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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

# 2013

**Open to Public Inspection**

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](http://www.irs.gov/form990)

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Orlando Health Central Inc <hr/> Doing Business As HEALTH CENTRAL <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 10000 W Colonial Drive Suite <hr/> City or town, state or province, country, and ZIP or foreign postal code Ocoee, FL 34761	<b>D</b> Employer identification number 80-0764192 <hr/> <b>E</b> Telephone number (407) 296-1000 <hr/> <b>G</b> Gross receipts \$ 200,648,070
<b>F</b> Name and address of principal officer Greg Ohe 10000 W Colonial Drive Ocoee, FL 34761		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <a href="http://www.healthcentral.org">www.healthcentral.org</a>		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2011 <b>M</b> State of legal domicile FL

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN ATMOSPHERE OF CARING				
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		10	
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		6	
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		1,888	
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		494	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,082		63,554	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,904,460		196,726,784	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,312,414		758,412	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,788		1,810,345	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	183,324,744		199,359,095	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	84,750,598		88,050,340	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	0		0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	80,165,788		85,320,947	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	164,916,386		173,371,287		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	18,408,358		25,987,808		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	207,952,266		229,597,500	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	191,809,444		186,110,849	
		16,142,822		43,486,651	

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2015-08-10 Date			
	MICHAEL MUELLER CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name Dawn M Olivardia	Preparer's signature	Date 2015-08-03	Check <input type="checkbox"/> if self-employed	PTIN P00059252
	Firm's name ▶ Grant Thornton LLP			Firm's EIN ▶	
	Firm's address ▶ 200 South Orange Avenue Suite 2050 Orlando, FL 32801			Phone no (407) 296-1802	

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  Yes  No

**1** Briefly describe the organization's mission  
 ORLANDO HEALTH CENTRAL IS A TRUSTED LEADER INSPIRING HOPE THROUGH THE ADVANCEMENT OF HEALTH OUR MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN ATMOSPHERE OF CARING

**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 \$ 134,041,742 including grants of \$ ) (Revenue \$ 172,836,451 )  
 ORLANDO HEALTH CENTRAL, INC , DBA, HEALTH CENTRAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES PREVIOUSLY OWNED AND OPERATED UNDER THE WEST ORANGE HEALTHCARE DISTRICT, WE HAVE SERVED THE WEST ORANGE COUNTY'S SURGICAL, MATERNITY AND GENERAL HEALTHCARE NEEDS SINCE 1952 IN AN EFFORT TO ACHIEVE ITS OBJECTIVE OF BEING A STATE-OF-THE-ART, FULL-SERVICE HOSPITAL THAT WILL MEET THE FUTURE NEEDS OF ITS COMMUNITY AND BECOME A FACILITY OF CHOICE FOR AREA RESIDENTS IN OCOEE, THE WEST ORANGE HEALTHCARE DISTRICT TRANSITIONED THE HOSPITAL CARE TO HEALTH CENTRAL HEALTH CENTRAL DELIVERS COMPREHENSIVE HEALTHCARE SERVICES IN ITS 440,000-SQUARE-FOOT, INTEGRATED MEDICAL MALL WHICH INCLUDES A 171-BED JCAHO ACCREDITED ACUTE CARE HOSPITAL AND PHYSICIAN OFFICES, AS WELL AS A 34-BED EMERGENCY CENTER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2014, HEALTH CENTRAL FACILITIES PROVIDED 51,617 DAYS OF INPATIENT CARE, 27,365 OUTPATIENT VISITS, AND 61,520 EMERGENCY DEPARTMENT VISITS IN ACCORDANCE WITH ITS MISSION, HEALTH CENTRAL PROVIDED EXTENSIVE CARE TO PATIENTS WHO MEET ITS CHARITY CARE GUIDELINES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES HEALTH CENTRAL ALSO OFFERS COMMUNITY EDUCATION, SCHOOL INITIATIVES AND SUPPORT GROUPS AS A NOT-FOR-PROFIT HEALTHCARE PROVIDER, THE CULTURE OF CARING AT HEALTH CENTRAL TOUCHES THE LIVES OF MANY THROUGHOUT THE GREATER WEST ORANGE COUNTY AREA HEALTH CENTRAL'S PHYSICIANS, EMPLOYEES AND VOLUNTEERS KNOW THAT HEALTHCARE EXTENDS BEYOND THE WALLS OF THE HOSPITAL OUR DEDICATED MEDICAL PROFESSIONALS AND VOLUNTEERS OFTEN CONTRIBUTE TO THE COMMUNITY OUTSIDE THE ORGANIZATION, EDUCATING THEIR NEIGHBORS AND PROVIDING MEDICAL CARE TO OTHERS IN THE REGION HEALTH CENTRAL 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 HOSPITAL, BUT ARE SUSTAINED BECAUSE THEY ARE VALUABLE TO OUR REGION AND SUPPORT OUR MISSION ---COMMUNITY PROGRAMS AND SERVICES--- COMMUNITY OUTREACH SUPPORT / EDUCATION GROUPS COMMUNITY WELLNESS COMMUNITY HEALTH FAIRS PASTORAL OUTREACH & SPIRITUAL CARE ---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, HEALTH CENTRAL MAINTAINS A RICH TRADITION OF PROVIDING A 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, HEALTH CENTRAL IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE HEALTH CENTRAL 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 and well-being of the people we serve Health Central 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, Health Central provided \$8,293,732 in charity care, and \$5,605,045 in Medicaid shortfalls Community Education Health Central University is dedicated to furthering the health related education of the community Classes are available to area residents as well as continuing education for our healthcare professionals Health Central University consists of six academies Community Health, Clinical Excellence, Health Central Way, Leadership Development, Physician Excellence, and Professional Development Each academy is governed by an Advisory Council whose members are responsible for the planning, development and implementation of all the courses offered at Health Central University Health Central University provides diabetes education to the community by offering the Health Central Diabetes Center, accredited by the American Diabetic Association It strives to bring education, wellness and fitness to diabetics It is a comprehensive program, which helps those who are pre-diabetics, newly diagnosed, Gestational diabetes or those who just need help with blood glucose control Classes are in a group setting Individual times can be scheduled as needed The education offered by Health Central University is held in various locations on the hospital campus Health Central University is governed by an Advisory Board composed of representatives from each of the advisory councils, representatives from Orlando Health Central's Board of Directors, Valencia Community College, University of Central Florida, DeVry University, VITAS, an MD champion and hospital administration

