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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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

C Name of organization
Orlando Health Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1414 Kuhl Avenue Suite MP 2

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Orlando, FL 32806

D Employer identification number
59-1726273

E Telephone number
(407) 841-5155

G Gross receipts $ 2,101,175,723

F Name and address of principal officer
Jamal Hakim
1414 Kuhl Avenue
Orlando, FL 32806

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www orlandohealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission as a community-owned organization is to improve the health and quality of life of the individuals and communities we serve

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	14,161
6	Total number of volunteers (estimate if necessary)	**6**	1,675
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,120,080
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,255,507

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	14,122,623	27,120,300
	9 Program service revenue (Part VIII, line 2g)	1,537,042,606	1,666,607,260
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,550,245	21,197,747
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,939,548	5,196,940
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,584,655,022	1,720,122,247
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	584,795	744,798
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	753,074,470	719,852,460
	16a Professional fundraising fees (Part IX, column (A), line 11e)	213,410	235,739
	b Total fundraising expenses (Part IX, column (D), line 25) ▶5,909,021		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	713,348,771	751,494,469
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,467,221,446	1,472,327,466
	19 Revenue less expenses Subtract line 18 from line 12	117,433,576	247,794,781

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,270,921,388	2,432,650,416
	21 Total liabilities (Part X, line 26)	1,200,304,210	1,223,127,345
	22 Net assets or fund balances Subtract line 21 from line 20	1,070,617,178	1,209,523,071

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2015-08-07 — Date

PAUL GOLDSTEIN VP OF FINANCE — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Dawn M Olivardia		2015-08-03		P00059252

Firm's name ▶ Grant Thornton LLP — Firm's EIN ▶

Firm's address ▶ 200 South Orange Avenue Suite 2050 Orlando, FL 32801 — Phone no (321) 841-5131

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,205,143,573 including grants of $ 744,798) (Revenue $ 1,662,112,573)

ORLANDO HEALTH PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA THROUGH ITS FIVE HOSPITALS AND VARIOUS OUTPATIENT FACILITIES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2014, ORLANDO HEALTH FACILITIES PROVIDED 422,622 DAYS OF INPATIENT CARE, 551,419 OUTPATIENT VISITS, AND 242,464 EMERGENCY DEPARTMENT VISITS IN ACCORDANCE WITH ITS MISSION, ORLANDO HEALTH PROVIDED EXTENSIVE CARE TO PATIENTS WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES DURING 2014, ORLANDO HEALTH EXPANDED ITS AFFILIATED HEALTHCARE SYSTEM WITH THE ADDITION OF HEALTH CENTRAL, A HOSPITAL ORGANIZATION DEDICATED TO PROVIDING HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE AND LONG-TERM NURSING CARE TO THE WEST ORANGE COUNTY COMMUNITY THROUGH ITS HOSPITAL, SKILLED NURSING FACILITY AND VARIOUS OUTPATIENT FACILITIES ORLANDO HEALTH ALSO OFFERS COMMUNITY EDUCATION, SCHOOL INITIATIVES AND SUPPORT GROUPS AS A TEACHNG HOSPITAL, ORLANDO HEALTH OFFERS RESIDENCY PROGRAMS TRAINING FUTURE HEALTHCARE PROFESSIONALS ---WE ARE ORLANDO'S HEALTHCARE--- AS A NOT-FOR-PROFIT HEALTHCARE PROVIDER, THE CULTURE OF CARING AT ORLANDO HEALTH TOUCHES THE LIVES OF MANY THROUGHOUT THE GREATER ORLANDO AREA ORLANDO HEALTH'S PHYSICIANS, TEAM MEMBERS AND VOLUNTEERS KNOW THAT HEALTHCARE EXTENDS BEYOND THE WALLS OF THE HOSPITAL OUR DEDICATED MEDICAL PROFESSIONALS AND VOLUNTEERS OFTEN CONTRIBUTE TO THE COMMUNITY OUTSIDE OF THE HOSPITAL, EDUCATING THEIR NEIGHBORS AND PROVIDING MEDICAL CARE TO OTHERS IN THE REGION ORLANDO HEALTH DEMONSTRATES A COMMITMENT TO PROMOTING HEALTH, WELL-BEING AND A CARING SPIRIT THROUGHOUT THE COMMUNITY BY ORGANIZING AND PROVIDING SERVICES RANGING FROM WELLNESS EVENTS AND SCREENINGS, TO FLU SHOTS AND HIGH SCHOOL PHYSICALS THESE ACTIVITIES BRING LITTLE OR NO PAYMENT TO OUR HOSPITALS, BUT ARE SUSTAINED BECAUSE THEY ARE VALUABLE TO OUR REGION AND SUPPORT OUR MISSION ---COMMUNITY PROGRAMS AND SERVICES--- COMMUNITY OUTREACH SPEAKER'S BUREAU SUPPORT / EDUCATION GROUPS COMMUNITY WELLNESS COMMUNITY HEALTH FAIRS PASTORAL OUTREACH AND SPIRITUAL CARE ---COMMUNITY CLINICAL SUPPORT SERVICES--- ORLANDO HEALTH SUPPORTS THE MISSION OF COMMUNITY ORGANIZATIONS THAT PROVIDE ACCESS TO PRIMARY CARE SERVICES THE FACILITIES THAT MAKE UP THE ORLANDO HEALTH FAMILY ENJOY A LONG HISTORY OF WORKING WITH THE COMMUNITIES THEY SERVE EACH IS COMMITTED TO STRENGTHENING ITS SURROUNDING NEIGHBORHOODS, CITIES AND COUNTIES CHARITY CARE SERVICES ARE AN IMPORTANT COMPONENT OF ANY NOT-FOR-PROFIT HOSPITAL'S OPERATION AND REMAIN AT THE EPICENTER OF THE ORLANDO HEALTH COMMUNITY BENEFIT INITIATIVE CHARITY CARE PROVIDES MEDICAL ATTENTION TO OUR REGION'S MOST VULNERABLE PEOPLE, MANY OF WHOM WOULD NOT OTHERWISE HAVE ACCESS TO MEDICAL CARE AND ATTENTION ---CARING FOR THE UNINSURED THROUGH COLLABORATION IN THE COMMUNITY--- PRIMARY CARE ACCESS NETWORK CENTRAL FLORIDA FAMILY HEALTH CENTER COMMUNITY HEALTH CENTERS, INC HEALTH CARE CENTER FOR THE HOMELESS ORANGE COUNTY HEALTH SERVICES SHEPHERD'S HOPE MEDICAL CENTERS ---LEVEL ONE TRAUMA CENTER--- ORLANDO HEALTH IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-DESIGNATED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST POSSIBLE TIME ORLANDO HEALTH'S LEVEL ONE TRAUMA CENTER PROVIDED SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY-ILL PEOPLE WITHIN A 90-MILE RADIUS AND MORE THAN 71,252 PATIENTS VISITED ORMC'S EMERGENCY DEPARTMENT IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVES AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER ORLANDO IN 2014, AIR CARE TRANSPORTED 1529 TRAUMA PATIENTS BERT MARTIN'S CHAMPIONS FOR CHILDREN EMERGENCY DEPARTMENT & TRAUMA CENTER AT ARNOLD PALMER HOSPITAL PROVIDES LEVEL ONE TRAUMA CARE TO PEDIATRIC PATIENTS IN 2014, THROUGH MORE THAN 55,285 VISITS, PEDIATRIC PATIENTS RECEIVED SPECIALIZED EMERGENCY CARE AND OUR TEAM RESPONDED TO 413 TRAUMA ALERTS ---WOMEN'S AND CHILDREN'S HEALTH SERVICES--- - MATERNAL EDUCATION CENTER - Child Life Howard Phillips center for Children & Families THE HOWARD PHILLIPS CENTER (HPC) IS A CENTER OF EXCELLENCE, HELPING CHILDREN, HEALING FAMILIES AND STRENGTHENING COMMUNITIES HPC CONTINUES TO PROVIDE HEALTHCARE TO TEENS FROM LOW INCOME FAMILIES, SUPPORT AND EDUCATION FOR NEW PARENTS SO THEY MAY BUILD BETTER LIVES FOR THEMSELVES AND THEIR CHILDREN, MUCH NEEDED THERAPEUTIC SUPPORT FOR BABIES AND TODDLERS WITH DEVELOPMENTAL DISABILITIES AND DELAYS, AND A SAFE PLACE FOR CHILDREN TO RECOVER AND HEAL FROM THE TRAUMA OF ABUSE AND NEGLECT IN FY 2013-2014, HPC SERVED 13,333 CHILDREN AND THEIR FAMILIES ---RESEARCH--- RESEARCH IS A KEY COMPONENT IN MAKING ORLANDO HEALTH A STATE-OF-THE-ART HEALTHCARE FACILITY IN CENTRAL FLORIDA CLOSE TO $3 MILLION IN RESEARCH WAS COMPLETED IN 2014 ADDITIONAL FUNDS ARE CONTINUALLY SECURED FOR ONGOING RESEARCH ACTIVITIES OF THE ORGANIZATION, CONTINUING TO MAKE LEADING-EDGE TREATMENTS AVAILABLE TO PATIENTS PRESENTLY OVER 525 PATIENTS WITH A VARIETY OF CANCER TYPES ARE BEING FOLLOWED ON CLINICAL TRIALS, MORE THAN HALF OF THEM ARE NEWLY ENROLLED OR IN ACTIVE TREATMENT CLINICAL RESEARCH IS WELL INTEGRATED INTO THE ENTIRE CURRICULUM OF THE MEDICAL EDUCATION AND RESIDENCY PROGRAM, ENABLING RESIDENTS TO LEARN ABOUT RESEARCH ON A REGULAR BASIS AND TEACHING THEM THE METHODS OF INCORPORATING RESEARCH INTO THE PRACTICE OF MEDICINE ---HEALTH EDUCATION--- - GRADUATE MEDICAL EDUCATION COMMITMENT TO MEDICAL EDUCATION AS PART OF OUR CORE MISSION - WE ARE A DESIGNATED TEACHING HOSPITAL IN CENTRAL FLORIDA AND THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 16 FELLOWSHIP PROGRAMS WE SERVE AS A VALUABLE TRAINING SITE FOR MEDICAL STUDENTS FROM FLORIDA STATE UNIVERSITY, UNIVERSITY OF FLORIDA AND UNIVERSITY OF SOUTH FLORIDA, AS WELL AS FROM SCHOOLS THROUGHOUT THE UNITED STATES ORLANDO HEALTH IS ALSO A MAJOR CLINICAL AND COMMUNITY PARTNER WITH THE UNIVERSITY OF CENTRAL FLORIDA'S COLLEGE OF MEDICINE, PROVIDING FACULTY TO THE PROGRAM, AS WELL AS FINANCIAL SCHOLARSHIPS TO THE MEDICAL STUDENTS ---NURSING AND ALLIED HEALTH PROFESSIONS-- IN RESPONSE TO THE NURSING AND NURSING FACULTY SHORTAGE, ORLANDO HEALTH UNDERWRITES KEY FACULTY POSITIONS AT LOCAL SCHOOLS, INCLUDING VALENCIA COMMUNITY COLLEGE, SEMINOLE STATE COLLEGE, THE UNIVERSITY OF CENTRAL FLORIDA AND W R BOONE HIGH SCHOOL HEALTHCARE ACADEMY THESE PROGRAMS INCLUDE FACULTY FOR NURSING, RADIOLOGY, CARDIOVASCULAR TECHNOLOGY AND A HIGH SCHOOL HEALTHCARE ACADEMY INSTRUCTOR CLINICAL PASTORAL EDUCATION IS ALSO PROVIDED BY THE SPIRITUAL CARE DEPARTMENT WITH A CLINICAL SETTING FOR STUDENTS PURSUING A PROFESSION IN PASTORAL CARE OR CHAPLAINCY ---VALUE TO THE COMMUNITY--- FISCAL YEAR 2014 BY OFFERING THE BEST QUALITY OF CARE, RESPONDING TO COMMUNITY NEEDS AND CONCENTRATING RESOURCES IN AREAS THAT TRULY MAKE A DIFFERENCE, ORLANDO HEALTH MAINTAINS A RICH TRADITION OF PROVIDING BENEFIT TO THE COMMUNITY OUR COMMUNITY BENEFIT EFFORT IS A MEASURED APPROACH TO MEETING IDENTIFIED COMMUNITY HEALTH NEEDS, PARTICULARLY IN THE VULNERABLE, UNINSURED AND UNDERSERVED COMMUNITIES AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, ORLANDO HEALTH IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE ORLANDO HEALTH IS COMMITTED TO CHARITY CARE, WHICH IS THE PROVISION OF MEDICAL ATTENTION AND SERVICES TO THE REGION'S MOST VULNERABLE AND UNINSURED, REGARDLESS OF A PATIENT'S ABILITY TO PAY, A PATIENT'S INSUFFICIENT HEALTH INSURANCE COVERAGE, OR THE EXISTENCE OF ANY GOVERNMENT-SPONSORED PROGRAMS COVERING THE FULL COST OF SERVICES IN FISCAL YEAR 2014, ORLANDO HEALTH PROVIDED $74,265,861 IN CHARITY CARE, AS WELL AS $62,785,608 IN COMMUNITY BENEFIT PROGRAMS AND SERVICES AND $84,633,017 IN MEDICAID SHORTFALLS AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS ---COMMUNITY PARTNERSHIPS--- THE TRUE VALUE OF COMMUNITY BENEFIT IS DERIVED NOT FROM PROGRAMS AND SERVICES THAT AN ORGANIZATION PROVIDES, BUT FROM THE RELATIONSHIPS IT CULTIVATES ORLANDO HEALTH HAS BEEN FORTUNATE TO PROVIDE BENEFITS BEYOND TRADITIONAL HEALTHCARE PROGRAMS THROUGH PARTNERSHIP OPPORTUNITIES WITH 124 ORGANIZATIONS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 1,205,143,573

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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*	10	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*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	729		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14,161		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line 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**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	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**	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

			Yes	No
10a	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 this 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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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**	Yes	

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶PAUL A GOLDSTEIN 1414 KUHL AVENUE
Orlando, FL 32806 (321) 841-5131

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								11,629,924	1,743,634	2,796,863

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 ▶ 345

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
Brasfield Gorrie LLC, 3021 7th Ave S BIRMINGHAM AL 35233	CONSTRUCTION SVCS	38,418,629
Deloitte Consulting LLP, 4022 Sells Dr HERMITAGE TN 37076	Consulting Svcs	17,635,652
AVI Foodsystems Inc, 2590 Elm Rd NE WARREN OH 44483	Food Services	8,387,248
FLorida Hospital Healthcare Systems, 602 Courtland St Suite 162 ORLANDO FL 32804	Healthcare Services	6,502,556
Allscripts Healthcare LLC, 8529 Six Forks Rd RALEIGH NC 27615	Healthcare Info Sys	5,788,078

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 ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	23,477,136			
	e	Government grants (contributions)	1e	464,888			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,178,276			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		27,120,300			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621500	1,590,595,448	1,581,954,778	8,640,670	
	b	OTHER PROGRAM REVENUE	621990	75,551,571	75,527,579	23,992	
	c	FITNESS CENTER	713940	460,241	378,156	82,085	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,666,607,260			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		11,372,229			11,372,229
	4	Income from investment of tax-exempt bond proceeds . . ▶		865,206			865,206
	5	Royalties . . . . . ▶		2,964		2,964	
			(i) Real / (ii) Personal				
	6a	Gross rents	796,540 / 314,948				
	b	Less rental expenses	145,505 / 412,589				
	c	Rental income or (loss)	651,035 / -97,641				
	d	Net rental income or (loss) . . . . . ▶		553,394		2,412	550,982
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	388,216,719 / 1,238,975				
	b	Less cost or other basis and sales expenses	378,302,403 / 2,192,979				
	c	Gain or (loss)	9,914,316 / -954,004				
	d	Net gain or (loss) . . . . . ▶		8,960,312			8,960,312
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING GARAGE	621990	20,565			20,565
	b	PHYSICIANS ANSWERING SERVICE	561499	302,233		302,233	
	c	MANAGEMENT FEES	900099	4,249,227	4,249,227		
	d	All other revenue		68,557	2,833	65,724	
	e	**Total.** Add lines 11a–11d . . . . . ▶		4,640,582			
	12	**Total revenue.** See Instructions . . . . . ▶		1,720,122,247	1,662,112,573	9,120,080	21,769,294

