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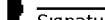
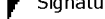



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ORLANDO HEALTH FOUNDATION INC		<b>D</b> Employer identification number 59-2244943
	Doing Business As		<b>E</b> Telephone number (407) 841-5194
	Number and street (or P O box if mail is not delivered to street address) 3160 Southgate Commerce Blvd	Room/suite	<b>G</b> Gross receipts \$ 36,016,008
	City or town, state or country, and ZIP + 4 Orlando, FL 32806		
	<b>F</b> Name and address of principal officer John W Bozard 3160 Southgate Commerce Blvd Orlando, FL 32806		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> www.orlandohealthfoundation.com			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1982	<b>M</b> State of legal domicile FL

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO SUPPORT THE STRATEGIC PRIORITIES OF ORLANDO HEALTH THROUGH PHILANTHROPY THIS IS ACCOMPLISHED THROUGH SPECIAL EVENTS AND ANNUAL MAJOR AND PLANNED GIFT FUND RAISING EFFORTS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	48
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	45
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	43
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	20
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	13,237,025	18,978,102
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	4,949,030	1,639,591
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-89,372	-367,930
		18,096,683	20,249,763
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	7,388,338	9,526,642
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 202,604		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	489,552	456,623
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,877,890	9,983,265
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	10,218,793	10,266,498
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		81,188,269	99,411,205
<b>21</b> Total liabilities (Part X, line 26) . . . . .		5,096,649	5,078,727
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		76,091,620	94,332,478

**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.

<b>Sign Here</b>				2013-08-15	
	Date 				
Type or print name and title					
<b>Paid Preparer's Use Only</b>	Preparer's signature 		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 111 MONUMENT CIRCLE STE 2600 INDIANAPOLIS, IN 46204			EIN 
					Phone no  (317) 681-7000

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

THE MISSION OF THE ORLANDO HEALTH FOUNDATION IS TO SUPPORT THE STRATEGIC PRIORITIES OF ORLANDO HEALTH THROUGH PHILANTHROPY. THIS IS ACCOMPLISHED THROUGH SPECIAL EVENTS AND ANNUAL, MAJOR AND PLANNED GIFT FUND RAISING EFFORTS.

