf of Orlando Health The proceeds from the sale of the 2009 Bonds were used to currently refund the 1999D, E and 2004 Bonds on January 15, 2010, currently refund the 2008D-G on December 23, 2009, and pay the costs of issuance of the 2009 Bonds, including swap termination payments related to some of the refunded bonds

Hospital Revenue Bonds, Series 2011

On September 15, 2011, the Authority issued $83,175,000 of variable rate Hospital Revenue Bonds (2011 Bonds) on behalf of Orlando Health The proceeds from the sale of the 2011 Bonds and $7,239,000 of remaining 2007A Bonds debt service reserve funds were used to currently refund the 2007A Bonds and pay the costs of issuance of the 2011 Bonds The 2011 Bonds were issued as tax-exempt, multi-modal bonds, initially operating in bank purchase mode, and privately placed with SunTrust Bank (Bank) As initially issued, the 2011 Bonds bear interest at a variable index interest which approximates 68% of 30 day LIBOR, plus 84 basis points The initial interest rate may be adjusted due to changes in the maximum individual federal income tax rate, and other regulatory changes affecting the cost of the loan to the Bank The initial interest rate period expires September 15, 2016, at which time the 2011 Bonds may begin to operate in another bank purchase mode or be subject to mandatory tender for purchase Upon mandatory tender for purchase, Orlando Health may convert to another available interest rate mode During the initial interest rate period, the 2011 Bonds are subject to optional redemption at the direction of Orlando Health at par on each interest payment date Interest is payable monthly

Construction Loan

On June 30, 2009, Downtown Outpatient Building, LLC (DOB) entered into a five-year credit agreement and promissory note (Construction Loan) with a bank whereby the bank provided advances up to a maximum of $37,500,000 to fund construction of a medical office and outpatient services building Interest on the loan was equal to 30-day LIBOR plus 3 5%, payable monthly at interest only for two years, then principal and interest on a 30-year amortization for the remaining three years, with all principal due at the end of the five years The Construction Loan was secured by a lien on DOB's 75-year ground lease from Orlando Health, as well as its building and personal property

On July 8, 2010, as part of the purchase of the medical office building from DOB, the Corporation received a new $15,836,800 loan from the same bank, which was the same amount as the original loan The loan may increase to a total of $37,500,000 The new loan (also referred to as the Construction Loan) is a variable rate loan that matures on June 30, 2014 It is secured under the Master Indenture by gross revenues of Orlando Health and the mortgage

7. Long-Term Debt (continued)

Interest Rate Swap Agreements

In an effort to reduce costs of issuance and take advantage of low interest rates in effect at various times, Orlando Health has entered into interest rate swap arrangements which fix the interest rate on portions of variable rate bonds. The notional amounts under interest rate swap agreements hedging bonds are substantially the same as the principal maturities of the respective outstanding bond series. The construction loan swap hedges the majority of the construction loan at the maximum loan amount. Net interest receipts and payments are recognized as an adjustment to interest expense or as capitalized interest during periods of construction. The swap agreements are not accounted for under hedge accounting criteria. Therefore, changes in the value of the swap are included in loss on interest rate swap agreements.

2008E Swap (formerly 2008D-G Swaps)

On June 18, 2008, terms of the then existing 2006A and 2007B Swaps were amended to hedge variable rate exposure on the 2008 D-G Bonds. The combined amended 2006A Swaps and amended 2007B Swap were referred to as the 2008D-G Swaps. On December 16, 2009, two of the 2008D-G swaps with notional amounts totaling $111,295,000 were terminated. Since the 2008 D, F and G Bonds were redeemed on December 23, 2009, only the variable interest on the 2008E Bonds is hedged with the remaining 2008D-G swap. The remaining 2008D-G swap is now referred to as the 2008E Swap.