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	744,798	744,798		
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	13,347,444	3,184,610	9,791,840	370,994
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	564,127,383	464,591,043	96,811,150	2,725,190
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,384,101	19,183,639	4,200,462	
9 Other employee benefits	78,006,932	63,348,328	14,104,604	554,000
10 Payroll taxes	40,986,600	33,528,725	7,251,210	206,665
11 Fees for services (non-employees)				
a Management	3,768,433		3,768,433	
b Legal	7,061,158		7,061,158	
c Accounting	242,600		242,600	
d Lobbying	157,176		157,176	
e Professional fundraising services See Part IV, line 17	235,739			235,739
f Investment management fees	514,427		514,427	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,729,516	74,978,077	37,429,913	321,526
12 Advertising and promotion	9,075,895	5,885,549	3,104,019	86,327
13 Office expenses	25,399,396	21,343,873	3,580,580	474,943
14 Information technology	32,886,536	12,208,406	20,583,254	94,876
15 Royalties . .	0			
16 Occupancy	68,913,282	46,112,956	22,367,323	433,003
17 Travel	2,589,247	1,739,247	685,269	164,731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	291,456	107,515	173,047	10,894
20 Interest	35,687,928	28,308,891	7,379,037	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	88,865,887	70,491,475	18,333,325	41,087
23 Insurance	24,776,938	24,697,428	79,510	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	278,233,314	278,233,314		
b PATIENT MED ASSIST TRUST FUND	19,317,511	19,317,511		
c ELIGIBILITY FEES	20,606,845	20,606,845		
d DISCHARGE SUPPORT	4,586,772	4,586,772		
e All other expenses	15,790,152	11,944,571	3,656,535	189,046
25 **Total functional expenses.** Add lines 1 through 24e	1,472,327,466	1,205,143,573	261,274,872	5,909,021
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		38,319,594	1	62,056,400
	2	Savings and temporary cash investments		1,205,341	2	1,205,904
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		221,542,578	4	229,053,980
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		19,106,741	8	19,821,999
	9	Prepaid expenses and deferred charges		35,473,783	9	36,993,687
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,353,378,388			
	b	Less accumulated depreciation	10b 1,326,583,241	941,618,512	10c	1,026,795,147
	11	Investments—publicly traded securities		817,131,012	11	851,096,573
	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		32,205,477	14	32,263,781
	15	Other assets See Part IV, line 11		164,318,350	15	173,362,945
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,270,921,388	16	2,432,650,416
Liabilities	17	Accounts payable and accrued expenses		166,499,980	17	186,339,812
	18	Grants payable		0	18	0
	19	Deferred revenue		1,773,311	19	1,511,868
	20	Tax-exempt bond liabilities		897,274,767	20	879,703,910
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		518,059	23	1,757,793
	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		134,238,093	25	153,813,962
	26	**Total liabilities.** Add lines 17 through 25		1,200,304,210	26	1,223,127,345
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		991,986,073	27	1,131,480,647
	28	Temporarily restricted net assets		77,993,958	28	77,404,242
	29	Permanently restricted net assets		637,147	29	638,182
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,070,617,178	33	1,209,523,071
	34	Total liabilities and net assets/fund balances		2,270,921,388	34	2,432,650,416

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,720,122,247
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,472,327,466
3	Revenue less expenses Subtract line 2 from line 1	3	247,794,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,070,617,178
5	Net unrealized gains (losses) on investments	5	9,451,728
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-118,340,616
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,209,523,071

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gregor Alexander MD Board Member	5 0	X						0	0	0
Brian Besanceney Board Member	5 0	X						0	0	0
C David Brown II Board Member	5 0	X						0	0	0
John Cappleman MD Board Member	5 0	X						0	0	0
Linda W Chapin Board Member	5 0	X						0	0	0
Mary Farrell MD Board Member	5 0	X						0	0	0
Lennard Greenbaum MD Board Member	5 0	X						0	0	0
Jamal Hakim MD Board Member, Interim CEO	35 0 11 0	X		X				673,281	0	82,449
Roy Haley Board Member	5 0	X						0	0	0
Joshua High Board Member	5 0	X						0	0	0
Carolyn Karraker Board Member	5 0	X						0	0	0
Marilyn M King Board Member	5 0	X						0	0	0
Harvey Kobrin Board Member	5 0	X						0	0	0
Rex V McPherson II Board Member	5 0	X						0	0	0
Dianna Morgan Board Member	5 0	X						0	0	0
Mark Sand MD Board Member	5 0	X						0	891,863	9,296
Ray Sandhagen Board Member	5 0	X						0	0	0
Amy Saunders Board Member	5 0	X						0	0	0
Conrad Santiago Board Member	5 0	X						0	0	0
Sanford C Shugart PhD Board Member	5 0	X						0	0	0
Sherrie H Sitarik Former CEO (Trm Ended 9/25/13)		X		X				1,576,882	0	241,211
Mildred D Beam SVP, LEGAL AFF & GEN COUNSEL	40 0			X				420,108	0	75,616
John W Bozard SVP & PRES, APMC & FOUND	20 0 20 0			X				618,423	0	70,607
Nancy G Dinon VP, HUMAN RESCOURCES	40 0			X				327,675	0	117,556
Keith Eggert VP (Term Ended 8/30/13)				X				214,137	0	37,114

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shannon P Elswick President (Trm ended 06/01/13)				X				424,225	0	65,604
Jenifer Endicott VP, CLIN INT SVCS	2 0 44 0			X				0	289,163	43,346
Karen L Frenier VP, OPERATIONS, ORMC	40 0			X				271,630	0	87,345
Andrew C Gardiner VP, EXT AFFAIRS & COMM REL	40 0			X				201,403	0	47,416
Paul A Goldstein VP, FINANCE/TREASURY & ACCOUNT	35 0 6 0			X				386,390	0	118,197
Myra J Hancock VP (Term Ended 08/01/13)				X				215,454	0	35,841
Stephen J Harr SR VICE PRES, FINANCE & ADMIN	30 0 13 0			X				571,650	0	69,086
Karl W Hodges VICE PRESIDENT	40 0 4 0			X				305,047	0	99,689
Sharon M Hoffman VP, GOVERNANCE	40 0			X				141,827	0	82,767
David F Huddleson VP, CORPORATE INTEGRITY	40 0			X				191,634	0	58,531
D Wayne Jenkins MD PRES, ORLANDO HEALTH PHYS GRP	40 0			X				591,330	0	161,134
Karen T Jensen VP & EXEC DIR, FDN & VP OHI	2 0 40 0			X				0	230,235	51,658
Mark A Jones PRES, DR P PHILLIPS HOSP	40 0 6 0			X				342,982	0	77,273
Beth B Kollas VP, PAT FIRST STRATEGY/SLP&D	40 0			X				201,162	0	33,474
John A Marzano VP, STRAT COMM & BRAND MKTG	40 0			X				266,606	0	77,043
Robert A Miles SVP, STRATEGY, INNOV & PLAN	40 0			X				474,164	0	79,900
John A Moore EXEC DIR/CEO, SOUTH LAKE	40 0			X				228,748	0	79,307
Anne G Peach VP, NURSING	40 0			X				269,859	0	107,847
Cynthia A Powell PRES, OHPG & VP OHI	2 0 40 0			X				0	332,373	75,828
J Richard Schooler VP, INFORMATION SYS	40 0 2 0			X				408,220	0	228,542
David P Sylvester VP (Term Ended 08/02/13)				X				201,773	0	49,710
Kathy A Swanson PRES, WPH & SR VP OHI	40 0			X				401,754	0	81,153
Gregory P Ohe PRES, WPH, SR VP OHI	2 0 40 0			X				216,788	0	75,025
Timothy Bullard MD Medical Chief, Bus & Innov	40 0					X		327,424	0	59,833
Robert Rainer Chief Quality Officer	40 0					X		313,738	0	75,242

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dennis Buhrig President, PAL	40 0					X		306,175	0	52,312
Michael L Russell Chief Clin Informatics Officer	40 0					X		283,438	0	25,689
Marvin C Mengel MD Dir, Medical Education	40 0					X		255,997	0	64,222

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
Orlando Health Inc	59-1726273

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		157,176
j	Total Add lines 1c through 1i			205,176
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Paid Staff or Management	Schedule C, Part II-B, Line 1b ASSESSING CURRENT STATE AND FEDERAL LEGISLATION WITH CONSULTANTS WHO ADVISE HOW THE LEGISLATION WOULD AFFECT THE ORGANIZATION TOTALING $91,408 AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING $65,768

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	21,643,008	17,882,842	14,814,998	14,899,412	9,597,702
b	Contributions	6,820	280,543	337,853	26,824	1,098,291
c	Net investment earnings, gains, and losses	2,460,598	3,565,773	2,766,535	-81,251	4,243,617
d	Grants or scholarships		0	0	0	0
e	Other expenditures for facilities and programs		0	0	0	0
f	Administrative expenses	108,544	86,150	36,544	29,987	40,198
g	End of year balance	24,001,882	21,643,008	17,882,842	14,814,998	14,899,412

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 2 659 %
- c Temporarily restricted endowment ▶ 97 341 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,388,469		60,388,469
b Buildings		678,791,835	316,908,263	361,883,572
c Leasehold improvements		10,707,052		10,707,052
d Equipment		1,311,967,605	993,430,635	318,536,970
e Other		291,523,427	16,244,343	275,279,084
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,026,795,147

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INS	26,071,178
(2) INVESTMENT IN RELATED PARTIES	13,208,067
(3) MEDICAL MALPRACTICE RECOVERIES	7,330,977
(4) DEPOSITS	7,653,959
(5) GIFT ANNUITY TRUST	4,106,241
(6) CONTRIBUTIONS FROM FOUNDATION	474,102
(7) CAP ACCUM/DEF COMP BENEFITS	8,253,940
(8) DUE FROM AFFILIATES	106,264,481
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	173,362,945

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
FIN 48 OBLIGATION	1,591,315
LT-LIAB CAP/ACCUM DEF COMP	8,253,940
DEBT GUARANTEE - S LAKE BONDS	1,344,000
SWAP LIABILITIES	30,687,172
PROFESSIONAL AND GENERAL LIABILITY	107,745,907
REGULATORY ASSESSMENTS	61,087
OTHER LIABILITIES	4,062,865
PHYSICIAN LOAN RESERVE	67,676
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	153,813,962

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Liability for Uncertain Tax Position (ASC 740)	Schedule D, Part X, Line 2 ORLANDO HEALTH AND THE SIGNIFICANT CONSOLIDATING ENTITIES ARE NOT-FOR-PROFIT CORPORATIONS, RECOGNIZED AS TAX-EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE OTHER CONSLIDATING ENTITIES ARE ORGANIZED AS FOR-PROFIT CORPORATIONS, BUT HAVE PRODUCED NET OPERATING LOSSES TO DATE ACCORDINGLY, IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTIG STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, THESE ENTITIES HAVE RECOGNIZED DEFERRED TAX ASSETS ASSOCIATED WITH THEIR NET OPERATING LOSSES, ALONG WITH A FULL VALUATION ALLOWANCE SINCE IT IS UNLIKELY THAT THESE DEFERRED TAX ASSETS WILL BE REALIZED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) CASH SURRENDER VALUE LIFE INS	26,071,178
(2) INVESTMENT IN RELATED PARTIES	13,208,067
(3) MEDICAL MALPRACTICE RECOVERIES	7,330,977
(4) DEPOSITS	7,653,959
(5) GIFT ANNUITY TRUST	4,106,241
(6) CONTRIBUTIONS FROM FOUNDATION	474,102
(7) CAP ACCUM/DEF COMP BENEFITS	8,253,940
(8) DUE FROM AFFILIATES	106,264,481

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

1 **(a)** Description of Liability	**(b)** Book Value
FIN 48 OBLIGATION	1,591,315
LT-LIAB CAP/ACCUM DEF COMP	8,253,940
DEBT GUARANTEE - S LAKE BONDS	1,344,000
SWAP LIABILITIES	30,687,172
PROFESSIONAL AND GENERAL LIABILITY	107,745,907
REGULATORY ASSESSMENTS	61,087
OTHER LIABILITIES	4,062,865
PHYSICIAN LOAN RESERVE	67,676

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	1	1	Program Services	Captive Insurance	75,841
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1	1			75,841
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	1			75,841

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 HARRIS CONNECT LLC 1511 Route 22 Suite C-25 Brewster, NY 10509	TELEPHONE SOLICITING		No		214,043	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					214,043	

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

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

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
DISTINGUISHING PYMTS FOR PROF FUNDRAISING SERVICES FROM EXP PYMT OR REIMB	SCHEDULE G, PART I, COL V PLEDGE COMMITMENTS ARE GENERATED VIA TELEPHONE BY HARRIS CONNECT WITH PLEDGE PAYMENT BEING MADE DIRECTLY TO ORLANDO HEALTH FOUNDATION BY THE DONOR THE FEE RETAINER AT CONTRACT SIGNING IS AN ESTIMATE WITH FINAL AMOUNT BASED UPON PLEDGE COMMITMENTS SECURED THE CONTRIBUTIONS ARE MADE IN FULL TO ORLANDO HEALTH FOUNDATION, BUT THE EXPENSE IS PAID BY ORLANDO HEALTH

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			74,265,861		74,265,861	5 040 %
b Medicaid (from Worksheet 3, column a)			273,680,578	207,880,269	65,800,309	4 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			25,479,498	6,646,790	18,832,708	1 280 %
d **Total** Financial Assistance and Means-Tested Government Programs			373,425,937	214,527,059	158,898,878	10 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			20,429,362	808,686	19,620,676	1 330 %
f Health professions education (from Worksheet 5)			51,923,807	12,307,707	39,616,100	2 690 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,808,063		2,808,063	0 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			740,769		740,769	0 050 %
j **Total.** Other Benefits			75,902,001	13,116,393	62,785,608	4 260 %
k **Total.** Add lines 7d and 7j			449,327,938	227,643,452	221,684,486	15 050 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			75,009		75,009	0 010 %
9 Other						
10 **Total**			75,009		75,009	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	13,230,311		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	248,101,761		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	213,618,859		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	34,482,902		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW ORLANDOHEALTH COM			
b	☐ Other website (list url) _____			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS OF COSTS REPORTED ON LINE 7 PART I OF SCHEDULE H WERE DETERMINED BY UTILIZATION OF A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 AS CONTAINED IN THE SCHEDULE H INSTRUCTIONS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	BAD DEBT WAS REPORTED AS AN OFFSET TO PATIENT REVENUE AND NOT ON PART IX THEREFORE, FORM 990, PART IX, LINE 25 DID NOT INCLUDE BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART II	THE PRIMARY PURPOSE OF ORLANDO HEALTH'S COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COMMUNITY ORLANDO HEALTH MAY RECRUIT OR ASSIST IN THE RECRUITMENT OF PHYSICIANS WHEN A NEED IS IDENTIFIED TO BRING A MEDICAL SERVICE OR PROVIDER TO THE AREA, TO MAINTAIN THE DELIVERY OF HEALTHCARE AS PHYSICIAN ATTRITION OCCURS DUE TO RETIREMENT, DISABILITY, RELOCATION OR OTHER PERTINENT REASONS A COMMUNITY NEED MUST BE DETERMINED BEFORE ORLANDO HEALTH WILL ENGAGE IN THE RECRUITMENT OF A PHYSICIAN OR ASSIST IN THE RECRUITMENT OF A PHYSICIAN RATIONALES THAT ORLANDO HEALTH USES TO DETERMINE COMMUNITY NEED INCLUDE INDEPENDENT HEALTH PLANNING SERVICE ORGANIZATIONS, COMMUNITY NEEDS ASSESSMENT AND INDEPENDENTLY MAINTAINED PHYSICIAN DATABASE SOFTWARE THAT ASSISTS IN IDENTIFYING COMMUNITY NEED IT IS IMPORTANT TO ADDRESS THE PHYSICIAN WORKFORCE SHORTAGE ISSUES IN ORDER TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CENTRAL FLORIDA COMMUNITY IF A PARTICULAR PHYSICIAN SPECIALTY IS DEFICIENT IN THE COMMUNITY IN COMPARISON TO THE POPULATION THIS CAN OFTEN LEAD TO INEFFICIENT OR NO ACCESS OR LONG WAIT PERIODS TO ACCESS HEALTHCARE SERVICES WHICH OFTEN LEAD TO POOR HEALTH OUTCOMES OUR PHYSICIAN RECRUITMENT EFFORTS MEET THE COMMUNITY BENEFIT OBJECTIVE OF IMPROVING ACCESS TO HEALTH SERVICES WHICH ENHANCES PUBLIC HEALTH THESE ACTIVITIES PRIMARILY BENEFIT THE LOCAL COMMUNITY AND WERE NOT PROVIDED FOR MARKETING PURPOSES, NOR TO INCREASE REFERRALS OF PATIENTS TO ORLANDO HEALTH, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STANDARD OF CARE, NOR TO BENEFIT PERSONS AFFILIATED WITH ORLANDO HEALTH RATHER, THE PRIMARY PURPOSE OF THE WORKFORCE DEVELOPMENT ACTIVITIES IS TO BENEFIT THE COMMUNITY BASED ON INDEPENDENT COMMUNITY NEED ANALYSES ORLANDO HEALTH HAS ASSISTED IN THE RECRUITMENT OF TWO NEW COMMUNITY BASED PHYSICIANS TO SUPPORT THE PHYSICIAN SHORTAGES IN OUR COMMUNITY DURING THE YEAR