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$)	9,526,642	including grants of \$	9,526,642 ) (Revenue \$)	9)
		DISTRIBUTIONS ARE MADE TO ORLANDO HEALTH, INC AND ITS RELATED EXEMPT AFFILIATES TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE OF PROVIDING HIGH QUALITY HEALTH CARE TO THE CENTRAL FLORIDA COMMUNITIES SINCE 1918, ORLANDO HEALTH HAS REMAINED COMMITTED TO ITS MISSION TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES IT SERVES ORLANDO HEALTH IS A NOT-FOR-PROFIT NETWORK OF EIGHT HOSPITALS WHICH INCLUDE ORLANDO REGIONAL MEDICAL CENTER, ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, DR P PHILLIPS HOSPITAL, HEALTH CENTRAL HOSPITAL, SOUTH SEMINOLE HOSPITAL, SOUTH LAKE HOSPITAL (50 PERCENT PARTNERSHIP) AND MD ANDERSON CANCER CENTER ORLANDO - THE FIRST AFFILIATE OF ONE OF THE NATION'S PREMIER CANCER CENTERS, THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER IN HOUSTON ORLANDO HEALTH PROVIDES THE AREA'S ONLY LEVEL ONE TRAUMA CENTER FOR ADULTS AND PEDIATRICS AND IS A STATUTORY TEACHING HOSPITAL SYSTEM THAT OFFERS BOTH SPECIALTY AND COMMUNITY HOSPITALS ORLANDO HEALTH'S AREAS OF CLINICAL EXCELLENCE ARE CARDIOLOGY, ONCOLOGY, NEUROSCIENCES, SURGERY, ORTHOPEDICS AND SPORTS MEDICINE, NEONATOLOGY, AND OBSTETRICS AND GYNECOLOGY ORLANDO HEALTH IS CENTRAL FLORIDA'S FIFTH LARGEST EMPLOYER WITH NEARLY 14,000 TEAM MEMBERS AND MORE THAN 2,000 AFFILIATED PHYSICIANS, ALL OF WHOM SUPPORT OUR PHILOSOPHY OF PROVIDING HIGH QUALITY CARE AND SERVICE WHEN IT MATTERS MOST WE PROVE THIS EVERYDAY WITH NEARLY 100,000 INPATIENT ADMISSIONS AND MORE THAN 600,000 OUTPATIENT VISITS EACH YEAR IN ALL, ORLANDO HEALTH SERVES 1.6 MILLION CENTRAL FLORIDA RESIDENTS AND NEARLY 3,000 INTERNATIONAL PATIENTS ANNUALLY ADDITIONALLY, ORLANDO HEALTH PROVIDES APPROXIMATELY \$264 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS MORE INFORMATION CAN BE FOUND AT ORLANDOHEALTH.COM THE ORLANDO HEALTH FOUNDATION IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S HOSPITALS AND MEDICAL PROGRAMS CREATED OVER THIRTY YEARS AGO TO HELP BUILD ARNOLD PALMER HOSPITAL, THE FOUNDATION HAS SINCE BEEN INSTRUMENTAL IN RAISING FUNDS FOR THE CONSTRUCTION OF MD ANDERSON ORLANDO, WINNIE PALMER HOSPITAL, TWO HOSPITALITY HOMES HUBBARD HOUSE AND THE CYNTHIA C & WILLIAM E PERRY PAVILION, THE HOWARD PHILLIPS CENTER FOR CHILDREN & FAMILIES, AND BERT MARTIN'S CHAMPIONS FOR CHILDREN'S EMERGENCY DEPARTMENT & TRAUMA CENTER AT ARNOLD PALMER HOSPITAL PHILANTHROPIC FUNDING ALSO PROVIDES VITAL SUPPORT FOR PROGRAMS AND SERVICES AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT AS A MAJOR METROPOLITAN CITY, ORLANDO'S NEED FOR HIGH-QUALITY HEALTHCARE WILL ONLY CONTINUE TO GROW FURTHER, AS ORLANDO HEALTH APPROACHES ITS CENTENNIAL AND CELEBRATES THE PAST 100 YEARS OF SERVICE TO THE COMMUNITY, THE ORLANDO HEALTH FOUNDATION IS WORKING TO SECURE THE NECESSARY RESOURCES TO CONTINUE PROVIDING LEADING HEALTHCARE IN THE NEXT 100 YEARS ORLANDO HEALTH IS MOVING TOWARD A NEW MODEL OF CARE WHICH TRULY PLACES PATIENTS FIRST