2011 Swaps (amended 2007A1 and A2 Swaps)

On September 15, 2011, the System amended its 2007 A1 and A2 Swaps to hedge the risk of interest rate fluctuations associated with the 2011 Bonds. The terms were identical to the 2007A1 and A2 Swaps, except that there is no insurance, and as a result, collateral was posted in the amount of $16,819,000 at September 30, 2011, and is included in interest rate swap collateral receivable in assets whose use is limited. There were no settlement payments to or from the counter-party for the amendments.

Construction Loan Swap

On June 30, 2009, DOB entered into a forward starting floating to fixed interest rate swap agreement (Construction Loan Swap) effective October 1, 2010 and terminating January 1, 2014. The purpose of the Construction Loan Swap is to hedge the risk of interest rate fluctuations associated with the majority of the Construction Loan. DOB assigned the Construction Loan Swap to Orlando Health when Orlando Health obtained the new Construction Loan on July 8, 2010. The Construction Loan Swap is not insured and has no collateral requirements for either party. There were no changes in the terms of the swap.

7. Long-Term Debt (continued)

The following summarizes outstanding swap positions as of September 30, 2011

	Construction Loan Swap	2008E Swap	2011 Swaps
		(In Thousands)	
Initial Notional Amount	$ 32,000	$ 55,000	$ 90,000
Notional Amount at September 30, 2011	$ 31,675	$ 54,130	$ 90,000
Current Bond or Loan Hedged	Construction Loan	2008D-G Bonds	2011Bonds
Original Bond or Loan Hedged	Construction Loan	2006A Bonds	2007A1A2 Bonds
Maturity date	1/1/2014	10/1/2026	10/1/2041
Fixed rate paid	3.630%	3.385%	3.860%
Floating rate received	100% 30-day USD-LIBOR-BBA	68% 30-day USD-LIBOR-BBA	68% 30-day USD-LIBOR-BBA

The following summarizes swap liability positions held during each year recorded within other noncurrent liabilities in the accompanying consolidating balance sheet

	Construction Loan Swap	2008E Swap	2011 Swap	2004 Swap	Total
			(In Thousands)		
Cumulative position at September 30, 2008	$ –	$ (6,596)	$ (10,273)	$ (118)	$ (16,987)
Net losses during the year ended September 30, 2009	(730)	(9,554)	(6,630)	(505)	(17,419)
Cumulative position at September 30, 2009	(730)	(16,150)	(16,903)	(623)	(34,406)
Net losses during the year ended September 30, 2010	(2,090)	(3,645)	(7,706)	(111)	(13,552)
Cumulative position of terminated swaps at termination date during the year ended September 30, 2010	–	11,390	–	734	12,124
Cumulative position at September 30, 2010	(2,820)	(8,405)	(24,609)	–	(35,834)
Net income (losses) during the year ended September 30, 2011	**629**	**(1,359)**	**(6,574)**	**–**	**(7,304)**
Cumulative position at September 30, 2011	**$ (2,191)**	**$ (9,764)**	**$ (31,183)**	**$ –**	**$ (43,138)**

7. Long-Term Debt (continued)

Interest Costs

During periods of construction, interest costs on construction borrowings are capitalized to the respective property accounts. Capitalized interest is reduced by earnings on the investments held by the bond trustee for construction.

Capitalized interest costs amounted to $1,040,000, $1,553,000, and $2,517,000 for the years ended September 30, 2011, 2010, and 2009, respectively.

The total of interest cost expensed and capitalized approximates interest paid.

8. Line of Credit

Orlando Health has $10,000,000 available under a line of credit with a local bank. During September 2011, the line was temporarily increased to $92,000,000 for possible use in the refinancing of 2007 Bonds. Such use, was not necessary and the line was reduced to $10,000,000. At September 30, 2011, none of the available line of credit had been drawn. Interest on the line of credit is based on LIBOR, adjusted monthly and payable quarterly.

9. Employee Retirement Plan

Certain employees of the System are eligible to participate in a defined contribution retirement plan (403b). Plan participants may elect to contribute up to the lesser of $16,500 or 50% of their annual compensation. Upon completion of one year of continuous service and having attained age 21, the System contributes 1.25% of the participants' compensation plus 50% of the participants' contributions up to 3% of the participants' compensation. The System's expense under the employee retirement plan amounted to $18,215,000, $16,722,000, and $15,469,000 for the years ended September 30, 2011, 2010, and 2009, respectively.