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE REFLECTED IN PART III, LINE 2 REPRESENTS COST OF CHARGES WRITTEN OFF AS UNCOLLECTIBLE BOTH DISCOUNTS AND PAYMENTS TO ACCOUNTS WILL REDUCE THE BAD DEBT EXPENSE, SHOULD THE ACCOUNT BE REPORTED AS BAD DEBT THAT IS TO SAY, DISCOUNTS APPLIED TO ACCOUNTS ARE NOT REVERSED PRIOR TO DECLARING, ADJUSTING AND/OR WRITING OFF ACCOUNTS AS BAD DEBT ALL ACCOUNTS WHICH ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT ARE REVIEWED TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IF SUFFICIENT DOCUMENTATION WAS NOT PROVIDED BY THE ACCOUNT HOLDER, ORLANDO HEALTH USES PREDICTIVE ANALYTICS TO DETERMINE IF THE FINANCIAL ASSISTANCE FOR ACCOUNTS ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT USES DATA DERIVED FROM THIRD PARTIES WHICH INCLUDE, BUT ARE NOT LIMITED TO DEMOGRAPHIC VERIFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALUES AND HOME OWNERSHIP HISTORY AND VALUES ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPARENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE IF THE ACCOUNT DOES QUALIFY, PREVIOUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW BALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY, WHICH IS REDUCED TO COST THE PROVISION FOR BAD DEBT EXPENSE, AS STATED IN THE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS, IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORT HAS BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS PERIODICALLY, MANAGEMENT PERFORMS A REVIEW AND ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCES BY PAYOR CATEGORY DATA RELATED TO PAYOR SOURCES OF REVENUE AND THE RESULTS OF THIS REVIEW ARE THEN USED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR BAD DEBTS ADDITIONALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), A SIGNIFICANT ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS CHARGED TO THE PROVISION FOR BAD DEBTS AND CREDITED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ALLOWANCES FOR DOUBTFUL ACCOUNTS INCREASED $23,436,000 DURING THE YEAR ENDED SEPTEMBER 30, 2014, FROM $119,505,000 AT SEPTEMBER 30, 2013, TO $142,941,000 AT SEPTEMBER 30, 2014 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS INCLUDES $67,799,000, $69,093,000, AND $63,960,000, IN AMOUNTS DUE FROM THIRD-PARTY PAYORS (INCLUDING THE PATIENT RESPONSIBILITY PORTION INCLUDED IN THESE ACCOUNTS) AT SEPTEMBER 30, 2014, 2013, OR 2012, RESPECTIVELY THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY HOSPITAL PATIENTS AS A PERCENT OF RELATED SELF-PAY ACCOUNTS RECEIVABLE WAS 95%, 95%, AND 95% AT SEPTEMBER 30, 2014, 2013, AND 2012, RESPECTIVELY THE PORTION FOR BAD DEBTS DECREASED FROM $149,516,000 FOR THE YEAR ENDED SEPTEMBER 30, 2013, TO $120,019,000 FOR THE YEAR ENDED SEPTEMBER 30, 2014 THIS $29,497,000 DECREASE WAS DUE TO PROCESS IMPROVEMENTS THAT HAVE PROVIDED FOR EARLIER DETERMINATION OF A PATIENT'S ABILITY TO PAY AND EARLIER IDENTIFICATION OF PATIENTS QUALIFYING FOR CHARITY CARE CONVERSLEY, CHARITY CARE CHARGE DEDUCTIONS FOR THE YEAR ENEDED SEPTEMBER 30, 2014 INCREASED $39,318,000 FROM PRIOR YEAR

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY USED TO REPORT THE AMOUNT REPORTED ON LINE 6 AS MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE WAS CALCULATED USING THE MEDICARE COST REPORT ORLANDO HEALTH DOES NOT CURRENTLY INCLUDE MEDICARE SURPLUS AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF STATE LAW DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, ORLANDO HEALTH PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ORLANDO HEALTH PERFORMS A THOROUGH EVALUATION OF THE PATIENT'S FINANCIAL STATUS TO ENSURE THE UTILIZATION OF ALL AVAILABLE DISCOUNTS AND CHARITY CARE PROGRAMS AVAILABLE UNDER THEIR DISCOUNT AND CHARITY CARE POLICIES THIS DETERMINATION PROCESS IS COMPLETED BEFORE ANY PATIENT'S ACCOUNT IS REMITTED TO COLLECTION IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART V, SECTION A	MAIN WEBSITE HTTP //WWW ORLANDOHEALTH COM ORLANDO REGIONAL MEDICAL CENTER HTTP //WWW ORLANDOHEALTH COM/ORLANDOREGIONALMEDICALCENTER/INDEX ASPX WINNIE PALMER HOSPITAL HTTP //WWW ORLANDOHEALTH COM/WINNIEPALMERHOSPITAL/INDEX ASPX ARNOLD PALMER HOSPITAL HTTP //WWW ORLANDOHEALTH COM/ARNOLDPALMERHOSPITAL/INDEX ASPX DR PHILLIPS HOSPITAL HTTP //WWW ORLANDOHEALTH COM/DRPPHILLIPSHOSPITAL/INDEX ASPX SOUTH SEMINOLE HOSPITAL HTTP //WWW ORLANDOHEALTH COM/SOUTHSEMINOLEHOSPITAL/INDEX ASPX HEALTH CENTRAL HTTP //WWW HEALTHCENTRAL ORG/

Form and Line Reference	Explanation
PART V, SECTION B, LINE 2	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND IMPLEMENTED IN FEBRUARY 2014

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	WE CONTRACTED THE HEALTH COUNCIL OF EAST CENTRAL, FLORIDA, INC (HEALTH COUNCIL), A PRIVATE, NOT-FOR-PROFIT HEALTHCARE PLANNING AGENCY PROVIDING RESEARCH, EDUCATION AND PROGRAM SUPPORT TO IMPROVE HEALTHCARE DELIVERY AND OUTCOMES CONDUCTED STAKEHOLDER INTERVIEWS ON BEHALF OF THE HOSPITAL THE HEALTH COUNCIL WORKED WITH REPRESENTATIVES FROM ALL THE HOSPITALS THAT PARTICIPATED IN THE ASSESSMENT TO ENSURE THE STAKEHOLDER LIST WAS INCLUSIVE AND REPRESENTATIVE OF THE COMMUNITY THE MONTANA STATE LIBRARY COMMUNITY STAKEHOLDER TEMPLATE WAS USED AS A GUIDE TO IDENTIFY KEY INFORMANTS BY COUNTY AS DEFINED BY THE PREVENTION INSTITUTE, BASIC ELEMENTS OF COMMUNITY DEVELOPMENT ARE FACTORS THAT INFLUENCE AN INDIVIDUAL'S ABILITY TO LEAD A HEALTHY, PRODUCTIVE LIFE THESE ELEMENTS WERE USED TO DEVELOP THE FOUNDATION FOR THE INTERVIEW QUESTIONS SEE BELOW EQUITABLE OPPORTUNITIES RACIAL JUSTICE, JOBS AND EDUCATION, PLACE PARKS AND OPEN SPACE, TRANSPORTATION, HOUSING, AIR, WATER AND SAFETY, PEOPLE SOCIAL NETWORKS AND WILLINGNESS TO ACT FOR THE COMMON GOOD HEALTHCARE SERVICES PREVENTIVE, TREATMENT, ACCESS, CULTURAL COMPETENCY, AND EMERGENCY RESPONSE THE STAKEHOLDERS REPRESENTED BROAD POPULATIONS INCLUDING THE ELDERLY, MEDICAL UNDERSERVED, MINORITY GROUPS, AND LOW-INCOME POPULATOINS APPENDIX D OF THE CHNA CONTAINS THE STAKEHOLDER LIST

Form and Line Reference	Explanation
PART V, SECTION B, LINE 4	ORLANDO HEALTH ARNOLD PALMER MEDICAL CENTER (ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES), DR P PHILLIPS HOSPITAL, HEALTH CENTRAL HOSPITAL , ORLANDO REGIONAL MEDICAL CENTER (UF HEALTH CANCER CENTER AT ORLANDO HEALTH), SOUTH SEMINOLE HOSPITAL FLORIDA HOSPITAL FLORIDA HOSPITAL ALTAMONTE, FLORIDA HOSPITAL APOPKA, FLORIDA HOSPITAL CELEBRATION HEALTH, FLORIDA HOSPITAL EAST ORLANDO, FLORIDA HOSPITAL KISSIMMEE, FLORIDA HOSPITAL ORLANDO (FLORIDA HOSPITAL FOR CHILDREN), WINTER PARK MEMORIAL HOSPITAL LAKESIDE BEHAVIORAL HEALTHCARE KENNEDY PLAZA, LAKESIDE PLACE APARTMENTS, PRINCETON PLAZA, RESIDENTIAL PLAZA FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	For nearly 100 years, Orlando Health has been serving the Central Florida region Dedicate d to improving the health and quality of life of the individuals and communities, Orlando Health is constantly employing efforts to improve health in the community and increase acc ess to care In support of our community benefit efforts, we recognize the importance of w orking with community partners As a result, Orlando Health actively collaborates with loc al organizations and groups in order to make a difference in the health and quality of lif e in Central Florida With our participation in the 2013 Community Health Needs Assessment (CHNA), Orlando Health developed new and is enhancing established community benefit progr ams that address health needs identified through the CHNA In fiscal year 2014 we develope d and provided interventions for selected health needs in an effort to improve the health status of residents in our community We will sustain these efforts through fiscal year 20 16 while participating in the next CHNA cycle In selecting the needs to address from the CHNA, a number of factors were taken into consideration including, but not limited to ind ividual Orlando Health data, community and hospital assets, ability to impact issue, curre nt community benefit efforts, community partnerships, and opportunities for collaboration Below is a summary of the health needs Orlando Health selected as areas of focus from the 2013 CHNA - Heart Disease is a leading cause of death in not only the nation, but in our community While it is a very costly health problem, it is among the most preventable hea lth conditions At Orlando Health, we developed a number of services and specialized clini cs to help residents in our community become healthier and stay healthy in conjunction wit h our Orlando Health Heart Institute These are just some of the reasons Orlando Health se lected heart disease as a priority With the Orlando Health Heart Institute, we are focusi ng on heart disease prevention, detection, and the importance of maintaining a healthy lif estyle through education and community outreach We also developed and provided education to healthcare providers located in the community (i e , primary care physicians, nurse pra ctitioners and nurses) for the purpose of using in their daily practice while treating the broader community in order to increase health literacy regarding heart disease - Cancer is another leading cause of death in our community and the second leading cause of death i n the nation Specifically, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and pros tate cancer combined Through our UF Health Cancer Center at Orlando Health, we house one of the largest, most comprehensive cancer programs in the State of Florida As a result, O rlando Health selected lung cancer as a priority and is focusing on lung cancer prevention With the support of the UF Health Cancer Center at Orlando Health, Central Florida Area Health Education Centers (AHEC) Tobacco, and other community partners (i e , schools, camp s, after school programs) we provide smoking cessation programs to adults and smoking prev ention education to youth in our community - Overweight and obesity is an important indic ator for the overall health and lifestyle of a community According to the Centers for Dis ease Control and Prevention, during the past 20 years, there has been a dramatic increase in obesity in the United States and rates remain high Currently, one in three adults and one in six children/adolescents are obese It is particularly of concern for women of chil d-bearing age because obesity has been associated with both short- and long-term health ef fects for them, as well as for their offspring Overweight and obesity not only increases the risk of chronic disease and mortality for these women, but also increase the risk of i nfertility and adverse pregnancy outcomes As a result, Orlando Health will develop and pr ovide healthy lifestyle education and community outreach opportunities for women of child- bearing age We will also work with partners to increase health literacy regarding overwei ght and obesity We also partnered with an elementary school to provide a teaching garden for students Through this program, children will learn about nutritional choices and the importance of maintaining a healthy lifestyle We are also working with partners to increa se healthy literacy regarding overweight and obesity in children - Preterm birth and low birth weight are not only birth outcomes that often require specialized medical care, but can cause death or long-term disability among infants In our community, rates are especia lly high among the black/African-American and Hispanic/Latino populations Orlando Health has well-established working relationships with a number of partners in the community that focus on maternal and child health These partner

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	s included, but are not limited to the Florida Department of Health in Orange County, Hea lthy Start, Central Florida Family Health Centers, and Healthy Orange Florida With their support, we are developing education and community outreach opportunities for women of chi ld-bearing age, including those specifically for the vulnerable populations mentioned We continue to work with our partners on increasing health literacy regarding the importance of prenatal care and obtaining healthy birth outcomes - Birth defects are conditions pres ent at birth, which cause structural changes in one or more parts of the body They can ha ve a serious, adverse effect on health, development, or functional ability In support of detection and treatment of congenital heart defects, we screen all newborns prior to disch arge While Orlando Health is not required to screen, we recognize screening as a best pra ctice and will implement moving forward - Motor vehicle collision related injuries kill m ore children and young adults than any other single cause in the United States In our com munity, motor vehicle collisions are one of the leading causes of premature death Orlando Health developed education related to the importance of safety specifically as it relates to child seats, safety belts, and bicycle helmets Orlando Health identifies and particip ates in community outreach opportunities to provide this education while collaborating wit h community partners For those needs identified through the 2013 CHNA that did not emerge as an area of strategic priority during our prioritization process, Orlando Health does p rovide support and services for several of the remaining needs in some form or fashion At the time of prioritization, we took into consideration the level to which some of the nee ds were already being addressed in the service area along with whether the identified need falls out of the scope of our expertise and resources For the needs that we did not sele ct, we will continue to provide support and services where appropriate Below is the list of needs Orlando Health did not select following the 2013 CHNA and a brief description reg arding our determination - Diabetes - We currently provide programs and services for diab etes and work with and work with community partners that currently address diabetes At th is time, Healthy Orange Florida is focusing on the need which is a collaboration that Orla ndo Health help found and is a member Moreover, Orlando Health's focus on heart disease w ill impact diabetes - Sexually Transmitted Diseases - We will continue to provide existin g services for sexually transmitted diseases at Orlando Health and work with our Infectiou s Disease Physician Practice and community partners to address the need - Substance Abuse - We currently provide programs and services for substance abuse and work with community partners, but additional financial resources are not available at this time to broaden our scope - Mental Health - We currently provide programs and services for mental health and work with community partners, but additional financial resources are not available at thi s time to broaden our scope - Chronic Disease Management - We currently provide programs and services for chronic disease management and work with community partners that also add ress the need Through our focus on heart disease, overweight and obesity and cancer we wi ll impact this need In addition, Healthy Orange Florida's focus on diabetes and Healthy S eminole's focus on obesity falls under chronic disease management Again, Orlando Health i s a founder and member of both collaborations - Violent Crime - We do not have the expert ise or resources to effectively address this need as a hospital However, we currently pro vide support where appropriate and work with community partners that focus on this need - Health Literacy - We will continue current initiatives that support the need in the commu nity Moreover, the focus on heart disea

Form and Line Reference	Explanation
PART VI, QUESTION 2	NEEDS ASSESSMENT IN 2013, ORLANDO HEALTH'S ORLANDO REGIONAL MEDICAL CENTER (ORMC), DR P PHILLIPS HOSPITAL, SOUTH SEMINOLE HOSPITAL, ARNOLD PALMER HOSPITAL FOR CHILDREN, AND WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT HOWEVER, PRIOR TO THE ASSESSMENT, OH ASSESSED THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PROCESS AND DEVELOPED A PROCESS TO ENSURE THE ORGANIZATION IS RESPONSIVE TO COMMUNITY HEALTH NEEDS THROUGH OUR EDUCATION, RESEARCH AND PATIENT CARE PROGRAMS, OH MEETS THE NEEDS OF THE COMMUNITY THE SPECIFIC NEEDS TARGETED BY THESE PROGRAMS HAVE BEEN IDENTIFIED BY THE EXPERIENCE OF COMMUNITY HOSPITAL ADVISORY COUNCILS, NEIGHBORHOOD OUTREACH AND THROUGH NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITALS AS A RESULT, OH SPONSORS A VARIETY OF PROGRAMS FOR AT-RISK POPULATIONS, FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND SPECIAL NEEDS GROUPS, AS WELL AS FOR THE BROADER COMMUNITY ADDITIONAL EXAMPLES OF HOW OH RESPONDS TO COMMUNITY HEALTH NEEDS ARE AS FOLLOWS 1 GOVERNING BOARDS ARE COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE, 2 PARTNERSHIP WITH LOCAL AREA GROUPS AND ASSOCIATIONS TO ATTEND TO THE HEALTH CARE NEEDS OF THE OH COMMUNITY, 3 SPONSORSHIP AND PARTICIPATION IN COMMUNITY HEALTH FAIRS, COMMUNITY FITNESS AND WELLNESS EVENTS AND OTHER OUTREACH EVENTS, AND 4 TRANSITION SERVICES POST-DISCHARGE PATIENT FOLLOW-UP RELATED TO THE ON-GOING CARE AND TREATMENT OF PATIENTS TO PREVENT UNNECESSARY ADMISSIONS AND POTENTIAL RE-ADMISSIONS

Form and Line Reference	Explanation
PART VI, QUESTION 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ORLANDO HEALTH FOLLOWS AN ESTABLISHED PROCESS TO INFORM ALL PATIENTS OF ITS CHARITY CARE AND UNINSURED DISCOUNT POLICIES DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, UNINSURED PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE POLICY AND OTHER FINANCIAL ASSISTANCE FINANCIAL INFORMATION IS SECURED FOR ALL UNINSURED PATIENTS TO SCREEN FOR POSSIBLE ENROLLMENT IN FEDERAL, STATE, AND LOCAL PROGRAMS ORLANDO HEALTH HAS CONTRACTED DEDICATED ORGANIZATIONS THAT ASSIST THE PATIENT WITH THEIR ENROLLMENT PROCESS ALL THE WAY TO APPROVAL OR DENIAL BY THE RESPECTIVE AGENCIES FOR UNINSURED PATIENTS THAT ARE DENIED COVERAGE OR DO NOT MEET THE COVERAGE CRITERION FOR A RESPECTIVE AGENCY, ORLANDO HEALTH THEN SCREENS THE PATIENT FOR CHARITY ELIGIBILITY IT IS ORLANDO HEALTH'S OBJECTIVE TO PROVIDE CHARITY CARE TO OUR PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY

Form and Line Reference	Explanation
PART VI, QUESTION 4	COMMUNITY INFORMATION ORLANDO HEALTH CURRENTLY OPERATES 5 HOSPITALS IN CENTRAL FLORIDA WHICH HAS OVER TWO MILLION RESIDENTS AND THOUSANDS OF INTERNATIONAL VISISTORS ANNUALLY ORLANDO HEATLH HAS MORE THAN 13,566 EMPLOYESS AND 2034 PHYSICIANS ON STAFF AS A STATUTORY TEACHING HOSPITAL, WE OFFER GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 18 FELLOWSHIP PROGRAMS ORLANDO HEALTH'S FACILITIES ENCOMPASS 1720 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, DR P PHILLIPS HOSPITAL, AND SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE ORMC'S LEVEL ONE TRAUMA CENTER PROVIDES SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND 243,499 PATIENTS VISISTED OUR EMERGENCY DEPARTMENTS IN 2014 ARNOLD PALMER HOSPITAL IS THE FIRST FACILITY IN CENTRAL FLORIDA TO PROVIDE EMERGENCY CARE EXCLUSIVELY FOR PEDIATRICS INCLUDING LEVEL 1 TRAUMA IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVE AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER ORLANDO AIR CARE TRANSPORTED 550 ADULT TRAMA PATIENTS AND 83 PEDIATRIC TRAUMA PATIENTS IN 2014 ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE AND LAKE COUNTIES THE MEDIAN HOUSEHOLD INCOME IN THESE COUNTIES IS $46,073 WHEREAS THE AVERAGE INCOME IS $61,700 IN CENTRAL FLORIDA, 13 3 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA IS 20 4% AND THERE ARE TEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, RESEARCH, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE

Form and Line Reference	Explanation
PART VI, QUESTION 5	PROMOTION OF COMMUNITY HEALTH AS A NOT-FOR-PROFIT HEALTH CARE PROVIDER, THE CULTURE OF CARING AT OH TOUCHES THE LIVES OF MANY INDIVIDUALS AND FAMILIES THROUGHOUT CENTRAL FLORIDA OH DEMONSTRATES A COMMITMENT TO PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS OH WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE PREVENTION AND ENVIRONMENTAL PROBLEMS OH FOSTERS PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY BOTH CASH AND IN-KIND DONATIONS ARE MADE ANNUALLY TO THESE VARIOUS LOCAL CHARITABLE ORGANIZATIONS OH ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE THE KEY COMPONENT OF A NOT-FOR-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS OH AND ITS HOSPITAL GOVERNING BOARD ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF OH AND ITS AFFILIATES DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES ORLANDO HEALTH'S VOLUNTEER BOARD BALANCES FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY ORLANDO HEALTH OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA OH'S CREDENTIALING PROCESS IS GUIDED BY POLICIES AND PROCEDURES THAT STANDARDIZE THE PROCESS THIS PRESCRIBED CREDENTIALING PROCESS ENSURES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS SURPLUS FUNDS ARE RETAINED BY OH AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR OH AND ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

Form and Line Reference	Explanation
PART VI, QUESTION 6	AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH SYSTEM THROUGH WHICH WE ARE ABLE TO PROVIDE AN ARRAY OF SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH HAS SEVERAL SUPPORT ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS ORLANDO CANCER CENTER, INC HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH PHYSICIAN GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF SPECIALTY PHYSICIAN SERVICES, OCCUPATIONAL HEALTH SERVICES, REHABILITATION HEALTH SERVICES AND BEHAVIORAL HEALTH SERVICES ORLANDO PHYSICIAN NETWORK, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED APPROXIMATELY $235 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS

Form and Line Reference	Explanation
PART VI, QUESTION 7	STATE FILING OF COMMUNITY BENEFIT REPORT NONE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	Schedule I, Part I, Line 2 ORLANDO HEALTH, INC MAKES GRANTS SOLELY TO GOVERNMENT ENTITIES AND ORGANIZATIONS EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) THAT FURTHER THE MISSION OF ORLANDO HEALTH TO SUPPORT HEALTHCARE IN CENTRAL FLORIDA ORLANDO HEALTH'S COMMUNITY RELATIONS DEPARTMENT DETERMINES SUPPORT FOR LOCAL NON-PROFIT SPONSORSHIPS ANY GRANT AMOUNT OVER $25,000 HAS TO BE APPROVED BY THE CEO AND REPORTED TO THE BOARD THE GRANTS ARE MONITORED TO ENSURE THE ORGANIZATION'S MISSION IS ALIGNED WITH ORLANDO HEALTH'S MEETING A SOCIAL AND COMMUNITY NEED IN THE AREAS OF HEALTH, SOCIAL SERVICES, ARTS AND EDUCATION

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
U of Central Florida Foundation Inc 12424 Research Pkwy Suite 140 Orlando, FL 32806	59-6211832	501(c)(3)	255,000				Sponsorship Fee Sponsorship Fee Sponsorship Fee Sponsorship Fee Sponsorship Fee Sponsorship Fee Sponsorship Fee Scholarship Sponsorship Fee Sponsorship Fee Sponsorship Fee Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Grace Medical Home Inc 51 Pennsylvania St Suite 400-C Orlando,FL 32806	26-1817966	501(c)(3)	101,500				Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Orange County Public Schools 600 Courtland St Suite 565 Orlando,FL 32804	59-3125675	501(c)(3)	67,173				SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association Inc 237 E Marks St Suite 465 Orlando,FL 32803	13-5613797	501(c)(3)	46,000				Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Central Florida Commission For Homelessness Inc 255 S Orange Avenue Suite 108 Orlando,FL 32801	46-0994106	501(c)(3)	20,000				Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida State University Foundation Inc 2010 Levy Avenue Bldg B Ste B Suite 105 Tallahhasse, FL 32306	59-3515162	501(c)(3)	12,500				Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Valencia College Foundation Inc PO Box 3028 Suite 190 Orlando,FL 32802	59-3288443	501(c)(3)	10,000				SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Healthcare Center for the Homeless Inc 232 N Orange Blossom Trail Suite 115 Orlando,FL 32805	59-3185020	501(c)(3)	105,000				Sponsorship Fee

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Orange County Healthy Start Coalition Inc 600 Courtland St Suite 565 Suite 330 Orlando,FL 32804	59-3125675	501(c)(3)	12,500				Scholarship

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Related Organization	Schedule J, Part I, Line 3 ORLANDO HEALTH, INC IS A COMMON PAYMASTER AND COMMON PAY AGENT FOR ORLANDO CANCER CENTER, INC (EIN 59-3005020), ORLANDO HEALTH PHYSICIAN GROUP, INC (EIN 59-3259553), HEALTHCARE PURCHASING ALLIANCE, INC (EIN 59-2353091), ORLANDO HEALTH FOUNDATION, INC (EIN 59-2244943), AND ORLANDO HEALTH PHYSICIAN PARTNERS, INC (EIN 59-3110868) AND THEIR EMPLOYEES ARE INCLUDED ON THE ORLANDO HEALTH, INC 941
Severance or change of control	Schedule J, Part I, Line 4a SEVERANCE PAYMENTS TO THE FOLLOWING P SHANNON ELSWICK $251,155 MYRA HANCOCK $77,207 DAVID SYLVESTER $87,936 BETH BOYER KOLLAS $11,321 SHERRIE SITARIK $131,331 ROBERT A MILES $45,296
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b DEFERRAL DISTRIBUTIONS PAID TO THE FOLLOWING SHERRIE SITARIK $744,394 MILDRED BEAM $62,169 JOHN BOZARD $81,363 NANCY DINON $42,128 KEITH EGGERT $35,054 JENNIFER ENDICOTT $23,387 D WAYNE JENKINS $41,222 KAREN FRENIER $11,286 ANDREW GARDINER $9,877 PAUL GOLDSTEIN $45,889 MYRA HANCOCK $19,527 KARL HODGES $50,110 SHARON HOFFMAN $7,478 DAVID HUDDLESON $13,574 KAREN JENSEN $11,767 MARK JONES $31,481 BETH KOLLAS $52,850 JOHN MARZANO $38,381 ROBERT MILES $199,652 JOHN MOORE $10,292 ANNE PEACH $23,483 JOHN SCHOOLER $47,124 KATHY SWANSON $45,453 DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING MILDRED BEAM $57,573 NANCY G DINON $41,779 P SHANNON ELSWICK $33,068 KAREN L FRENIER $35,195 ANDREW C GARDINER $26,790 PAUL A GOLDSTEIN $50,095 JAMAL HAKIM $79,261 KARL W HODGES $37,197 SHARON HOFFMAN $19,600 DAVIS F HUDDLESON $21,701 D WAYNE JENKINS $83,703 KAREN JENSEN $19,187 MARK A JONES $39,537 BETH BOYER KOLLAS $9,176 JOHN A MARZANO $33,046 ROBERT A MILES $29,069 JOHN MOORE $31,500 ANNE G PEACH $35,317 CYNTHIA POWELL $39,910 JOHN R SCHOOLER $157,105 SHERRIE H SITARIK $180,131 KATHY A SWANSON $48,565 DAVID SYLVESTER $12,142 GREG OHE $25,040

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jamal Hakim MD Board Member, Interim CEO	(i)	608,988	20,000	44,293	82,449	0	755,730	0
	(ii)	0	0	0	0	0	0	0
Mark Sand MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	413,001	386,429	92,433	0	9,296	901,159	0
Sherrie H Sitarik Former CEO (Trm Ended 9/25/13)	(i)	695,545	0	881,337	226,110	15,101	1,818,093	395,463
	(ii)	0	0	0	0	0	0	0
Mildred D Beam SVP, LEGAL AFF & GEN COUNSEL	(i)	357,376	0	62,732	60,761	14,855	495,724	48,243
	(ii)	0	0	0	0	0	0	0
John W Bozard SVP & PRES, APMC & FOUND	(i)	456,222	0	162,201	53,858	16,749	689,030	0
	(ii)	0	0	0	0	0	0	0
Nancy G Dinon VP, HUMAN RESCOURCES	(i)	284,288	0	43,387	93,117	24,439	445,231	31,585
	(ii)	0	0	0	0	0	0	0
Keith Eggert VP (Term Ended 8/30/13)	(i)	178,818	0	35,319	21,488	15,626	251,251	35,043
	(ii)	0	0	0	0	0	0	0
Shannon P Elswick President (Trm ended 06/01/13)	(i)	171,104	0	253,121	47,915	17,689	489,829	58,207
	(ii)	0	0	0	0	0	0	0
Jenifer Endicott VP, CLIN INT SVCS	(i)	0	0	0	0	0	0	0
	(ii)	265,378	0	23,785	28,338	15,008	332,509	19,815
Karen L Frenier VP, OPERATIONS, ORMC	(i)	238,232	3,000	30,398	65,850	21,495	358,975	10,573
	(ii)	0	0	0	0	0	0	0
Andrew C Gardiner VP, EXT AFFAIRS & COMM REL	(i)	191,356	0	10,047	47,416	0	248,819	9,345
	(ii)	0	0	0	0	0	0	0
Paul A Goldstein VP, FINANCE/TREASURY & ACCOUNT	(i)	338,157	0	48,233	96,028	22,169	504,587	43,373
	(ii)	0	0	0	0	0	0	0
Myra J Hancock VP (Term Ended 08/01/13)	(i)	102,914	0	112,540	20,286	15,555	251,295	0
	(ii)	0	0	0	0	0	0	0
Stephen J Harr SR VICE PRES, FINANCE & ADMIN	(i)	490,637	0	81,013	50,337	18,749	640,736	0
	(ii)	0	0	0	0	0	0	0
Karl W Hodges VICE PRESIDENT	(i)	253,426	0	51,621	74,620	25,069	404,736	33,365
	(ii)	0	0	0	0	0	0	0
Sharon M Hoffman VP, GOVERNANCE	(i)	133,628	0	8,199	66,018	16,749	224,594	0
	(ii)	0	0	0	0	0	0	0
David F Huddleson VP, CORPORATE INTEGRITY	(i)	177,444	0	14,190	41,919	16,612	250,165	11,706
	(ii)	0	0	0	0	0	0	0
D Wayne Jenkins MD PRES, ORLANDO HEALTH PHYS GRP	(i)	547,510	0	43,820	135,041	26,093	752,464	81,769
	(ii)	0	0	0	0	0	0	0
Karen T Jensen VP & EXEC DIR, FDN & VP OHI	(i)	0	0	0	0	0	0	0
	(ii)	217,591	0	12,644	44,135	7,523	281,893	10,850
Mark A Jones PRES, DR P PHILLIPS HOSP	(i)	309,573	0	33,409	67,725	9,548	420,255	31,470
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Beth B Kollas VP, PAT FIRST STRATEGY/SLP&D	(I)	136,836	0	64,326	10,831	22,643	234,636	7,356
	(II)	0	0	0	0	0	0	0
John A Marzano VP, STRAT COMM & BRAND MKTG	(I)	226,376	0	40,230	61,294	15,749	343,649	31,249
	(II)	0	0	0	0	0	0	0
Robert A Miles SVP, STRATEGY, INNOV & PLAN	(I)	228,604	0	245,560	54,863	25,037	554,064	27,270
	(II)	0	0	0	0	0	0	0
John A Moore EXEC DIR/CEO, SOUTH LAKE	(I)	217,733	0	11,015	57,312	21,995	308,055	0
	(II)	0	0	0	0	0	0	0
Anne G Peach VP, NURSING	(I)	245,323	0	24,536	84,852	22,995	377,706	23,477
	(II)	0	0	0	0	0	0	0
Cynthia A Powell PRES, OHPG & VP OHI	(I)	0	0	0	0	0	0	0
	(II)	327,737	0	4,636	68,098	7,730	408,201	0
J Richard Schooler VP, INFORMATION SYS	(I)	359,046	0	49,174	204,603	23,939	636,762	47,109
	(II)	0	0	0	0	0	0	0
David P Sylvester VP (Term Ended 08/02/13)	(I)	112,902	0	88,871	24,771	24,939	251,483	0
	(II)	0	0	0	0	0	0	0
Kathy A Swanson PRES, WPH & SR VP OHI	(I)	354,726	0	47,028	81,153	0	482,907	45,440
	(II)	0	0	0	0	0	0	0
Gregory P Ohe PRES, WPH, SR VP OHI	(I)	216,305	0	483	51,602	23,423	291,813	0
	(II)	0	0	0	0	0	0	0
Timothy Bullard MD Medical Chief, Bus & Innov	(I)	323,560	0	3,864	38,538	21,295	387,257	0
	(II)	0	0	0	0	0	0	0
Robert Rainer Chief Quality Officer	(I)	312,990	0	748	53,506	21,736	388,980	0
	(II)	0	0	0	0	0	0	0
Dennis Buhrig President, PAL	(I)	265,968	20,000	20,207	40,500	11,812	358,487	0
	(II)	0	0	0	0	0	0	0
Michael L Russell Chief Clin Informatics Officer	(I)	282,225	0	1,213	22,919	2,770	309,127	0
	(II)	0	0	0	0	0	0	0
Marvin C Mengel MD Dir, Medical Education	(I)	205,143	0	50,854	44,973	19,249	320,219	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Orange County Health Facilities Authority	52-1378595	684503 2J3	01-25-2006	182,254,609	Refund Remaining Series 2002 Bonds	X			X		X
B	Orange County Health Facilities Authority	52-1378595	6845035Q4	06-18-2008	78,568,277	Repay Credit Draw Refund Series 20		X		X		X
C	Orange County Health Facilities Authority	52-1378595	6845035L5	05-15-2008	155,816,655	Convert Series 2005A, 2006A1 & A2		X		X		X
D	Orange County Health Facilities Authority	52-1378595	6845035U5	06-18-2008	179,360,000	Refund Series 1999A, 1999B & 1999C		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	10,625,000	125,230,000
2	Amount of bonds legally defeased	106,800,000	0	0	0
3	Total proceeds of issue	189,637,923	79,317,134	158,971,809	179,362,824
4	Gross proceeds in reserve funds	18,228,843	8,283,858	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	87,204,319	0	0	159,865,025
7	Issuance costs from proceeds	4,155,756	847,852	0	210,634
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	76,388,532	14,685,424	0	0
11	Other spent proceeds	0	55,500,000	154,675,000	0
12	Other unspent proceeds	0	0	0	18,727,325
13	Year of substantial completion	2006	2008	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 290 %		0 %		0 %		0 090 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 290 %						0 090 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X			X	X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0			
c	Term of hedge								13 1
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DESCRIPTION OF PURPOSE	SCHEDULE K, PART I, COLUMN (F) HOSPITAL REVENUE BONDS, SERIES 2006A&B TO REFUND THE REMAINING SERIES 2002 BONDS (ISSUE DATE 05/16/02), AND PROVIDE $6,809,000 TO FINANCE AND REIMBURSE FOR CONSTRUCTION AND EQUIPMENT COSTS FOR IMPROVEMENTS AT ORLANDO REGIONAL MEDICAL CENTER, AND TO FINANCE AND REIMBURSE FOR A PORTION OF THE CONSTRUCTION AND EQUIPMENT COSTS OF THE NEW WINNIE PALMER HOSPITAL FOR WOMEN AND BABIES DEFEASED AND CONVERTED TO FIXED RATE BY SERIES ISSUED ON 5/15/08 HOSPITAL REVENUE BONDS, SERIES 2008C TO REPAY A $55,500,000 LINE OF CREDIT DRAW USED TO REFUND THE 2007B BONDS (ISSUE DATE 1/25/07), AND REIMBURSE FOR CERTAIN PRIOR CAPITAL EXPENDITURES, FUND A DEBT SERVICE RESERVE FUND, AND PAY COSTS OF ISSUANCE HOSPITAL REVENUE BONDS, SERIES 2008A&B TO CONVERT SERIES 2005A (ISSUE DATE 05/26/05) AND SERIES 2006A1&A2 (ISSUE DATE 1/25/06) TO FIXED INTEREST RATE HOSPITAL REVENUE BONDS, SERIES 2008D, E, F, AND G TOGETHER WITH THE DEBT SERVICE RESERVE FUNDS FROM THE 1999ABC BONDS, THE PROCEEDS WERE USED TO REFUND THE 1999ABC BONDS (ISSUE DATE 9/22/99), PAY COSTS OF ISSUANCE, AND PAY THE TERMINATION VALUE OF INTEREST RATE SWAP AGREEMENTS THAT HEDGED THE VARIABLE RATE EXPOSURE OF THE 1999ABC BONDS SERIES 2009 HOSPITAL REVENUE BOND TO REFUND THE SERIES 1999D&E (ISSUE DATE9/22/99), SERIES 2004 (ISSUE DATE 12/16/04), AND SERIES 2008D, F & G (ISSUE DATE 6/18/2008) AND TO FUND THE TERMINATION OF RELATED INTEREST RATE SWAPS ON THE REFUNDED BONDS SERIES 2011 HOSPITAL REVENUE BONDS - PROCEEDS USED TO REFUND THE SERIES 2007A-1 AND A-2 BONDS SERIES 2012A & 2012B REVENUE BONDS - ESTABLISH A PROJECT FUND FOR THE ORLANDO REGIONAL MEDICAL CENTER REDESIGN AND DEVELOPMENT PROJECT AND PAY OFF A CONSTRUCTION LOAN RELATED TO MEDICAL OFFICE AND OUTPATIENT SERVICES BUILDING