THIS HEALTHCARE TRANSFORMATION WILL REQUIRE THE EXPANSION OF FACILITIES, DEVELOPMENT OF PROMISING NEW PROGRAMS, ACQUISITION OF LEADING-EDGE TECHNOLOGY AND EXPANSION OF INPATIENT AND OUTPATIENT SERVICES - AND A MINIMUM OF \$210 MILLION IN PHILANTHROPIC SUPPORT OVER THE PAST YEAR, PHILANTHROPIC SUPPORT HAS HELPED ORLANDO HEALTH PURCHASE LIFE-SAVING MEDICAL EQUIPMENT, BUILD AND RENOVATE NEW SPACES AND RECRUIT HIGH CALIBER PHYSICIANS, NURSES AND CLINICAL STAFF TO BETTER SERVE OUR PATIENTS BELOW ARE A FEW OF THE YEAR'S HIGHLIGHTS ORLANDO REGIONAL MEDICAL CENTER (ORMC) - THIS YEAR MARKED THE GROUNDBREAKING OF TWO SIGNIFICANT PROJECTS AT ORMC, WHICH WILL CREATE A MORE CENTRALIZED DOWNTOWN CAMPUS AND MORE COORDINATED, COLLABORATIVE CARE FOR PATIENTS A NEW 190+ BED PATIENT TOWER WILL FEATURE FLOORS DEDICATED TO CARDIAC CARE AND A NEW ACUTE CARE PAVILION WHICH INCLUDES A NEW TRAUMA ICU AND EXPANDED EMERGENCY DEPARTMENT AND TRAUMA BAYS, AND 10 NEW OPERATING ROOMS AND INTEGRATED CARDIAC INTERVENTIONAL PLATFORM WE ALSO CONTINUED OUR TRADITION OF LEADING-EDGE MEDICINE WITH A NEW TRANS CATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURE THIS IS THE FIRST ARTIFICIAL HEART VALVE APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION WHICH ALLOWS A NON-INVASIVE APPROACH TO REPLACING NARROWED HEART VALVES TO SUPPORT TAVR AND OTHER NEW TREATMENTS, WE OPENED A HYBRID OR WITH THE MOST MODERN SURGICAL EQUIPMENT THIS ENABLES MINIMALLY-INVASIVE SURGERY THAT IS LESS TRAUMATIC FOR OUR PATIENTS CENTRAL FLORIDA'S ONLY LEVEL ONE TRAUMA CENTER CONTINUED TO BE ONE OF THE BUSIEST TRAUMA CENTERS IN THE NATION, TREATING OVER 4,200 TRAUMA PATIENTS ARNOLD PALMER HOSPITAL FOR CHILDREN - ARNOLD PALMER HOSPITAL FOR CHILDREN WAS AGAIN RECOGNIZED AS ONE OF "AMERICA'S BEST CHILDREN'S HOSPITALS" IN U.S. NEWS & WORLD REPORT FOR ORTHOPEDICS, CARDIOLOGY/HEART SURGERY & GASTROENTEROLOGY AS THE ONLY HOSPITAL IN CENTRAL FLORIDA TO BE INCLUDED IN THESE RANKINGS, WE ARE PROUD OF OUR TEAM OF SKILLED CLINICIANS WHO MADE THIS POSSIBLE WINNIE PALMER HOSPITAL FOR WOMEN & BABIES - MORE THAN 13,700 BABIES WERE DELIVERED AT WINNIE PALMER HOSPITAL FOR WOMEN & BABIES IN 2012 DESPITE THIS VOLUME, WINNIE PALMER HOSPITAL CONSISTENTLY RANKED IN THE TOP FIVE PERCENT OF ALL HOSPITALS NATIONALLY IN PATIENT SATISFACTION IN ADDITION, OUR MINIMALLY INVASIVE SURGERY (MIS) PROGRAM ACHIEVED SOME OF THE BEST OUTCOMES IN THE COUNTRY RECOGNIZED FOR ITS QUALITY AND CONSISTENCY, WINNIE PALMER HOSPITAL WAS RECENTLY NAMED AN ACADEMIC CENTER OF EXCELLENCE BY THE AMERICAN INSTITUTE OF MINIMALLY INVASIVE SURGERY (AIMIS) - ONE OF ONLY TWO HOSPITALS IN THE COUNTRY AND THE ONLY ONE IN FLORIDA TO EARN THIS SPECIAL DESIGNATION THE ALEXANDER CENTER FOR NEONATOLOGY ACHIEVED THE BEST OUTCOMES IN THE STATE OF FLORIDA FOR LOW BIRTH WEIGHT BABIES AND ANNOUNCED PLANS TO EXPAND THE NICU FROM 112 TO 142 BEDS, MAKING IT THE LARGEST NICU IN THE UNITED STATES MD ANDERSON CANCER CENTER ORLANDO - MD ANDERSON - ORLANDO BROKE GROUND ON A \$25 MILLION PROTON THERAPY