10. Malpractice Insurance

The System is self-insured for medical malpractice risk not covered under a commercial malpractice policy. Losses are accrued based on estimates provided by the System's consulting actuary, and are based on actuarial assumptions that incorporate the System's past experience and other considerations, including the nature of each claim or incident, and relevant trends. The accrued liability for self-insured claims amounted to $89,545,000, $96,278,000, and $91,020,000 at September 30, 2011, 2010, and 2009, respectively, of which $22,386,000, $24,070,000, and $22,755,000 are included in other current liabilities. The System has on deposit, in a revocable trust, cash and investments totaling $77,972,000, $75,014,000, and $69,667,000 at September 30, 2011, 2010, and 2009, respectively, to be used for the payment of self-insured claims in the future. Medical malpractice expense of $14,876,000, $30,243,000, and $33,166,000 for the years ended September 30, 2011, 2010, and 2009, respectively, is included in supplies and other expenses.

11. Commitments

The System leases equipment and space under operating leases with various lease terms. Aggregate future minimum lease payments under these leases total $49,892,000 and are payable during the following years ending September 30: $14,029,000 in 2012, $9,566,000 in 2013, $8,017,000 in 2014, $6,666,000 in 2015, $5,411,000 in 2016, and $6,204,000 thereafter.

On September 1, 2011, the System employed a group of physicians and entered into employment agreements with the physicians for a period of seven years. The expected minimum payments under the employment agreements are approximately $47,880,000.

In August 2011, the System purchased a 15% interest in an entity currently in the process of building a children's outpatient surgical center. All physician owners have personally guaranteed a portion of the loans to finance the construction of the facility, purchase equipment and provide working capital. The bank required a similar guaranty by the System. The System has guaranteed a loan amount of $812,550 at September 30, 2011. The fair value of such guarantee is immaterial.

In August 2010 the Board of Trustees of West Orange Healthcare District ("District") announced that they decided to pursue an affiliation with a larger health care system. The District currently owns and operates a 171-bed acute care hospital known as Health Central, a 228-bed skilled nursing facility known as Health Central Park, along with a other outpatient clinics and physician practices in communities just west of Orlando, Florida. Orlando Health and three other parties were invited to provide information about themselves and their interest in an affiliation. In April, 2011 Orlando Health and the District entered into a non-binding letter of intent whereby Orlando Health, through a controlled affiliate, would acquire the District's facilities and assets and continue to provide health care services in the geographic area served by those facilities. The parties have been negotiating a transaction that is subject to approval by the respective Boards. See Note 12 for additional disclosure.

12. Subsequent Events

In preparing these financial statements, the System has evaluated events and transactions for potential recognition and disclosure through November 22, 2011, the date the consolidated financial statements were available to be issued.

On November 11, 2011, the Board of Directors of Orlando Health approved the transaction to acquire the Districts facilities and assets, subject to approval by the Finance Committee. At November 22, 2011, no definitive agreement has been signed. See Note 11 for further disclosure.

Other than this activity, there were no other subsequent events that required recognition in the consolidated financial statements. Additionally, there were no unrecognized subsequent events that required disclosure.