Return Reference	Explanation
LAST DATE REBATE COMPUTATION WAS PERFORMED FOR ARBITRAGE	SERIES 2006 REFUND REMAINING SERIES 2002 BONDS 03/19/2015 SERIES 2008A REPAY CREDIT DRAW REFUND SRS 2007B 07/07/2014 SERIES 2008B CONVERT SERIES 2005A, 2006A1 & A2 07/07/2014 SERIES 2008C REFUND SERIES 1999A, 1999B & 1999C 08/04/2014 SERIES 2009 RFD SRS 1999D, 1999E, 2004 & 2008D 01/14/2014 SERIES 2011 REFUND SERIES 2007A-1 & A-2 BONDS 02/05/2013 SERIES 2012 ORMC REDEVELOPMENT PROJECT 07/07/2014

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Orange County Health Facilities Authority	52-1378595	68450LAY1	12-16-2009	244,229,719	RFD SRS 1999D, 1999E, 2004 & 2008D		X		X		X
B	Orange County Health Facilities Authority	52-1378595		09-15-2011	83,175,000	Refund Series 2007A-1 & A-2 Bonds		X		X		X
C	Orange County Health Facilities Authority	52-1378595	68450LCJ2	05-25-2012	190,757,522	ORMC Redevelopment Project		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	43,545,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	244,229,765	83,175,000	190,968,580	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	229,801,643	82,865,395	33,276,112	
7	Issuance costs from proceeds	3,220,489	309,605	1,981,410	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	11,207,587	0	155,710,874	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2009	2011	2015	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 340 %		0 210 %		0 020 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 340 %		0 210 %		0 020 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X	X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X			X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X	X			X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		Morgan Stanley		0			
c	Term of hedge				28				
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
RELATIONSHIP BETWEEN PERSONS AND ORGANIZATION	SCHEDULE L, PART IV, COLUMN B LINE 5 - J HAKIM, BOD OWNER IN CONTRACTED GROUP LINE 6 - REX V MCPHERSON II, BOD OF BOTH OHI & SUNTRUST LINE 8 - Spouse of Anne Peach, Exec Director of Health Council of East Central Florida LINE 9 - M Farrell, Bod, Officer of Contracted Entity

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health Inc

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) IRENE KOVATS	MOTHER OF N DINON OFCR	25,227	COMPENSATION FOR EMPLOYMENT		No
(2) THOMAS F MCDANIEL JR	BROTHER OF M KING BOD	58,661	COMPENSATION FOR EMPLOYMENT		No
(3) JESSICA JONES	SPOUSE OF M JONES OFCR	47,327	COMPENSATION FOR EMPLOYMENT		No
(4) HEALTHCHOICE INC	OH OFFICER ON HC BOARD	771,499	PURCHASED MANAGED CARE SVCS		No
(5) ANESTHIA GROUP OF ORLANDO PA	SEE PART V	205,371	CONTRACTED ANESTHESIOLOGY SVCS		No
(6) SUNTRUST BANK OF CENTRAL FLORIDA	SEE PART V	359,203	GENERAL BANKING SERVICES		No
(7) MARY C FERRANTE	SISTER OF ANNE PEACH	40,772	COMPENSATION FOR EMPLOYMENT		No
(8) HEALTH COUNCIL OF EAST CENTRAL FLOR	SEE PART V	18,750	CONTRACTED CHNA SERVICES		No
(9) Mary Farrell	SEE PART V	1,083,958	CONTRACTED FPA, LLC		No
(10) MATTHEW BOYD	SON OF S HARR OFCR	31,195	COMPENSATION FOR EMPLOYMENT		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

990 Schedule O, Supplemental Information

Return Reference	Explanation
Family Relationships	
Members or Stockholders	Form 990, Part VI, Line 6 A GROUP OF 40 MEMBERS OF THE COMMUNITY WAS ESTABLISHED WHEN ORLA NDO HEALTH WAS CREATED THIS SELF-PERPETUATING GROUP ELECTS THE GOVERNING BODY OF ORLANDO HEALTH THIS GROUP DOES NOT APPROVE DECISIONS OF THE GOVERNING BODY, NOR DOES IT RECEIVE A SHARE OF THE INCOME OR NET ASSETS OF ORLANDO HEALTH
Members or Stockholders Who May Elect	Form 990, Part VI, Line 7a THE GROUP OF 40 MEMBERS DESCRIBED ABOVE ELECTS THE GOVERNING BODY OF ORLANDO HEALTH, INC
Form 990 Review Process	Form 990, Part VI, Line 11b CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY R EQUIRED CHANGES WERE MADE TO THE FORM 990 BEFORE THE FORM WAS REVIEWED WITH THE FINANCE AN D AUDIT COMMITTEES OF THE BOARD ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CHA NGES REQUIRED AS A RESULT OF THE REVIEW WERE MADE THE COMMITTEES JOINTLY SUBMITTED A REPO RT TO THE BOARD OF DIRECTORS ABOUT THEIR REVIEW OF THE FORM AND THE FINAL FORM 990 WAS THE N MADE AVAILABLE TO ALL MEMBERS OF THE BOARD BEFORE IT WAS FILED
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c ORGANIZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANO NYMOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND MONIT ORS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE CONFL ICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE
Offices and Positions for Which process was used and year process began	Form 990, Part VI, Line 15A The Executive compensation process at orlando health is admini stered by a committee of independent Board Members They follow a board approved charter a nd overall executive compensation philsophy This process applies to the ceo and all offic ers and was implemended prior to october 1, 2006 the charter empowers the compensation co mmittee to administer the executive compensation program and process on behalf of the full board of trustees overall, the philsophy is intended to reward a broad spectrum of high organizational and individual performance expectations, promote retention of key managemen t talent and ensure that compensation and benefits do not exceed market norms Orlando hea lth's executive compensation philosophy defines the market for administering compensation AS a COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS TO FULFILL THEIR RESPO NSIBILITY TO LOOK AT RELEVANT MARKET DATA, AND BECAUSE oF THE SCALE AND COMPLEXITY OF THE ORGANIZATION, THE COMMITTEE REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ON-GOING ADMINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND EXECUTIVE BENEFITS THE COMPENSATION COMMITTEE I S COMPRISED OF 5 INDEPENDENT MEMBERS OF THE BOARD THE COMMITTEE IS EMPOWERED TO ENGAGE OU TSIDE COUNSEL AND CONSULTING SUPPORT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPEND ENT COMPENSATION CONSULTANT AND COUNSEL OPINE TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET APPLIC ABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS
financial statements to the public	Form 990, Part VI, Line 19 THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5 CONTRIBUTIONS - BOOK/TAX DIFFERENCE $(12,919,932) AFFILIATED EQU ITY TRANSFERS $(104,712,328) OTHER REVENUE - BOOK/TAX DIFFERENCE $(311,577) OTHER CHANGES AND EXTRAORDINARY ITEMS $(396,779) ========== TOTAL $(118,340,616)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(2) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 Type I	OHI	Yes	
(3) Orlando Health Central Inc 10000 W Colonial Dr Ocoee, FL 34761 80-0764192	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	
(4) 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	
(5) Health Central Foundation Inc 10000 W Colonial Dr Ocoee, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	
(6) 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	
(7) Orlando Physicians Network Inc 1414 Kuhl Avenue Orlando, FL 32806 59-3110868	Support OH	FL	501(C)(3)	11 Type I	OHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HEALTHCARE PURCHASING ALLIANCE LLC 1417 KUHL AVENUE ORLANDO, FL 32806 45-4843489	GROUP PRCHSNG	FL	OHI	RELATED	4,979,519	3,412,547		No			No	92 300 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) HEALTHNET SERVICES INC & SUBS 1414 KUHL AVENUE ORLANDO, FL 32806 59-2246203	MEDICAL SVCS	FL	OHI	C Corp	-14,918,520	81,672,483	100 000 %	Yes	
(2) ORANGE INDEMNITY LTD PO BOX 1159 KY1--1102 CJ 98-0516252	CAPTIVE INS	CJ	OHI	C Corp	75,000	1,930,833	100 000 %	Yes	
(3) COMMUNITY HEALTH OF FLORIDA INC 1414 KUHL AVENUE ORLANDO, FL 32806 46-3171911	INSURANCE LIC	FL	NA	C Corp	0	0	50 100 %	Yes	

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1726273
Name: Orlando Health 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(1) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 Type I	OHI	Yes	
(2) Orlando Health Central Inc 10000 W Colonial Dr Ocoee, FL 34761 80-0764192	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	
(3) 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	
(4) Health Central Foundation Inc 10000 W Colonial Dr Ocoee, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	
(5) 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	
(6) Orlando Physicians Network Inc 1414 Kuhl Avenue Orlando, FL 32806 59-3110868	Support OH	FL	501(C)(3)	11 Type I	OHI	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ORLANDO HEALTH FOUNDATION INC	C	13,550,000	FMV
ORLANDO HEALTH PHYSICIAN GROUP INC	J	3,210,396	FMV
ORLANDO HEALTH PHYSICIAN GROUP INC	R	78,000,000	FMV
ORLANDO CANCER CENTER INC	R	10,300,000	FMV
ORLANDO PHYSICIAN NETWORK INC	R	2,450,000	FMV
ORLANDO HEALTH FOUNDATION INC	N	5,838,057	FMV
ORLANDO HEALTH FOUNDATION INC	O	355,921	FMV
ORANGE INDEMNITY LTD	M	75,000	FMV
ORLANDO HEALTH PHYSICIAN PARTNERS INC	R	3,550,000	FMV
ORLANDO HEALTH CENTRAL INC	L	6,694,321	FMV
ORLANDO HEALTH CENTRAL INC	Q	341,009	FMV
ORLANDO HEALTH CENTRAL INC	K	1,470,800	FMV
HEALTH CARE PURCHASING ALLIANCE LLC	R	5,151,910	FMV
HEALTHCHOICE INC	M	644,596	FMV
PHYSICIAN ASSOCIATES LLC	R	10,413,000	FMV
ORLANDO HEALTH PHYSICIAN GROUP INC	B	121,088	FMV

Grant Thornton

Consolidated Financial Statements and Report of Independent Certified Public Accountants

Orlando Health, Inc. and Controlled Affiliates

September 30, 2014, 2013 and 2012

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Board of Directors
Orlando Health, Inc

Report on the financial statements

We have audited the accompanying consolidated financial statements of Orlando Health, Inc and Controlled Affiliates (a nonprofit organization) (the "System"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Grant Thornton

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Orlando Health, Inc and Controlled Affiliates as of September 30, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other matters

Supplementary information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The System's consolidating balance sheet as of September 30, 2014 and the related consolidating statement of operations for the year then ended and Orlando Health Central, Inc 's consolidating balance sheet as of September 30, 2014 and the related consolidating statement of operations for the year then ended are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures These additional procedures included comparing and reconciling the information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

Other auditors

The consolidated financial statements of Orlando Health, Inc and Controlled Affiliates as of and for the year ended September 30, 2012 were audited by other auditors Those auditors expressed an unmodified opinion on those 2012 financial statements in their report dated December 4, 2012

Other reporting required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report, dated December 2, 2014, on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance

Orlando, Florida
December 2, 2014

Orlando Health, Inc. and Controlled Affiliates

Consolidated Balance Sheets

(In Thousands)

	September 30		
	2014	2013	2012
Assets			
Current assets			
Cash and cash equivalents	**$ 98,269**	$ 78,744	$ 63,406
Short-term investments	**198,999**	226,833	213,586
Assets limited as to use	**53,957**	50,359	50,861
Accounts receivable, less allowances for uncollectible accounts of $142,941 in 2014, $119,505 in 2013, and $113,138 in 2012	**265,215**	258,866	291,711
Other receivables	**28,682**	31,566	29,665
Other current assets	**53,080**	52,522	55,431
Total current assets	**698,202**	698,890	704,660
Assets limited as to use			
Debt service and reserve funds held by bond trustee	**55,560**	55,322	53,862
Construction funds held by bond trustee	**-**	80,594	125,892
Interest rate swap contract collateral receivable	**8,793**	3,158	19,756
Designated by board for malpractice self-insurance	**83,263**	80,226	80,797
	147,616	219,300	280,307
Less amount required to meet current obligations	**(53,957)**	(50,359)	(50,861)
	93,659	168,941	229,446
Long-term investments – unrestricted	**574,880**	408,290	462,750
Long-term investments – restricted	**71,997**	67,120	59,447
Investments in related parties	**24,520**	23,147	22,756
Other assets	**160,722**	152,406	114,585
Property and equipment, net	**1,164,713**	1,078,416	1,046,467
Total assets	**$ 2,788,693**	$ 2,597,210	$ 2,640,111
Liabilities and net assets			
Current liabilities			
Accounts payable and accrued expenses	**$ 196,112**	$ 163,278	$ 182,443
Other current liabilities	**60,398**	67,596	77,152
Current portion of long-term debt	**28,303**	26,981	26,017
Total current liabilities	**284,813**	257,855	285,612
Long-term debt, less current portion	**1,013,957**	1,042,765	1,069,936
Accrued malpractice claims	**86,197**	72,952	87,134
Other noncurrent liabilities	**53,750**	51,226	64,586
Total liabilities	**1,438,717**	1,424,798	1,507,268
Net assets			
Unrestricted			
Orlando Health, Inc. and Controlled Affiliates	**1,257,067**	1,083,523	1,046,749
Non-controlling interest in Controlled Affiliates	**2,473**	46	125
Total unrestricted	**1,259,540**	1,083,569	1,046,874
Temporarily restricted	**87,971**	86,379	83,523
Permanently restricted	**2,465**	2,464	2,446
Total net assets	**1,349,976**	1,172,412	1,132,843
Total liabilities and net assets	**$ 2,788,693**	$ 2,597,210	$ 2,640,111

The accompanying notes are an integral part of these consolidated financial statements

Orlando Health, Inc. and Controlled Affiliates

Consolidated Statements of Operations and Changes in Net Assets

(In Thousands)

	Year Ended September 30		
	2014	**2013**	**2012**
Unrestricted revenues and other support			
Net patient service revenue (net of contractual allowances and discounts)	**$ 2,130,900**	$ 1,986,751	$ 1,803,528
Provision for bad debts	**(120,019)**	(149,516)	(59,826)
Net patient service revenue less provision for bad debts	**2,010,881**	1,837,235	1,743,702
Other revenue	**103,668**	90,287	76,391
Net assets released from restrictions	**4,052**	6,552	6,922
Total unrestricted revenues and other support	**2,118,601**	1,934,074	1,827,015
Expenses			
Salaries and benefits	**1,112,691**	1,118,265	1,027,874
Supplies and other	**695,579**	641,988	605,700
Professional fees	**34,465**	32,323	29,296
Depreciation and amortization	**103,356**	107,426	97,966
Impairment	**3,170**	–	–
Interest	**42,060**	43,608	39,508
Total expenses	**1,991,321**	1,943,610	1,800,344
Income (loss) from operations	**127,280**	(9,536)	26,671
Non-operating gains and losses			
Investment income	**36,494**	25,356	58,930
Change in fair value of interest rate swap agreements	**(2,514)**	16,200	(2,956)
Loss on early extinguishment of debt	**–**	–	(462)
Non-operating gains, net	**33,980**	41,556	55,512
Excess of revenues, other support, and gains over expenses and losses	**161,260**	32,020	82,183
Less Excess of revenues, other support, and gains over expenses and losses attributed to non-controlling interests	**(422)**	(366)	(148)
Excess of revenues, other support, and gains over expenses and losses attributed to Orlando Health, Inc and Controlled Affiliates	**160,838**	31,654	82,035

Continued on next page.