CENTER, ONE OF ONLY TEN IN THE COUNTRY AND THE ONLY ONE IN CENTRAL FLORIDA PROTON THERAPY PROVIDES MORE TARGETED THERAPY WITH FEWER SIDE EFFECTS THAN TRADITIONAL RADIATION THERAPY AND IS AN IMPORTANT TOOL IN THE TREATMENT OF PEDIATRIC CANCERS AND TUMORS THAT ARE CLOSE TO THE SPINAL CORD AND MAJOR ORGANS SEVEN NEW PHYSICIANS WERE HIRED AND GYNECOLOGIC CANCER SERVICES MOVED TO A NEW BUILDING DESIGNED FOR INTEGRATED CARE NEXT TO WINNIE PALMER HOSPITAL WOMEN PLAYING FOR TIME (TECHNOLOGY, IMMEDIATE DIAGNOSIS, MAMMOGRAPHY AND EDUCATION), CELEBRATED THEIR 20TH ANNIVERSARY AND CONTINUED THEIR PHILANTHROPIC SUPPORT OF PATIENT TRANSPORTATION SERVICES, THE TIMELESS CAF AT THE NEW GYNECOLOGIC CANCER CENTER AND CANCER RESEARCH IN MAY, MARK ROH, MD BECAME PRESIDENT OF MD ANDERSON - ORLANDO AS CLARENCE H. BROWN III, MD RETIRED AS PRESIDENT EMERITUS DR. P. PHILLIPS HOSPITAL - MD ANDERSON - ORLANDO ONCOLOGISTS NOW OFFER CANCER CARE ON THE DR. P. PHILLIPS HOSPITAL CAMPUS, PROVIDING MEDICAL AND RADIATION ONCOLOGY SERVICES CASE MANAGERS ARE NOW LOCATED IN THE DR. P. PHILLIPS HOSPITAL EMERGENCY DEPARTMENT, ENSURING THAT ALL PATIENTS HAVE THE APPROPRIATE RESOURCES, MEDICATION AND FOLLOW-UP CARE THIS PROGRAM HAS SIGNIFICANTLY REDUCED THE NUMBER OF READMISSIONS ADDITIONALLY, THROUGH THE COLLABORATION OF PHYSICIANS, NURSES AND SUPPORT STAFF, THE DR. P. PHILLIPS HOSPITAL HEART FAILURE PROGRAM RECEIVED ACCREDITATION HEALTH CENTRAL HOSPITAL - EFFECTIVE APRIL 1, 2012 HEALTH CENTRAL HOSPITAL OFFICIALLY BECAME PART OF THE ORLANDO HEALTH FAMILY OF HOSPITALS THROUGH THE INTEGRATION OF ORLANDO HEALTH'S PROGRAMS AND SERVICES AT HEALTH CENTRAL, WE ARE PLEASED TO BRING OUR PATIENT-FIRST INITIATIVE WITH HIGH-LEVEL CARE THAT DEFINES ORLANDO HEALTH AS ONE OF THE PREMIER HOSPITAL SYSTEMS IN CENTRAL FLORIDA MD ANDERSON - ORLANDO ALSO EXPANDED ITS OFFERINGS, PROVIDING RADIATION THERAPY WITH A BRAND-NEW LINEAR ACCELERATOR, CHEMOTHERAPY, LABORATORY SERVICES, AND MEDICAL ONCOLOGY ALL IN ONE CONVENIENT LOCATION FOR THE RESIDENTS OF WEST ORANGE AND LAKE COUNTIES SOUTH SEMINOLE HOSPITAL - MD ANDERSON - ORLANDO ONCOLOGISTS NOW OFFER CANCER CARE ON THE SOUTH SEMINOLE HOSPITAL CAMPUS, PROVIDING MEDICAL AND RADIATION ONCOLOGY SERVICES THE WOMEN'S ADVISORY COUNCIL CONTINUED THEIR ROLE AS ADVOCATES AND PHILANTHROPISTS, RAISING \$35,000 FOR THE PURCHASE OF NEW TECHNOLOGY AND A HIGHER LEVEL OF CARE WITHIN THE BREAST CARE PROGRAM ORLANDO HEALTH HOSPITALITY HOMES - HUBBARD HOUSE AND THE CYNTHIA C. & WILLIAM E. PERRY PAVILION, LOCATED ON THE DOWNTOWN AND DR. P. PHILLIPS HOSPITAL CAMPUSES RESPECTIVELY, ENSURED THAT THOUSANDS OF FAMILY MEMBERS HAD A SAFE, COMFORTABLE, AND LOW-COST PLACE TO STAY NEAR HOSPITALIZED LOVED ONES CONTINUING ACCREDITATION AS ONLY STATUTORY TEACHING HOSPITAL IN CENTRAL FLORIDA - ORLANDO HEALTH CONTINUED TO SERVE THE COMMUNITY AS A FULLY ACCREDITED, TEACHING HOSPITAL ORGANIZATION THROUGH THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ORLANDO HEALTH IS THE ONLY STATUTORY TEACHING HOSPITAL IN CENTRAL FL.				