Other Financial Information

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Report of Independent Certified Public Accountants on Other Financial Information

The Board of Directors
Orlando Health, Inc

Our 2011 audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole The consolidating balance sheet at September 30, 2011, and consolidating statement of operations for the year ended September 30, 2011, on pages 30 and 31 are presented for purposes of additional analysis and are not a required part of the basic consolidated financial statements Such information has been subjected to the auditing procedures applied in our audit of the 2011 basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the 2011 basic consolidated financial statements taken as a whole

Ernst & Young LLP

November 22, 2011

Orlando Health, Inc. and Controlled Affiliates

Consolidating Balance Sheet

September 30, 2011
(In Thousands)

	Consolidated	Eliminations	Obligated Group	Controlled Affiliates
Assets				
Current assets				
Cash and cash equivalents	$ 47,159	$ –	$ 33,930	$ 13,229
Short-term investments	207,473		207,473	–
Assets limited as to use	53,433		53,433	–
Accounts receivable, net	230,565		221,931	8,634
Other receivables	25,656	(4,220)	14,115	15,761
Other current assets	41,823		41,168	655
Total current assets	606,109	(4,220)	572,050	38,279
Assets limited as to use				
Debt service and reserve funds held by bond trustee	50,672	–	50,672	–
Interest rate swap contract collateral receivable	16,819	–	16,819	–
Designated by board for malpractice self-insurance	77,972	–	77,972	–
	145,463	–	145,463	–
Less amount required to meet current obligations	(53,433)	–	(53,433)	–
	92,030	–	92,030	–
				–
Long-term investments - unrestricted	422,198	–	422,198	–
Long-term investments - restricted	49,709	–	–	49,709
Investments in related parties	22,122	(200)	9,879	12,443
Other assets	91,842	(82,447)	152,482	21,807
Property and equipment, net	874,819	–	865,309	9,510
Total assets	$ 2,158,829	$ (86,867)	$ 2,113,948	$ 131,748
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued expenses	$ 142,569	$ –	$ 136,274	$ 6,295
Other current liabilities	85,329	(3,848)	82,108	7,069
Current portion of long-term debt	15,427	–	15,427	–
Total current liabilities	243,325	(3,848)	233,809	13,364
				–
Long-term debt, less current portion	749,414	–	749,414	–
Accrued malpractice claims	67,158	–	67,158	–
Other noncurrent liabilities	60,129	(17,051)	54,934	22,246
Total liabilities	1,120,026	(20,899)	1,105,315	35,610
				–
Net assets				–
Unrestricted	964,724	(200)	943,793	21,131
Temporarily restricted	71,659	(63,736)	64,246	71,149
Permanently restricted	2,420	(2,032)	594	3,858
Total net assets	1,038,803	(65,968)	1,008,633	96,138
Total liabilities and net assets	$ 2,158,829	$ (86,867)	$ 2,113,948	$ 131,748

Orlando Health, Inc. and Controlled Affiliates

Consolidating Statement of Operations

Year Ended September 30, 2011
(In Thousands)

	Consolidated	Eliminations	Obligated Group	Controlled Affiliates
Unrestricted revenues and other support				
Net patient service revenue (net of contractual allowances and discounts)	$ 1,694,565	$ –	$ 1,610,135	$ 84,430
Provision for bad debts	(107,146)	–	(101,281)	(5,865)
Net patient service revenue less provision for bad debts	1,587,419	–	1,508,854	78,565
Other revenue	58,236	(25,427)	51,880	31,783
Net assets released from restrictions	6,356	(6,921)	3,628	9,649
Total unrestricted revenues and other support	1,652,011	(32,348)	1,564,362	119,997
Expenses				
Salaries and benefits	883,138	–	747,607	135,531
Supplies and other	549,223	(28,354)	537,432	40,415
Professional fees and purchased services	33,296	–	30,002	3,294
Depreciation and amortization	90,425	–	89,087	1,338
Impairment	315	–	315	–
Interest	37,313	–	37,313	–
Total expenses	1,593,710	(28,354)	1,441,756	180,308
Income from operations	58,301	(3,994)	122,606	(60,311)
Nonoperating gains and losses				
Investment income	16,308	–	16,012	296
Loss on interest rate swap agreements	(7,304)	–	(7,304)	–
Loss on early extinguishment of debt	(2,858)	–	(2,858)	–
Nonoperating gains, net	6,146	–	5,850	296
Excess (deficiency) of revenues, other support, and gains over expenses and losses	$ 64,447	$ (3,994)	$ 128,456	$ (60,015)

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