Orlando Health, Inc. and Controlled Affiliates

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

(In Thousands)

	Year Ended September 30		
	2014	**2013**	**2012**
Unrestricted net assets			
Excess of revenues, other support, and gains over expenses and losses	**$ 161,260**	$ 32,020	$ 82,183
Other changes in unrestricted net assets			
Net assets released from restrictions for property and equipment	**12,724**	3,916	309
Reclassifications and other	**1,987**	759	(342)
Increase in unrestricted net assets	**175,971**	36,695	82,150
Temporarily restricted net assets			
Contributions	**16,960**	12,782	16,642
Net assets released from restrictions	**(16,776)**	(10,468)	(7,231)
Net realized and unrealized gains on investments	**1,823**	2,742	2,503
Reclassifications and other	**(415)**	(2,200)	(50)
Increase in temporarily restricted net assets	**1,592**	2,856	11,864
Permanently restricted net assets			
Contributions	**–**	16	24
Net realized and unrealized gains on investments	**1**	2	2
Increase in permanently restricted net assets	**1**	18	26
Increase in net assets	**177,564**	39,569	94,040
Net assets at beginning of year	**1,172,412**	1,132,843	1,038,803
Net assets at end of year	**$ 1,349,976**	$ 1,172,412	$ 1,132,843

The accompanying notes are an integral part of these consolidated financial statements

Orlando Health, Inc. and Controlled Affiliates

Consolidated Statements of Cash Flows

(In Thousands)

	Year Ended September 30		
	2014	**2013**	**2012**
Operating activities			
Change in net assets, including non-controlling interests	**$ 177,564**	$ 39,569	$ 94,040
Adjustments to reconcile change in net assets, including non-controlling interest to net cash provided by operating activities			
Depreciation and amortization	**103,356**	107,426	97,966
Change in fair value of interest rate swap agreements	**2,514**	(16,200)	2,956
Net unrealized (gains) losses on investments	**(12,221)**	5,891	(30,932)
Loss on early extinguishment of debt	**–**	–	462
Impairment	**3,170**	–	–
Restricted contributions and investment income	**(18,369)**	(13,342)	(19,121)
Sales (purchases) of short-term trading securities, net	**27,517**	(17,562)	224
Changes in operating assets and liabilities			
Accounts receivable, net	**(6,177)**	36,535	(31,473)
Other operating assets	**2,690**	2,750	(6,834)
Accounts payable and accrued expenses	**32,618**	(29,541)	26,344
Other operating liabilities	**5,040**	(20,898)	(658)
Net cash provided by operating activities	**317,702**	94,628	132,974
Investing activities			
Purchases of property, equipment and other noncurrent assets	**(192,330)**	(129,390)	(157,393)
Investment of long-term debt proceeds	**–**	–	(188,776)
Decrease in assets limited as to use	**72,282**	59,025	53,410
(Purchases) sales of long-term trading securities, net	**(159,531)**	47,194	17,783
Acquisition of Orlando Health/USP Surgery Centers L L C	**(1,410)**	–	–
Acquisition of Physician Associates LLC	**–**	(43,322)	**–**
Acquisition of Orlando Health Central – net of cash acquired	**–**	–	1,013
Other investing activities	**(7,888)**	641	(7,615)
Net cash used in investing activities	**(288,877)**	(65,852)	(281,578)
Financing activities			
Proceeds from issuance of long-term debt	**–**	–	190,758
Repayments of long-term debt	**(27,669)**	(26,780)	(41,325)
Long-term debt proceeds used for loan costs	**–**	–	(1,982)
Swap termination payments	**–**	–	(1,721)
Restricted contributions and investment income	**18,369**	13,342	19,121
Net cash (used in) provided by financing activities	**(9,300)**	(13,438)	164,851
Increase in cash and cash equivalents	**19,525**	15,338	16,247
Cash and cash equivalents at beginning of year	**78,744**	63,406	47,159
Cash and cash equivalents at end of year	**$ 98,269**	$ 78,744	$ 63,406

Supplemental disclosures of noncash transactions

2012 - Issuance of $181,300 long-term note payable in conjunction with acquisition of $180,287 in noncash assets of Health Central

The accompanying notes are an integral part of these consolidated financial statements

1. Organization

Orlando Health, Inc (Orlando Health or Corporation) is a not-for-profit corporation, recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, which controls a diversified healthcare delivery system headquartered in Orlando, Florida Orlando Health includes the following hospitals operating in Central Florida: Orlando Regional Medical Center (ORMC), which includes the Lucerne Pavilion (Lucerne), Dr P Phillips Hospital, Arnold Palmer Hospital for Children (APH), Winnie Palmer Hospital for Women and Babies (WPH), and South Seminole Hospital APH and WPH are jointly referred to as the Arnold Palmer Medical Center (APMC) Orlando Health also has a home health services division and eight medical residency programs

Controlled Affiliates are those entities Orlando Health controls as the sole or majority member, sole shareholder, or through board appointment and approval of all major transactions Controlled Affiliates operate a variety of healthcare-related services, including Health Central, which includes a hospital and Health Central Park, a skilled nursing facility (collectively referred to as Health Central), physician practice groups (Orlando Health Physician Group, Inc , Orlando Physician Network, UF Health Cancer Center at Orlando Health (fka MD Anderson Cancer Center, Orlando), Physician Associates, LLC (PAL), Orlando Health/USP Surgery Centers, L L C (OHUSP), which operates an ambulatory surgery center, as well as a preferred provider organization, a group purchasing organization, a fund-raising organization (Orlando Health Foundation) and other healthcare-related services Orlando Health, together with its Controlled Affiliates, is collectively referred to herein as the "System" These consolidated financial statements include the consolidated accounts of Orlando Health and its Controlled Affiliates Significant transactions between entities have been eliminated

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

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

2. Significant Accounting Policies

Recent Accounting Pronouncements

There were no new significant accounting pronouncements implemented in the current year

Use of Estimates

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

Cash and Cash Equivalents

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

2. Significant Accounting Policies (continued)

Investments and Investment Income

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

Income Taxes

Orlando Health and substantially all of its Controlled Affiliates are not-for-profit corporations, recognized as tax-exempt under Section 501(a) as an organization described in Sections 501(c)(3) and 501(e) of the Internal Revenue Code of 1986, as amended Certain of the Controlled Affiliates are organized as for-profit corporations, but have produced net operating losses to date Accordingly, in accordance with the Income Taxes Topic of the FASB Accounting Standards Codification, these entities have recognized deferred tax assets associated with their net operating losses, along with a full valuation allowance since it is unlikely that these deferred tax assets will be realized

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under bond indenture agreement, and designated assets set aside by Orlando Health's Board of Directors for future malpractice claims The Board of Directors retains control of, and may use these designated assets for other purposes Amounts required to meet related current liabilities are reported as current

Restricted Investments

Restricted investments consist of investments which are held by the Orlando Health Foundation which are restricted as to use by donors for a specific time period or purpose

Property and Equipment

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

Goodwill and Other Intangible Assets

Goodwill results from the excess of the purchase price over the fair value of net assets of investments accounted for under the equity method and acquisitions accounted for as purchases Goodwill amounted to $69,684,000, $65,473,000 and $31,973,000 at September 30, 2014, 2013, and 2012, respectively, and is included in other assets on the consolidated balance sheets The System prepares its annual impairment analysis as of March 31 of each fiscal year The impairment test results did not identify any impairment

The OHUSP surgery center investment resulted in the recognition of $4,211,000 of goodwill and $139,000 of other intangible assets The other intangible assets are rights in the surgery center management contract and are being amortized over 5 years

2. Significant Accounting Policies (continued)

The PAL acquisition resulted in the recognition of $33,500,000 of goodwill, $5,354,000 of other intangible assets and $9,985,000 of fixed assets (see Note 12) The other intangibles, which include medical records and the PAL trade name, are being amortized over 7 to 10 years

Investments in Related Parties

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

Impairment of Long-Lived Assets

If indicators of impairment are present, the System evaluates the financial recoverability of long-lived assets by comparing their carrying value to the expected future undiscounted cash flows If such evaluations indicate that the carrying value of the assets has been impaired, the assets are adjusted to their fair values Additionally, long-lived assets held for sale are similarly evaluated by comparison of the carrying value to fair value less costs to sell If the carrying value exceeds fair value less costs to sell, the assets are adjusted to fair value less costs to sell Adjustments are reported as impairment expense During the year ended September 30, 2014, an impairment charge was recognized related to the Lucerne property as described in Note 6 below

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose Temporarily restricted net assets are primarily available for property and equipment purchases Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity Temporarily restricted net assets and the income from permanently restricted net assets are generally used for clinical department operational expenses and capital purchases Permanently restricted funds are maintained in perpetuity by the System

Donor-Restricted Gifts

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

Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established charges Payment arrangements include prospectively determined rates per discharge, discounted charges, per diem payments for hospital services, and percentages of Medicare fee schedules for physician services The largest per diem arrangement was with the Medicaid program that, effective July 1, 2013, moved to a prospective payment arrangement The System also provides a 65% discount (75% for Health Central) from established charges to uninsured patients Net patient service revenue is presented net of such discounts for uninsured patients that totaled approximately $141,133,000, $141,502,000, and $108,030,000 for the years ended September 30, 2014, 2013, and 2012, respectively The System has determined, based on an assessment at the reporting-entity level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for bad debts is recorded as a deduction from net patient service revenue in the accompanying consolidated statements of operations and changes in net assets

2. Significant Accounting Policies (continued)

Net patient service revenue is reported at estimated net realizable amounts due from patients and third-party payors for medical services rendered, and includes adjustments resulting from reviews and audits of prior year Medicare and Medicaid cost reports. Such adjustments are considered in the recognition and estimation of revenue in the current and future periods as the adjustments become known or as cost report years are no longer subject to such reviews and audits.

The combined effect from changes of all prior year cost report settlements and adjustments was an increase in net patient service revenue of approximately $355,000, $8,087,000, and $17,535,000 for the years ended September 30, 2014, 2013, and 2012, respectively.

Estimated net patient service revenue (net of contractual allowances and discounts) by payor type based on primary insurance is presented below. Patient deductibles and co-pays, as well as accounts whose qualification for the Medicaid program is pending, are included in third-party payors amounts.

	September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Third-party payors	**$ 2,052,888**	$ 1,901,218	$ 1,746,969
Patients	**78,012**	85,533	56,559
	$ 2,130,900	$ 1,986,751	$ 1,803,528

Approximately 25% of net patient service revenue was earned under the Medicare and Medicare HMO programs for all periods presented, and 13%, 14%, and 14% under state Medicaid and Medicaid HMO programs (including estimated revenue for patients whose qualification for the Medicaid program is pending), for the years ended September 30, 2014, 2013, and 2012, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Centers for Medicare and Medicaid Services (CMS) utilizes Recovery Audit Contractors (RAC) to retroactively review the propriety of payments to hospitals and physicians for services rendered. During the RAC demonstration project, CMS began recouping amounts previously paid to the System based upon a review of medical records. The System was a part of the demonstration project that reviewed claims from 2002 to 2006, and for 2008 claims, and will be subject to the RAC program that was made permanent by Section 302 of the Tax Relief and Healthcare Act of 2006. The System considered its history of denied claims and successful appeals of previously denied claims in estimating its valuation allowances for exposure to RAC audits. The complexities of the Medicare program rules and the nature of the RAC audit process provide at least a reasonable possibility that the System's valuation allowances for exposure to the RAC audit may change in the near term. The effect of the RAC's recouping of amounts previously paid to the System was a reduction in net patient service revenue of approximately $6,320,000, $9,132,000, and $1,778,000 for the years ended September 30, 2014, 2013, and 2012, respectively.

On April 5, 2012, a settlement was reached between CMS and certain providers related to CMS's calculation of the rural floor budget neutrality adjustment for the Medicare Inpatient Prospective Payment System ("IPPS"). This affected one or more fiscal years or cost reporting periods during the period 1998-2011. Certain providers were being underpaid during these years based on an error in CMS's calculation of the rural floor budget neutrality adjustment. In June 2012, the System received $9,322,000 for its share of the settlement, which was recognized as net patient service revenue for the year ended September 30, 2012, and incurred $932,000 of related expenses, which were recognized during the year ended September 30, 2012.

2. Significant Accounting Policies (continued)

The System received $6,791,000, $4,175,000 and $3,515,000 during the years ended September 30, 2014, 2013 and 2012, respectively, in incentives under the Medicare and Medicaid Electronic Medical Record incentive program as authorized by the Health Information Technology for Clinical Health Act (HITEC) The System adopted the gain contingency income recognition model for HITEC, and recognizes income when the cash is received and the System has demonstrated meaningful use of certified electronic health record technology for the applicable period The System defers income on its balance sheet for any incentive payments received, but not yet earned All payments received to date have been earned and recognized as other revenue Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit

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

	September 30		
	2014	**2013**	**2012**
Medicare	**23%**	28%	21%
Medicaid	**19**	21	25
Other third-party payors	**42**	39	42
Patients	**16**	12	12

Allowances for Doubtful Accounts

The provision for bad debts is based upon management's assessment of historical and expected collections of accounts receivable considering business and economic conditions, trends in healthcare coverage, and other collection indicators Accounts receivable are written off and charged to the provision for bad debts after collection efforts have been followed in accordance with the System's policies Recoveries are treated as a reduction to the provision for bad debts

Accounts receivable are reduced by an allowance for doubtful accounts Periodically, management performs a review and assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category

Data related to payor sources of revenue and the results of this review are then used to establish an appropriate allowance for uncollectible receivables and provision for bad debts Additionally, for receivables associated with services provided to patients who have third-party coverage, contractually due amounts are analyzed and compared to actual cash collected over time to enhance the quality of the estimate of the allowance for doubtful accounts and the provision for bad debts (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), a significant allowance for doubtful accounts is recorded on the basis of historical experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible An estimate of the difference between contracted rates and amounts actually collected, after all reasonable collection efforts have been exhausted, is charged to the provision for bad debts and credited to the allowance for doubtful accounts

Allowances for doubtful accounts increased $23,436,000 during the year ended September 30, 2014, from $119,505,000 at September 30, 2013, to $142,941,000 at September 30, 2014 The allowance for doubtful accounts includes $67,799,000, $69,093,000, and $63,960,000 in amounts due from third-party payors (including the patient responsibility portion included in these accounts) at September 30, 2014, 2013, or 2012, respectively

2. Significant Accounting Policies (continued)

The allowance for doubtful accounts for self-pay hospital patients as a percent of related self-pay accounts receivable was 95%, 95%, and 95% at September 30, 2014, 2013, and 2012, respectively

The provision for bad debts decreased from $149,516,000 for the year ended September 30, 2013, to $120,019,000 for the year ended September 30, 2014 This $29,497,000 decrease was due to process improvements that have provided for earlier determination of a patient's ability to pay and earlier identification of patients qualifying for charity care Conversely, charity care charge deductions for the year ended September 30, 2014 increased $39,318,000 from the prior year

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy at no charge or at amounts less than its established charges Because the System does not pursue collection of amounts determined to qualify as charity care, such amounts are excluded from net patient service revenue Patients are eligible for charity care if their documented household income is less than 200% of the federal poverty level guidelines (150% for Health Central), or the amount of their medical bill is more than 25% of their annual household income and their household income does not exceed 400% of the federal poverty level guidelines Charity care is provided to all patients meeting these criteria

Charity care provided was approximately 6%, 6%, and 7% of total services rendered during the years ended September 30, 2014, 2013, and 2012, respectively, based on total charges for all services in those years The estimated cost of charity care delivered was approximately $114,898,000, $109,915,000, and $118,918,000 during the years ended September 30, 2014, 2013, and 2012, respectively Cost is estimated based on the System's ratio of expenses to established patient service charges

Estimated Malpractice Costs

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

Derivative Instruments and Hedging Activities

Derivative instruments are recorded at their fair value as either an asset or liability Accounting for changes in the fair value depends on whether the derivative has been designated as part of a hedging relationship and on the type of hedging relationship Derivative instruments designated as hedging instruments are further designated as either fair value hedges or cash flow hedges, depending on the exposure being hedged The System's derivative instruments are limited to cash flow hedging relationships, whose purpose is to hedge the variability in future cash flows attributed to interest rate fluctuations The change in fair value of those derivative instruments, less any ineffective portion thereof, that meet the criteria of an effective hedge is reported as other changes in unrestricted net assets The ineffective portion of the derivative instruments that does meet hedge accounting criteria is recognized in excess of revenues, other support, and gains over expenses and losses, as are changes in fair value on derivative instruments not meeting hedge accounting requirements Collateral posted under interest rate swap contracts is recorded gross of the related asset or liability, and classified as assets limited as to use when held by the counterparty and other noncurrent liability when held by the System

Functional Expenses

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

2. Significant Accounting Policies (continued)

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

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

Changes in Presentation of Comparative Financial Statements

Reclassifications have been made to the 2013 and 2012 consolidated financial statements to conform to the 2014 presentation These reclassifications relate to presenting controlling and non-controlling interests in the financial statements, and had no impact on excess of revenues over expenses or the change in net assets previously reported

3. Fair Value Measurements

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

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

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities as of the reporting date

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

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

The following methods and assumptions were used to estimate the fair value of each class of financial instrument in accordance with the provisions of ASC 820:

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

3. Fair Value Measurements (continued)

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

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

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

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

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

	Asset (Liability)		
	September 30		
	2014	2013	2012
	(In Thousands)		
2011 Swaps	**$ (23,718)**	$ (20,992)	$ (33,570)
2008E Swap	**(6,970)**	(7,182)	(10,804)

The following table represents the fair value hierarchy of the System's financial assets and liabilities measured at fair value as of September 30, 2014