[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 9,526,642</b>
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	<b>Section 501(c)(3) organizations.</b> 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.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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.		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.		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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.		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.	Yes	
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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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 <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a4
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1cYes
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 . . . . .	2a43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b
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 or securities account)? . . . . .	4aNo
b	If "Yes," enter the name of the foreign country <input type="text"/> 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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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? . . . . .	6aNo
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? . . . . .	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7cNo
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? . . . . .	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14aNo
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	48		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	45
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	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	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete 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 the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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	No
b	Other officers or key employees of the organization . . . . .	15b	No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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 ▶ Christopher Miller 3160 SOUTHGATE COMMERCE BLVD STE Orlando, FL 32806 (407) 841-5194

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

**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 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 organizations compensated any current or former officer, director, or trustee

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,235,278	1,984,268	690,667

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 10

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Healthteacher Inc 5200 Maryland Way Ste 100 BRENTWOOD, TN 37027	COMPUTER SVCS	288,330

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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	1,966,540			
	d	Related organizations . . . .	1d	1,087,235			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,924,327			
	g	Noncash contributions included in lines 1a-1f \$ 561,703					
	h	Total. Add lines 1a-1f . . . . .		18,978,102			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,228,287	0	0
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		411,304			411,304
8a		Gross income from fundraising events (not including \$ 1,966,540 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	541,286			
b		Less direct expenses . . . . .	b	909,216			
c		Net income or (loss) from fundraising events . .		-367,930			-367,930
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							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		20,249,763	0	0	1,271,661	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,526,642	9,526,642		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	0			
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	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	222,863		222,863	
g	Other	0			
12	Advertising and promotion	8,250			8,250
13	Office expenses	47,393			47,393
14	Information technology	0			
15	Royalties	0			
16	Occupancy	24,410		19,457	4,953
17	Travel	6,429			6,429
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	66,729			66,729
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	14,556		11,699	2,857
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	Donor Recognition	65,993			65,993
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,983,265	9,526,642	254,019	202,604
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			0	1	0
	2	Savings and temporary cash investments . . . . .			9,090,561	2	11,546,921
	3	Pledges and grants receivable, net . . . . .			13,459,266	3	18,534,729
	4	Accounts receivable, net . . . . .			27,956	4	98,646
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	172,500			
	b	Less: accumulated depreciation . . . . .	10b		173,500	10c	172,500
	11	Investments—publicly traded securities . . . . .			49,709,144	11	59,447,057
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			8,727,842	15	9,611,352
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			81,188,269	16	99,411,205	
Liabilities	17	Accounts payable and accrued expenses . . . . .			149,599	17	144,169
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			4,947,050	25	4,934,558
	26	Total liabilities. Add lines 17 through 25 . . . . .			5,096,649	26	5,078,727
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			8,259,750	27	14,324,875
28		Temporarily restricted net assets . . . . .			65,412,534	28	77,562,242
29		Permanently restricted net assets . . . . .			2,419,336	29	2,445,361
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			76,091,620	33	94,332,478
34	Total liabilities and net assets/fund balances . . . . .			81,188,269	34	99,411,205	

Part XI Reconciliation 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	20,249,763
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,983,265
3	Revenue less expenses Subtract line 2 from line 1	3	10,266,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,091,620
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,974,360
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	94,332,478

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 59-2244943

Name: ORLANDO HEALTH FOUNDATION 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			
Gregor Alexander MD Director	5 0	X								
Frantz Alphonse eft 52112 Director	5 0	X								
Don R Ammerman Director	5 0	X								
Jess Bailes Director	5 0	X								
John W Bozard President OH Foundation	20 0	X		X				0	582,699	63,327
Clarence H Brown III Director	5 0	X						0	504,036	65,454
James P Caruso Director	5 0	X								
Roger Chapin Director	5 0	X								
Kenneth M Clayton Director	5 0	X								
Phillips A Easterling Director	5 0	X								
Robert Egan term 111611 Director	5 0	X								
Annette Ford Director	5 0	X								
Peter Fox Director	5 0	X								
David Fuller eft 52112 Director	5 0	X								
M Kathryn Garrett MD Director	5 0	X								
Jane Gibson PhD Director	5 0	X								
Carolyn Gosselin Director	5 0	X								
Roy Haley eft 52112 Director	5 0	X								
Lee Heard Director	5 0	X								
Alan C Helman Director	5 0	X								
John Hillenmeyer Director	5 0	X								
James Hinson eft 52112 Director	5 0	X								
Sally Hoch Director	5 0	X								
Richard T Hurt Director	5 0	X								
Kathy Johnson Director	5 0	X								

**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			
R Brock Kelsey Director	5 0	X								
Edward F Kinney Director	5 0	X								
Helen Leon Director	5 0	X								
Elaine M Lustig Director	5 0	X								
R Randolph Lyon Director	5 0	X								
Rafael E Martinez Director	5 0	X								
Shannon McAleavey term 111611 Director	5 0	X								
Richard T McCree Sr Director	5 0	X								
Sheryl Meitin Director	5 0	X								
Kelly Miller Director	5 0	X								
Diane O'Dell eft 52112 Director	5 0	X								
Cynthia C Perry Director	5 0	X								
Donald A Plumley MD Director	5 0	X								
W Russell Prather MD Director	5 0	X								
Sibille Pritchard eft 52112 Director	5 0	X								
Philip W Rich Director	5 0	X								
Mark Roh MD eft 52112 Director	5 0	X								
Ray Sandhagen Director	5 0	X								
Amy Saunders Director	5 0	X								
Robert N Serros MD Director	5 0	X								
Sherrie H Sitarik Director	2 0	X						0	897,533	223,100
Kenneth M Smith Director	5 0	X								
Rilous Carter Director	5 0	X								
William Dillard Director	5 0	X								
Joanne Santiago Director	5 0	X								

**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			
Karen Thornton Jensen VP & Exec Dir, Orl Health Fdn	40 0			X				185,805	0	49,579
Bobby A Ennis Found VP, Plan & Spec Gifts	40 0			X				116,652	0	32,610
Michael J Mangan Foundation VP, ORMC	40 0			X				112,077	0	32,330
Janet C Morrow Foundation VP, Planned Gifts	40 0			X				107,737	0	39,656
Chad Phillips Foundation VP, APMC	40 0					X		140,975	0	40,757
Christopher L Miller Dir, Fin & CFO, Foundation	40 0					X		120,271	0	27,043
Jeremy Drashman Gamble Foundation VP, ORMC	40 0					X		119,085	0	33,896
Zachary James Kallenbach Foundation VP, APMC	40 0					X		112,966	0	35,557
Tori Blyth Spradlin Foundation VP, APMC	40 0					X		107,897	0	25,948
CHRISTOPHER STOWERS VP & EXEC DIR APMC FOUNDATION	0 0						X	111,813	0	21,410



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

2011

Open to Public  
Inspection

Name of the organization ORLANDO HEALTH FOUNDATION INC	Employer identification number  59-2244943
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,046,245	9,010,805	14,723,325	13,237,025	17,702,109	65,719,509
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	11,046,245	9,010,805	14,723,325	13,237,025	17,702,109	65,719,509
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)						10,071,929
6 Public Support. Subtract line 5 from line 4						55,647,580

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,046,245	9,010,805	14,723,325	13,237,025	17,702,109	65,719,509
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,422,237	956,952	675,480	1,136,767	1,228,287	5,419,723
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						71,139,232

12 Gross receipts from related activities, etc (See instructions )

12

5,193,031

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 2011 (line 6 column (f) divided by line 11 column (f))	14	78 224 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	81 269 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public  
Inspection

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

**Employer identification number**  
  
59-2244943

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

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

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 . . . . .	20,060,961	19,919,046	17,112,484	15,971,492
1b	Contributions . . . . .	391,909	304,069	498,448	1,657,490
1c	Investment earnings or losses . . . . .	3,294,999	-105,293	2,387,537	1,250,835
1d	Grants or scholarships . . . . .			1,711,353	
1e	Other expenditures for facilities and programs . . . . .				
1f	Administrative expenses . . . . .	65,399	56,861	79,423	55,980
1g	End of year balance . . . . .	23,682,470	20,060,961	19,919,046	17,112,484

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 10 326 %

c

Term endowment ▶ 89 674 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐

No

3a(ii)

☐

No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	172,500			172,500
1b Buildings . . . . .				
1c Leasehold improvements . . . . .				
1d Equipment . . . . .				
1e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				172,500

Schedule D (Form 990) 2011



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	20,249,763
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,983,265
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,266,498
4	Net unrealized gains (losses) on investments	4	6,157,081
5	Donated services and use of facilities	5	1,817,280
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	7,974,361
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,240,859

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	29,133,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	6,157,081
b	Donated services and use of facilities . . . . .	2b	1,817,280
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	7,974,361
3	Subtract line 2e from line 1 . . . . .	3	21,158,979
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	-909,216
c	Add lines 4a and 4b . . . . .	4c	-909,216
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	20,249,763

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	10,892,482
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	10,892,482
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	-909,217
c	Add lines 4a and 4b . . . . .	4c	-909,217
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	9,983,265

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
Intended Uses of Organization's Endowment Funds	FORM 990, SCHEDULE D, PART V	Endowment funds are restricted as to purpose, time or both in accordance with donor specifications made at time of contribution. Orlando Health Foundation treats endowment fund principal as restricted and utilizes the net earnings on endowment monies for program and capital needs of Orlando Health, Inc. and affiliates in accordance with donor specifications.
Net Income From Fundraising	Form 990, Schedule D, Part XII, Line 4B - Recon of Rev per A F Stmts	RECLASSIFICATION OF FUNDRAISING EXPENSES (\$909,216)
Direct Fundraising Expenses	Form 990, Schedule D, Part XIII, Line 4B Reconciliation of Exp per AFS	Total direct expenses - fundraising event/related (\$909,216) Rounding (\$ 1 ) Total (\$909,217)



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

2011

Open to Public  
Inspection

Name of the organization  
ORLANDO HEALTH FOUNDATION INC

Employer identification number  
59-2244943

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?		(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
		Yes	No			
Total . . . . . ▶						

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>WMN PLY FR TIME</u>	<u>1 NIGHT TRAUMA</u>	<u>9</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	738,226	551,085	2,494,509	3,783,820	
	2	Less Charitable contributions . . . . .	630,708	296,837	1,038,995	1,966,540	
3	Gross income (line 1 minus line 2) . . . . .	107,518	254,248	1,455,514	1,817,280		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .	19,326	430	42,525	62,281	
	6	Rent/facility costs . . . . .	142,327	22,435	57,801	222,563	
	7	Food and beverages . . . . .	42,696	186,573	150,271	379,540	
	8	Entertainment . . . . .	8,679	97,335	26,852	132,866	
	9	Other direct expenses . . . . .	35,970	38,228	37,768	111,966	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►					( 909,216 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►					908,064