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Financial assets				
U S Treasury and agency obligations	**$ –**	**$ 256,170**	**$ –**	**$ 256,170**
Equity securities	**287,620**	**–**	**–**	**287,620**
U S corporate bonds	**–**	**250,401**	**–**	**250,401**
International bonds	**–**	**68,140**	**–**	**68,140**
Mortgage-backed obligations	**–**	**48,907**	**–**	**48,907**
Municipal bonds	**–**	**32,027**	**–**	**32,027**
Cash and cash equivalents	**36,721**	**–**	**–**	**36,721**
Real estate investment trusts and other	**–**	**4,713**	**–**	**4,713**
	$ 324,341	**$ 660,358**	**$ –**	**$ 984,699**
Financial liabilities				
Interest rate swap agreements	**$ –**	**$ 30,688**	**$ –**	**$ 30,688**

3. Fair Value Measurements (continued)

The following table represents the fair value hierarchy of the System's financial assets and liabilities measured at fair value as of September 30, 2013:

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Financial assets				
U S Treasury and agency obligations	$ –	$ 328,206	$ –	$ 328,206
Equity securities	162,472	59,302	–	221,774
U S corporate bonds	–	212,705	–	212,705
International bonds	–	39,877	–	39,877
Mortgage-backed obligations	–	38,682	–	38,682
Municipal bonds	–	36,512	–	36,512
Cash and cash equivalents	36,358	–	–	36,358
Real estate investment trusts and other	–	4,271	–	4,271
	$ 198,830	$ 719,555	$ –	$ 918,385
Financial liabilities				
Interest rate swap agreements	$ –	$ 28,174	$ –	$ 28,174

The following table represents the fair value hierarchy of the System's financial assets and liabilities measured at fair value as of September 30, 2012:

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Financial assets				
U S Treasury and agency obligations	$ –	$ 423,975	$ –	$ 423,975
U S corporate bonds	–	234,951	–	234,951
Equity securities	185,006	–	–	185,006
Cash and cash equivalents	62,819	–	–	62,819
International bonds	–	46,440	–	46,440
Municipal bonds	–	23,482	–	23,482
Mortgage-backed obligations	–	11,083	–	11,083
Real estate investment trusts and other	–	8,578	–	8,578
	$ 247,825	$ 748,509	$ –	$ 996,334
Financial liabilities				
Interest rate swap agreements	$ –	$ 44,374	$ –	$ 44,374

4. Investments

Investment income is comprised of the following:

	Year Ended September 30		
	2014	**2013**	**2012**
		(In Thousands)	
Interest and dividend income	**$ 13,646**	$ 13,558	$ 14,831
Change in unrealized gains (losses)	**12,221**	(6,569)	30,932
Realized gains on sales of securities	**10,627**	18,367	13,167
	$ 36,494	$ 25,356	$ 58,930

4. Investments (continued)

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

	September 30		
	2014	**2013**	**2012**
	(In Thousands)		
U S Treasury and agency obligations	**$ 256,170**	$ 328,206	$ 423,975
Equity securities	**287,620**	221,774	185,006
U S corporate bonds	**250,401**	212,705	234,951
International bonds	**68,140**	39,877	46,440
Mortgage-backed obligations	**48,907**	38,682	11,083
Municipal bonds	**32,027**	36,512	23,482
Cash and cash equivalents	**36,721**	36,358	67,563
Real estate investment trusts	**4,713**	4,271	3,834
	$ 984,699	$ 918,385	$ 996,334

5. Investments in Related Parties

OsceolaSC, LLC

On February 1, 2006, the System sold the property and equipment of St Cloud Hospital to OsceolaSC partnership, in which the System holds a 20% interest As a result of this transaction, the property and equipment of St Cloud Hospital were released from the mortgage securing repayment of Orlando Health's bond issues The System's equity investment in OsceolaSC is included in investments in related parties and amounted to $13,448,000, $12,614,000, and $13,020,000 at September 30, 2014, 2013, and 2012, respectively Earnings on the investment are included in other revenue and amounted to $834,000, $707,000, and $647,000 for the years ended September 30, 2014, 2013, and 2012, respectively

South Lake

Effective October 1, 1995, the System entered into an arrangement with South Lake County Hospital District (the South Lake District), whereby the two entities formed and jointly control South Lake, a Section 501(c)(3) not-for-profit corporation Under the terms of the joint venture, the South Lake District leased its hospital assets to South Lake for 99 years The System contributed $7,400,000 to the South Lake District for the purpose of establishing a new foundation for health and other charitable services to south Lake County and contributed $500,000 to South Lake In exchange for the cash contribution to the South Lake District, the System received an option to purchase the leased assets and transfer them to South Lake at any time throughout the 99-year lease period These amounts are included in investments in related parties in the consolidated financial statements The System has no rights to the profits or obligations for the losses of South Lake The System agreed to extend a line of credit, not to exceed $7,400,000 to South Lake, if needed, with repayments including interest at the prime rate The System provides management services to South Lake at cost according to the terms of a Management Agreement During the years ended September 30, 2014, 2013 and 2012, the System amended the Management Agreement to provide that for certain months during those years, South Lake would be under no obligation to reimburse the System for the cost of the management services The cost of services provided, but not reimbursed was $3,215,000, $2,302,000 and $2,666,000 for the years ended September 30, 2014, 2013 and 2012 respectively

On May 14, 2010, South Lake issued $34,330,000 of Revenue Bonds, Series 2010 (2010 Bonds), and used the proceeds to refund its Revenue Bonds, Series 1999 (1999 Bonds), for the purpose of reducing future debt service The System guarantees the 2010 Bonds as it did the 1999 Bonds As of September 30, 2014, $32,655,000 of the 2010 Bonds was outstanding As of December 2, 2014, there have never been any payments made or requested under the line of credit or guaranty, and in the opinion of management of the System, no funding of such guaranteed indebtedness will be necessary

6. Property and Equipment

Property and equipment consist of the following:

	September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Land and improvements	**$ 130,544**	$ 126,224	$ 120,474
Buildings	**752,757**	738,680	723,547
Equipment	**1,398,092**	1,359,193	1,301,958
	2,281,393	2,224,097	2,145,979
Less accumulated depreciation	**(1,369,027)**	(1,277,634)	(1,172,756)
	912,366	946,463	973,223
Construction-in-progress	**252,347**	131,953	73,244
	$ 1,164,713	$ 1,078,416	$ 1,046,467

Construction-in-progress represents numerous construction and renovation projects. Estimated costs to complete these projects as of September 30, 2014, are approximately $118,756,000, which includes $74,874,000 in remaining construction costs associated with the ORMC expansion and redevelopment project (ORMC Project) that is expected to be completed in January 2015 and $24,400,000 in an emergency department expansion project (Health Central Project) located at Health Central that is expected to be completed in the summer of 2016.

Approximately $155,500,000 of the ORMC Project was financed with the Series 2012A Bonds described below. At September 30, 2014, all of the project funds had been expended. The Health Central Project is expected to total $25,000,000 and be funded with grant proceeds from the West Orange Healthcare District (District). The remainder of the ORMC Project and other projects will be funded by fund-raising activities, long-term investments, future cash flow, or unrestricted cash on hand.

Equipment includes approximately $9,318,000 of costs associated with information system projects-in-progress at September 30, 2014. Estimated costs to complete these projects as of September 30, 2014, are approximately $8,940,000, and are expected to be paid from future cash flow or unrestricted cash on hand.

During the year ended September 30, 2014, the acute care hospital (Hospital) operations of Lucerne were consolidated into the main building of ORMC and the process for selling the Lucerne facility and land commenced. In January 2014, a developer began negotiations to purchase the Lucerne facility that involves two closings over approximately two years. The sale of the Hospital building is expected to close in early 2015, and the sale of the remaining Lucerne building is expected to close approximately one year later. The Hospital portion of Lucerne has ceased operations, but the remaining building continues operating as a rehabilitation center. Since the sale of both buildings will not be completed within one year of the balance sheet date, the assets are not considered held for sale under ASC 360. The negotiated sale price indicated an impairment condition in January 2014, as the proposed sale price was less than book value. An impairment charge of $3,170,000 was recognized at that time, and deprecation continues at a lower rate based on the new book value. At September 30, 2014, $16,453,000 in net book value of Lucerne assets to be sold are included as a component of property and equipment.

The System leases property and equipment for a variety of purposes under operating leases. Operating lease expense is classified as supplies and other expenses and amounted to $21,777,000, $20,722,000, and $17,731,000 for the years ended September 30, 2014, 2013, and 2012, respectively.

7. Long-Term Debt

Long-term debt consists of the following

	September 30		
	2014	**2013**	**2012**
		(In Thousands)	
Fixed rate hospital revenue bonds – secured			
Series 2012A and B – fixed rate plus unamortized premium of $5,431,000, $5,625,000 and $5,818,000 at September 30, 2014, 2013 and 2012, respectively, interest rates from 4.0% to 5.0%, payable through 2043	**$ 190,306**	$ 190,500	$ 190,693
Series 2009 – fixed rate plus net unamortized premium of $2,221,000, $2,405,000, and $2,589,000 at September 30, 2014, 2013, and 2012, respectively, interest rates from 4.0% to 5.375%, payable through 2027	**199,811**	211,805	223,189
Series 2008A and B – fixed rate plus net unamortized premium of $861,000, $905,000, and $949,000 at September 30, 2014, 2013, and 2012, respectively, interest rates from 4.0% to 5.25%, payable through 2036	**144,911**	146,780	148,674
Series 2008C – fixed rate less net unamortized discount of $1,343,000, $1,392,000, and $1,442,000 at September 30, 2014, 2013, and 2012, respectively, interest rates from 5.25% to 5.375%, payable 2029 through 2042	**78,882**	78,833	78,783
Series 2006B – fixed rate plus unamortized premium of $593,000, $618,000, and $644,000 at September 30, 2014, 2013, and 2012, respectively, interest rates from 4.75% to 5.125%, payable 2034 through 2040	**75,243**	75,268	75,294
Series 1996A and Series 1996C – fixed rate plus unamortized premium of $685,000, $879,000, and $1,085,000 at September 30, 2014, 2013, and 2012, respectively, interest rate of 6.25%, payable through 2022	**53,245**	56,784	60,135
Variable rate hospital revenue bonds – secured			
Series 2011 – interest rate of 0.95% at September 30, 2014, payable 2027 through 2041	**83,175**	83,175	83,175
Series 2008E – interest rate of 0.05% at September 30, 2014, payable 2015 through 2026	**54,130**	54,130	54,130
Notes payable and other indebtedness			
Note Payable to the West Orange Healthcare District – secured, fixed rate issued at par, interest rates from 1.492% to 4.680%, payable through 2027	**161,585**	171,515	181,300
Other	**972**	956	580
Total debt, including premiums and discounts	**1,042,260**	1,069,746	1,095,953
Less current portion	**(28,303)**	(26,981)	(26,017)
Total long-term debt	**$ 1,013,957**	$ 1,042,765	$ 1,069,936

7. Long-Term Debt (continued)

Aggregate principal amounts of long-term debt outstanding, excluding premiums and discounts, are due during the following years ending September 30: $28,303,000 in 2015, $29,393,000 in 2016, $30,718,000 in 2017, $32,321,000 in 2018, $33,933,000 in 2019 and $879,144,000 thereafter

Master Trust Indenture

Orlando Health is the sole Member of the Obligated Group created under the Master Trust Indenture. The Obligated Group is obligated for the payment of principal and premium, if any, and interest on any outstanding bonds or debt issued under the Master Trust Indenture, and is subject to any other obligation or restriction set forth in any agreement, note, or indenture entered into or issued by the Obligated Group in connection with the issuance of any debt or related obligations issued under the Master Trust Indenture.

An Amended and Restated Master Indenture (Master Indenture), dated as of August 1, 1999, was executed by Orlando Health. All obligations issued under the Master Indenture are equally and ratably secured by (i) a mortgage on substantially all real property and a security interest in certain tangible personal property of Orlando Health pursuant to a Mortgage and Security Agreement, dated as of August 1, 1999, by Orlando Health in favor of the Master Trustee, and (ii) a pledge of the accounts (as defined in Article 9 of the Florida Uniform Commercial Code) and the Gross Revenue of Orlando Health. The Master Indenture provides for specific restrictive covenants, including a debt service coverage requirement. Orlando Health, Inc. is the only member of the Obligated Group under the terms of the Master Indenture and is subject to these covenants. None of Orlando Health's controlled affiliates are members of the Obligated Group. Financial information of the Obligated Group is included in the Supplementary Information appearing on pages 29 and 30.

Hospital Revenue Bonds, Series 1996A and C

As of September 30, 2014, $27,505,000 of the Series 1996A and C bonds remain outstanding, but Orlando Health is no longer the obligor as this portion was refunded.

Hospital Revenue Bonds, Series 2011

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

7. Long-Term Debt (continued)

Hospital Revenue Bonds, Series 2012A and 2012B

On May 23, 2012, the Authority issued $184,875,000 of fixed rate Hospital Revenue Bonds (Series 2012 Bonds) on behalf of Orlando Health Proceeds were used to pay off a medical office building construction loan (Construction Loan), establish a project fund for the ORMC redesign and redevelopment project, and pay costs of issuance Separately, the interest rate swap that hedged the risk of interest rate fluctuations on the Construction Loan was terminated The proceeds of the Series 2012B Bonds were used to repay the Construction Loan on May 23, 2012

Note Payable to the District

On April 1, 2012, Orlando Health Central, Inc (OHC) issued an $181,300,000 note payable to the District to finance the acquisition of Health Central Payment of the note payable is guaranteed by Orlando Health The guaranty is secured by a note under the Master Trust Indenture which is secured by a mortgage on Orlando Health's real property

Interest Rate Swap Agreements

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

2008E Swap

On June 18, 2008, terms of the then existing 2006A and 2007B swaps were amended to hedge variable rate exposure on the 2008D-G Bonds In 2009, two of those swaps with notional amounts totaling $111,295,000 were terminated when the 2008D, F and G Bonds were redeemed Since December 23, 2009, only the variable interest on the 2008E Bonds is hedged with the remaining swap that has since been referred to as the 2008E swap

2011 Swaps

On September 15, 2011, terms of the then existing 2007A1 and A2 swaps were amended to hedge variable rate exposure on the 2011 Bonds The amended terms are identical to the 2007A1 and A2 swaps, except that there is no insurance, and as a result, collateral was posted in the amount of $8,793,000, $3,158,000 and $19,756,000 at September 30, 2014, 2013 and 2012, respectively, and is included in interest rate swap contract collateral receivable in assets limited to use There were no settlement payments to or from the counterparty for the amendments

Construction Loan Swap

On June 30, 2009, the System entered into a forward-starting floating to fixed interest rate swap agreement to hedge the risk of interest rate fluctuations associated with the majority of the Construction Loan The Construction Loan Swap was not insured and had no collateral requirements for either party The Construction Loan Swap was terminated on May 23, 2012, when the Construction Loan was refinanced with the Series 2012B Bonds The termination payment of $1,721,000 was paid with cash that was not from proceeds of the Series 2012B Bonds

7. Long-Term Debt (continued)

The following summarizes outstanding swap positions as of September 30, 2014:

	2008E Swap	2011 Swaps
	(Dollars in Thousands)	
Initial notional amount	$ 55,000	$ 90,000
Notional amount at September 30, 2014	$ 54,130	$ 90,000
Current bond or loan hedged	2008E Bonds	2011 Bonds
Original bond or loan hedged	2006A Bonds	2007A1A2Bonds
Maturity date	10/1/2026	10/1/2041
Fixed rate paid	3.425%	3.860%
Floating rate received	68% 30-day USD-LIBOR-BBA	68% 30-day USD-LIBOR-BBA

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

	Construction Loan Swap	2008E Swap	2011 Swap	Total
		(In Thousands)		
Cumulative position at September 30, 2011	$ (2,191)	$ (9,764)	$ (31,183)	$ (43,138)
Net gains (losses) during the year ended September 30, 2012	471	(1,040)	(2,387)	(2,956)
Cumulative position of terminated swaps at termination date during the year ended September 30, 2012	1,720	–	–	1,720
Cumulative position at September 30, 2012	–	(10,804)	(33,570)	(44,374)
Net gains during the year ended September 30, 2013	–	3,622	12,578	16,200
Cumulative position at September 30, 2013	–	(7,182)	(20,992)	(28,174)
Net gains (losses) during the year ended September 30, 2014	**–**	**212**	**(2,726)**	**(2,514)**
Cumulative position at September 30, 2014	**$ –**	**$ (6,970)**	**$ (23,718)**	**$ (30,688)**

7. Long-Term Debt (continued)

Interest Costs

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

Capitalized interest costs amounted to $8,533,000, $7,364,000, and $2,071,000 for the years ended September 30, 2014, 2013, and 2012, respectively

The total of interest cost expensed and capitalized approximates interest paid

Fair Value

The estimated fair value of the System's long-term debt was approximately $1,190,345,000, $1,103,956,000, and $1,229,885,000 at September 30, 2014, 2013, and 2012, respectively

8. Line of Credit

Orlando Health has $10,000,000 available under a line of credit with a local bank At September 30, 2014, none of the available line of credit had been drawn Interest on the line of credit is based on LIBOR, adjusted monthly and payable quarterly

9. Employee Retirement Plans

The System has defined contribution retirement plans Certain employees of the System (including OHC effective April 1, 2012) are eligible to participate in 401a and 403b plans, and certain PAL employees are eligible to participate in a 401k plan (effective January 1, 2012) Most plan participants may elect to contribute up to the lesser of $17,500 or 50% of their annual compensation For most plan participants, upon completion of one year of continuous service and having attained age 18, the System contributes 1 25% (3% for OHC participants) of the participants' compensation plus 50% of the participants' contributions up to 3% of the participant's compensation The System's expense under the employee retirement plans amounted to $24,267,000, $23,864,000, and $21,503,000 for the years ended September 30, 2014, 2013, and 2012, respectively

10. Malpractice Insurance

The System is self-insured for medical malpractice risk not covered under a commercial malpractice policy Losses are accrued based on estimates provided by the System's consulting actuary, and are based on actuarial assumptions that incorporate the System's past experience and other considerations, including the nature of each claim or incident, and relevant trends The accrued liability for self-insured claims amounted to $107,746,000, $91,190,000, and $108,918,000 at September 30, 2014, 2013, and 2012, respectively, of which $21,549,000, $18,238,000, and $21,784,000 are included in other current liabilities Insurance recovery receivables totaled $9,164,000, $8,776,000, and $14,854,000 at September 30, 2014, 2013, and 2012, respectively, of which $7,331,000, $7,021,000, and $11,883,000 is included in other assets at September 30, 2014, 2013, and 2012, respectively, and $1,833,000, $1,755,000, and $2,971,000 is included in other current assets at September 30, 2014, 2013, and 2012, respectively The System has on deposit, in a revocable trust, cash and investments totaling $83,263,000, $80,226,000, and $80,797,000 at September 30, 2014, 2013, and 2012, respectively, to be used for the payment of self-insured claims in the future Medical malpractice expense of $31,753,000, $17,734,000, and $19,999,000 for the years ended September 30, 2014, 2013, and 2012, respectively, is included in supplies and other expenses

10. Malpractice Insurance (continued)

For claims occurring after April 1, 2012, OHC is covered under the System's medical malpractice policy and self-insured malpractice fund. Any liabilities associated with the operations of OHC subsequent to April 1, 2012, are included in the amounts noted above. The West Orange Healthcare District (District) has retained the medical malpractice liability and has funded a self-insured reserve for Health Central events occurring prior to closing of the Health Central transaction and has retained a fund to pay such liabilities. The District is a governmental entity and is protected to a large extent by sovereign immunity protection against liability claims. The System is not liable for any Health Central-related events occurring prior to April 1, 2012.