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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> 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

<div>a</div> <div>The organization's facility</div>	<div>13a</div>	
<div>b</div> <div>An outside facility</div>	<div>13b</div>	

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
------------	-----------------	-------------

**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

# 2011

## Open to Public Inspection

Name of the organization  
ORLANDO HEALTH FOUNDATION INC

**Employer identification number**  
59-2244943

## Part I General Information on Grants and Assistance

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

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- |          |   |   |          |
|----------|---|---|----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . |  | <u>2</u> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            |  | 0        |

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
Description of Organization's Procedures for Monitoring the Use of Grants	FORM 990, SCHEDULE I	Orlando Health Foundation is formed for the sole purpose of supporting program and capital needs of Orlando Health, Inc and affiliates in support of their mission to enhance the quality of life of the individuals in the communities served Contributions are used in accordance with applicable donor specifications in support of that mission of community benefit Orlando Health Foundation makes grants soley to Orlando Health, Inc and its tax-exempt affiliates, all of which are exempt from tax under IRC section 501(c)(3)

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  
  
2011  
  
Open to Public Inspection

Name of the organization ORLANDO HEALTH FOUNDATION INC	Employer identification number  59-2244943
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part IIISupplemental 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
Form 990, Schedule J, Part I, Line 3		All compensation paid by parent, Orlando Health, Inc , which has an independent compensation committee that reports to the Orlando Health board of directors and utilizes the guidelines consistent with the IRS guidelines on independent analysis and documentation of compensation. Form 990, Schedule J, Part I, Line 4b: No deferral distributions paid during tax year. Deferral deposit made on behalf of the following: John W. Bozard \$16,837, Karen T. Jensen \$15,800, Bobby A. Ennis \$8,190, Janet C. Morrow \$6,930, Sherrie H. Sitarik \$158,953, Chad Phillips \$9,310, Jeremy D. Gamble \$7,280, Zachary J. Kallenbach \$6,671, Tori Blyth Spradlin \$6,860.
Form 990, Schedule J, Part I, Line 7		SHERRIE SITARIK'S COMPENSATION, AS REFLECTED ON FORM 990, PART VII AND SCHEDULE J, INCLUDES A BOARD APPROVED, NON-FIXED PAYMENT OF \$34,000 TO REFLECT THE INCENTIVE STRUCTURE OF MRS. SITARIK'S TRANSITION DURING THE YEAR FROM EXECUTIVE VICE PRESIDENT TO CHIEF EXECUTIVE OFFICER OF ORLANDO HEALTH. THE BOARD APPROVED NON-FIXED PAYMENT WAS BASED ON DEFINED METRICS AND WITHIN THE LIMITS SET FORTH BY ORLANDO HEALTH EXECUTIVE INCENTIVE PLAN.



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ORLANDO HEALTH FOUNDATION INC

Employer identification number  
59-2244943

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	6	6,900	COST/SALES PRICE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		3,711	COST/SALES PRICE
5 Clothing and household goods . . . . .	X		263,884	COST/SALES PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	8	6,605	SALE OF COMPARABLES
19 Food inventory . . . . .	X	88	97,469	COST/SALES PRICE
20 Drugs and medical supplies . . . . .	X	3	695	COST/SALES PRICE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
APPLIANCES, EQUIP, 25 Other ► ( <u>SUPLS</u> )	X	16	182,439	COST/SALES PRICE
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2011

Open to Public Inspection

Name of the organization  
ORLANDO HEALTH FOUNDATION INC

Employer identification number  
59-2244943

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	The sole voting member of the Corporation as provided in the Articles of Incorporation is Orlando Health, Inc , as long as it qualifies for exemption under Section 501(c)(3) of the Internal Revenue Code
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7A	Orlando Health, Inc , As the sole voting member of Orlando Health Foundation, Inc , shall appoint the persons to serve as directors and the respective terms or each director
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7B	Orlando Health, Inc must approve decisions on business matters The Foundation board may suggest additions or removal of directors or other business, but the Orlando Health, Inc board must approve
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11b	The Finance Committee Review ed the form 990 The final form 990 w as made available to the board before it was filed
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12C	The Parent Organization, Orlando Health, Inc , 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 for all related organizations 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	ALL COMPENSATION IS PAID BY PARENT, ORLANDO HEALTH, INC , WHICH HAS AN INDEPENDENT COMPENSATION COMMITTEE THAT REPORTS TO THE ORLANDO HEALTH BOARD OF DIRECTORS AND UTILIZES THE GUIDELINES CONSISTENT WITH THE IRS GUIDELINES ON INDEPENDENT ANALYSIS AND DOCUMENTATION OF COMPENSATION THE PROCESS, WHICH IS USED FOR THE PRESIDENT, ALL OFFICERS, EXECUTIVE DRECTORS AND DIRECTORS, AND WAS IMPLEMENTED PRIOR TO 10/01/2006, AND WAS UNDERTAKEN FOR THE CURRENT YEAR
Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts to Gen Public	Form 990, Part VI, Question 19	These items are available upon request during normal business hours Requests can be made in person at Foundation business office or by calling office at 407-841-5194
HOURS WORKED FOR RELATED ORGANIZATIONS	Form 990, Part VII, SECTION A	ESTIMATED HOURS WORKED BY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES AT RELATED ENTITIES HEALTHCARE PURCHASING ALLIANCE, INC JOHN W BOZARD - 5 ORLANDO CANCER CENTER, INC CLARENCE H BROWN, III - 40 MARK STEPHEN ROH - 40 SHERRIE H SITARIK - 2 ORLANDO HEALTH CENTRAL, INC SHERRIE H SITARIK - 2 ORLANDO HEALTH, INC JOHN W BOZARD - 20 KAREN JENSEN - 2 RAY SANDHAGEN - 5 SHERRIE H SITARIK - 40 ORLANDO HEALTH PHYSICIAN GROUP, INC SHERRIE H SITARIK - 2 ORLANDO PHYSICIANS NETWORK, INC SHERRIE H SITARIK - 2 FUNDRAISING EXPENSES PROVIDED BY ORLANDO HEALTH, INC FORM 990, PART IX TOTAL PROGRAM MGMT & FUNDRAISING SERVICE GENERAL Contributed Services 3,789,554 3,789,554 Professional Fundraising Fees 215,627 215,627 Accounting Fees 56,224 56,224 - Other Fees 353,999 353,999 travel 149,187 149,187 Office Expense 629,532 629,532 IS Fees 89,651 89,651 Occupancy 433,625 433,625 conferences 51,828 51,828 depreciation 42,848 42,848 Total reported on 990 5,812,075 - 56,224 5,755,851
RECONCILIATION OF NET ASSETS, OTHER CHANGES	Form 990, Part XI, LINE 5	UNREALIZED GAIN \$6,157,081 NON-CASH CONTRIBUTION \$1,817,280 ROUNDING (\$ 1) TOTAL \$7,974,360

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

2011

Open to Public Inspection

Name of the organization  
ORLANDO HEALTH FOUNDATION INC

Employer identification number  
59-2244943

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
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Healthcare Purchasing Alliance LLC  1417 Kuhl Avenue Orlando, FL 32806 45-4843489	GROUP PRCHSNG ORG	FL	NA	N/A				No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Healthnet Services Inc & Subs 1414 Kuhl Avenue Orlando, FL 32806 59-2246203	Medical Services	FL	OHI	C Corp			
(2) ORANGE INDEMNITY LTD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0516252	CAPTIVE INSURANCE	CJ	OHI	C CORP			

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Health Central Foundation Inc	C	1,087,235	FMV
(2) Orlando Cancer Center Inc	B	907,757	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 59-2244943

Name: ORLANDO HEALTH FOUNDATION INC

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Orlando Health Inc  1414 Kuhl Avenue Orlando, FL 32806 59-1726273	Healthcare	FL	501(C)(3)	3	NA		No
ORLANDO CANCER CENTER INC  1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11, TYPE I	OHI	Yes	
ORLANDO HEALTH PHYSICIAN GROUP INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11, TYPE I	OHI	Yes	
ORLANDO PHYSICIANS NETWORK INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11, TYPE I	OHI	Yes	
HEALTHCARE PURCHASING ALLIANCE INC  1417 KUHL AVENUE ORLANDO, FL 32806 59-2353091	CNTRL PURCHSN	FL	501(C)(3)	3	OHI	Yes	
Orlando Health Central Inc  10000 W Colonial Dr Ocoee, FL 34761 80-0764192	HEALTHCARE	FL	501(c)(3)	3	OHI	Yes	
West Orange Healthcare Inc  10000 W Colonial Dr Ocoee, FL 34761 59-3269402	PHY SUPRT SRV	FL	501(c)(3)	11, Type 1	OHC	Yes	
Health Central Foundation Inc  10000 W Colonial Dr Ocoee, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	