11. Commitments

The System leases equipment and space under operating leases with various lease terms. Aggregate future minimum lease payments, anticipated future lease payments on optional renewals, and estimated variable costs under these leases total $108,073,000 and are payable during the following years ending September 30: $20,283,000 in 2015, $20,832,000 in 2016, $20,988,000 in 2017, $19,488,000 in 2018, $14,503,000 in 2019, and $11,979,000 thereafter. On September 1, 2011, the System employed a group of physicians and entered into employment agreements with the physicians for a period of seven years. The expected minimum payments remaining under the employment agreements are approximately $25,380,000 at September 30, 2014.

12. Acquisitions

Surgical Center Acquisition

On June 11, 2014, the Corporation invested approximately $1,410,000 in Orlando Health/USP Surgery Centers, L.L.C. (OHUSP), an entity formed in December 2013, in which the Corporation holds a 50.1% interest. OHUSP then purchased a 51.0% interest in University Surgical Center, Ltd. (UCS). UCS is the owner of an outpatient surgery center, which is its only operation. The Corporation effectively now owns a 25.6% interest in the outpatient surgery center. Since the Corporation owns a controlling interest in OHUSP, all of its assets, liabilities, equity, and approximately four months of operations are included in these consolidated financial statements. The opening balance sheet of OHUSP includes $5,240,000 in total assets (of which $4,211,000 is goodwill), $1,417,000 of liabilities (including $1,017,000 of redeemable non-controlling interest), and $3,823,000 of unrestricted net assets (of which $1,009,000 is non-redeemable non-controlling interest).

Physician Associates LLC Acquisition

On December 31, 2012, the Corporation, through its Controlled Affiliate, Healthnet Services, Inc. (Healthnet) acquired all of the members' interests in Physician Associates LLC (PAL) and the practice management assets of PA Management LLC (PAM). PAL employs 91 physicians, mostly primary care physicians and obstetricians who work in locations throughout the Corporation's primary market area. PAM provided management services to PAL, however, PAM operations were consolidated into PAL as of the acquisition date. Most of the employed physicians were members of PAL and PAM. The transaction was accounted for under the acquisition method under ASU 2010-07.

The members' interests in PAL were purchased for approximately $12,722,000 and the PAM practice management assets were purchased for approximately $30,600,000. The adjusted value of total assets purchased was $54,271,000 and liabilities assumed was $10,949,000 as of December 31, 2012.

Except for $2,623,000 in expenses associated with the purchase during the year ended September 30, 2013, there were no other effects of this transaction on revenues, expenses or unrestricted net assets as of September 30, 2014. PAL guarantees $21,750,000 in debt of four entities which own buildings that are leased to PAL for PAL's operations.

12. Acquisitions (continued)

Amounts attributed to PAL and included in these consolidated financial statements:

	Year Ended September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Total unrestricted revenues and other support	**$ 83,084**	$ 54,637	$ –
Changes in unrestricted net assets	**3,372**	(9,228)	–

Pro forma consolidated amounts of the System as though PAL was included from the beginning of the periods presented (unaudited):

	Year Ended September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Total unrestricted revenues and other support	**$ 2,118,601**	$ 1,955,079	$ 1,899,853
Changes in unrestricted net assets	**175,971**	35,511	81,852

Health Central Acquisition

On April 1, 2012, the System, through a Controlled Affiliate, Orlando Health Central, Inc (OHC), acquired substantially all of the assets and assumed a majority of the liabilities of the District in exchange for a note obligating OHC to pay the District $181,300,000 The transaction was accounted for under the acquisition method under ASU 2010-07 There was no contribution, gain, or goodwill resulting from the purchase price allocation Prior to the acquisition, the District owned and operated a 171-bed acute care hospital known as Health Central, a 228-bed skilled nursing facility known as Health Central Park, other outpatient clinics, and physician practices in communities just west of Orlando, Florida (collectively referred to as "Health Central") Health Central's hospital campus includes an approximately 87,000 square foot medical office building housing practicing physicians The District is a political subdivision of the State of Florida established to serve West Orange County that owned the hospital and other healthcare facilities known as Health Central

Health Central's market generally is west of Orlando Health's downtown campus and overlaps with markets served by Orlando Health Orlando Health and Health Central have collaborated for many years on certain clinical activities and the District has been a member of the group purchasing organization sponsored by Orlando Health As a result of the acquisition, Orlando Health increased its market share in its primary service area and expanded its service line offerings by including Health Central in its mission of improving quality, integrating with physicians and enhancing health care services for the community As part of the agreement, during the 15-year period beginning April 1, 2012, the System and OHC commit to a level of capital investment in OHC that will preserve and appropriately maintain the assets of OHC Generally, over rolling five-year periods, the System and OHC agree to capital investments equal to the greater of 40% of operating income before interest, income tax, depreciation and amortization, or the capital spending ratio of a hospital with a Moody's rating closest to the rating category to which OHC's days cash on hand and operating cash flow margin correspond

Including the OHC note in the amount of $181,300,000 payable to the District and the valuation of purchased assets and liabilities assumed as of April 1, 2012, OHC's initial balance sheet was comprised of $195,705,000 in total assets, $45,020,000 in current assets and $14,405,000 in current liabilities

12. Acquisitions (continued)

The following tables display Health Central activity that is included in the accompanying consolidated financial statements during the years ended September 30, 2014, 2013, and 2012, and pro forma consolidated amounts as if Health Central was included in the consolidated financial statements since the beginning of the year ended September 30, 2012

Amounts attributed to Health Central and included in these consolidated financial statements:

	Year Ended September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Total unrestricted revenues and other support	**$ 205,473**	$ 188,788	$ 79,723
Changes in unrestricted net assets	**27,702**	17,848	(668)
Changes in temporarily restricted net assets	**31**	89	–

Pro forma consolidated amounts of the System as though Health Central was included from the beginning of the periods presented (unaudited):

	Year Ended September 30		
	2014	**2013**	**2012**
	(In Thousands)		
Total unrestricted revenues and other support	**$ 2,118,601**	$ 1,934,074	$ 1,985,186
Changes in unrestricted net assets	**175,971**	36,695	84,016
Changes in temporarily restricted net assets	**1,592**	2,856	11,864
Changes in permanently restricted net assets	**1**	18	26

13. Subsequent Events

In preparing these consolidated financial statements, the System has evaluated events and transactions for potential recognition and disclosure through December 2, 2014, the date the consolidated financial statements were available to be issued. On November 7, 2014, the Corporation's Board of Directors approved an investment of $4,500,000 to help fund an $18,300,000 project to construct an additional patient bed tower located at Health Central. On November 26, 2014, the District committed to grant $13,800,000 for this project, in addition to the $25,000,000 Health Central Project grant. On November 21, 2014, the System entered into a joint venture agreement with an unrelated party to purchase five imaging centers. The agreement is effective December 1, 2014, and the System is expected to invest $1,530,000 for a 51% interest in the venture. The venture is expected to receive an $8,500,000 seven year bank loan, of which 51% will be guaranteed by the Corporation. The venture is also expected to receive a line of credit with a bank of $4,500,000 of which the Corporation will guarantee 51%. The venture is expected to purchase the imaging centers for $11,500,000 in cash.

Supplementary Information

Orlando Health, Inc. and Controlled Affiliates

Consolidating Balance Sheet

September 30, 2014
(In Thousands)

	Consolidated	Eliminations	Obligated Group	Orlando Health Central	Other Controlled Affiliates
Assets					
Current assets					
Cash and cash equivalents	**$ 98,269**	$ –	$ 65,631	$ 12,488	$ 20,150
Short-term investments	**198,999**	–	198,999	–	–
Assets limited as to use	**53,957**	–	53,95[illegible]	–	–
Accounts receivable, net	**265,215**	–	219,013	26,222	19,980
Other receivables	**28,682**	(12,012)	20,494	930	19,270
Other current assets	**53,080**	–	4[illegible],210	2,566	3,304
Total current assets	**698,202**	(12,012)	605,304	42,206	62,704
Assets limited as to use					
Debt service and reserve funds held by bond trustee	**55,560**	–	55,560	–	–
Interest rate swap contract collateral receivable	**8,793**	–	8,[illegible]93	–	–
Designated by board for malpractice self-insurance	**83,263**	–	83,263	–	–
	147,616	–	14[illegible],616	–	–
Less amount required to meet current obligations	**(53,957)**	–	(53,95[illegible])	–	–
	93,659	–	93,659	–	–
Long-term investments – unrestricted	**574,880**	–	502,114	[illegible]2,[illegible]66	–
Long-term investments – restricted	**71,997**	–	–	–	[illegible]1,99[illegible]
Investments in related parties	**24,520**	(36,861)	13,208	–	48,1[illegible]3
Other assets	**160,722**	(108,289)	191,503	498	[illegible]7,010
Property and equipment, net	**1,164,713**	–	1,026,[illegible]95	115,661	22,25[illegible]
Total assets	**$ 2,788,693**	$ (15[illegible],162)	$ 2,432,583	$ 231,131	$ 282,141
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	**$ 196,112**	$ –	$ 153,455	$ 20,565	$ 22,092
Other current liabilities	**60,398**	(12,109)	55,[illegible]32	3,9[illegible]9	12,[illegible]96
Current portion of long-term debt	**28,303**	–	1[illegible],952	10,115	236
Total current liabilities	**284,813**	(12,109)	22[illegible],139	34,659	35,124
Long-term debt, less current portion	**1,013,957**	–	862,20[illegible]	151,4[illegible]0	280
Accrued malpractice claims	**86,197**	–	86,19[illegible]	–	–
Other noncurrent liabilities	**53,750**	(23,606)	4[illegible],516	–	29,840
Total liabilities	**1,438,717**	(35,[illegible]15)	1,223,059	186,129	65,244
Net assets					
Unrestricted					
Orlando Health, Inc and Controlled Affiliates	**1,257,067**	(36,861)	1,131,481	44,882	11[illegible],565
Noncontrolling interest in Controlled Affiliates	**2,473**	–	–	–	2,4[illegible]3
Total unrestricted	**1,259,540**	(36,861)	1,131,481	44,882	120,038
Temporarily restricted	**87,971**	(82,509)	[illegible]7,404	120	92,956
Permanently restricted	**2,465**	(2,0[illegible])	639	–	3,903
Total net assets	**1,349,976**	(121,44[illegible])	1,209,524	45,002	216,89[illegible]
Total liabilities and net assets	**$ 2,788,693**	$ (15[illegible],162)	$ 2,432,583	$ 231,131	$ 282,141

Orlando Health, Inc. and Controlled Affiliates

Consolidating Statement of Operations

Year Ended September 30, 2014
(In Thousands)

	Consolidated	Eliminations	Obligated Group	Orlando Health Central	Other Controlled Affiliates
Unrestricted revenues and other support					
Net patient service revenue (net of contractual allowances and discounts)	**$ 2,130,900**	$ –	$ 1,663,379	$ 231,851	$ 235,670
Provision for bad debts	**(120,019)**	–	(72,828)	(34,839)	(12,352)
Net patient service revenue less provision for bad debts	**2,010,881**	–	1,590,551	197,012	223,318
Other revenue	**103,668**	(43,264)	81,242	8,461	57,229
Net assets released from restrictions	**4,052**	(19,117)	3,950	–	19,219
Total unrestricted revenues and other support	**2,118,601**	(62,381)	1,675,743	205,473	299,766
Expenses					
Salaries and benefits	**1,112,691**	–	719,723	95,064	297,904
Supplies and other	**695,579**	(51,160)	598,121	66,705	81,913
Professional fees	**34,465**	(5,843)	27,318	2,722	10,268
Depreciation and amortization	**103,356**	–	88,866	9,040	5,450
Impairment	**3,170**	–	3,170	–	–
Interest	**42,060**	–	35,688	6,344	28
Total expenses	**1,991,321**	(57,003)	1,472,886	179,875	395,563
Income (loss) from operations	**127,280**	(5,378)	202,857	25,598	(95,797)
Nonoperating gains and losses					
Investment income	**36,494**	–	31,183	2,104	3,207
Loss on interest rate swap agreements	**(2,514)**	–	(2,514)	–	–
Nonoperating gains, net	**33,980**	–	28,669	2,104	3,207
Excess (deficiency) of revenues, other support, and gains over expenses and losses	**$ 161,260**	$ (5,378)	$ 231,526	$ 27,702	$ (92,590)

Orlando Health, Inc. and Controlled Affiliates

Orlando Health Central, Inc. Consolidating Balance Sheet

September 30, 2014
(In Thousands)

	Orlando Health Central	Health Central	Health Central Park	Other Non-Hospital Health Services
Assets				
Current assets				
Cash and cash equivalents	**$ 12,488**	$ 10,815	$ 1,746	$ (73)
Accounts receivable, net	**26,222**	20,402	4,020	1,800
Other receivables	**930**	854	76	–
Other current assets	**2,566**	2,505	56	5
Total current assets	**42,206**	34,576	5,898	1,732
Long-term investments – unrestricted	**72,766**	72,766	–	–
Other assets	**498**	498	–	–
Property and equipment, net	**115,661**	106,690	8,971	–
Total assets	**$ 231,131**	$ 214,530	$ 14,869	$ 1,732
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued expenses	**$ 20,565**	$ 19,246	$ 981	$ 338
Other current liabilities	**3,979**	3,364	615	–
Current portion of long-term debt	**10,115**	10,115	–	–
Total current liabilities	**34,659**	32,725	1,596	338
Long-term debt, less current portion	**151,470**	151,470	–	–
Total liabilities	**186,129**	184,195	1,596	338
Net assets				
Unrestricted	**44,882**	30,215	13,273	1,394
Temporarily restricted	**120**	120	–	–
Total net assets	**45,002**	30,335	13,273	1,394
Total liabilities and net assets	**$ 231,131**	$ 214,530	$ 14,869	$ 1,732

Orlando Health, Inc. and Controlled Affiliates

Orlando Health Central, Inc. Consolidating Statement of Operations

Year Ended September 30, 2014
(In Thousands)

	Orlando Health Central	Health Central	Health Central Park	Other Non-Hospital Health Services
Unrestricted revenues and other support				
Net patient service revenue (net of contractual allowances and discounts)	**$ 231,851**	$ 178,481	$ 21,117	$ 32,253
Provision for bad debts	**(34,839)**	(21,887)	(604)	(12,348)
Net patient service revenue less provision for bad debts	**197,012**	156,594	20,513	19,905
Other revenue	**8,461**	7,272	41	1,148
Total unrestricted revenues and other support	**205,473**	163,866	20,554	21,053
Expenses				
Salaries and benefits	**95,064**	73,627	10,975	10,462
Supplies and other	**66,705**	50,887	8,226	7,592
Professional fees	**2,722**	2,065	28	629
Depreciation and amortization	**9,040**	8,151	398	491
Interest	**6,344**	6,344	–	–
Total expenses	**179,875**	141,074	19,627	19,174
Income from operations	**25,598**	22,792	927	1,879
Nonoperating gains and losses				
Investment income	**2,104**	2,104	–	–
Nonoperating gains, net	**2,104**	2,104	–	–
Excess of revenues other support, and gains over expenses and losses	**$ 27,702**	$ 24,896	$ 927	$ 1,879