**4b** (Code ) (Expenses \$ 14,981,908 including grants of \$ ) (Revenue \$ 20,532,004 )  
 ORLANDO HEALTH CENTRAL, INC PROVIDES LONG-TERM NURSING CARE TO OUR COMMUNITY THROUGH HEALTH CENTRAL PARK, A 228 BED, MULTI-BUILDING CAMPUS HEALTH CENTRAL PARK CONSISTS OF 5 NEIGHBORHOODS (NURSING WINGS) INCLUDING A POST ACUTE CARE FOR SHORT TERM REHAB WITH 46 BEDS WITH AN AVERAGE LENGTH OF STAY OF 24 DAYS, A GATED COMMUNITY, WHICH SPECIALIZES IN PROVIDING PROGRAMS AND SERVICES FOR ALZHEIMER'S/DEMENTIA TYPE RESIDENTS FOR 49 RESIDENTS AND AN ADDITIONAL THREE NEIGHBORHOODS PROVIDING CARE TO LONG-TERM-CARE RESIDENTS WE PROVIDE RESIDENT CENTERED CARE WE ARE RESTRAINT-FREE AND HAVE EXCELLENT OUTCOMES IN WOUND CARE, PAIN MANAGEMENT, WEIGHT MANAGEMENT WE ALSO PROVIDE IV THERAPY, HYPERTENSION MANAGEMENT, MEDICATION MANAGEMENT, DIABETIC MANAGEMENT, DEMENTIA CARE, RESTORATIVE NURSING CARE AND PALLIATIVE CARE HEALTH CENTRAL PARK PROVIDES FULL THERAPY SERVICES 7 DAYS A WEEK, 12 HOURS A DAY OUR THERAPY PATIENTS HAVE EXCELLENT OUTCOMES AND AFTER DISCHARGE USUALLY CONTINUE THEIR THERAPY AS OUTPATIENTS ON ANY GIVEN DAY WE HAVE ABOUT 65 TO 70 PATIENTS IN THERAPY OUR MAIN PROGRAM IS OUR ORTHOPEDIC PROGRAM OF EXCELLENCE, THE LENGTH OF STAY FOR OUR KNEE PATIENTS IS 15 DAYS AND HIPS AVERAGE 23 DAYS AND WE HAVE ABOUT 25 ORTHOPEDIC PATIENTS PER MONTH OUR THERAPY SATISFACTION IS 9% HIGHER THAN OUR PEERS HEALTH CENTRAL PARK'S WORKFORCE IS MADE UP OF ABOUT 265 EMPLOYEES, WITH NURSING DEPARTMENT BEING THE LARGEST OF ABOUT 180, 115 OF WHICH ARE C N A'S WE ARE PRIVILEGED TO HAVE A FULL TIME NURSE PRACTITIONER WHICH ACTS AS THE PHYSICIAN EXTENDER AND ATTENDS TO URGENT AND OTHER MEDICAL NEEDS ON A TIMELY BASIS WE ALSO HAVE A FULL TIME DIETICIAN AND A NUTRITIONAL SPECIALIST TO ADDRESS THE CLINICAL DIETARY NEEDS OF OUR RESIDENTS OUR SOCIAL WORKERS DO DISCHARGE PLANNING AND ASSIST WITH THE PSYCHO-SOCIAL NEEDS OF THE RESIDENTS ALONG WITH OUR FULL RECREATION DEPARTMENTS OUR STAFF TURNOVER LAST YEAR WAS AT 16% (STATE AVERAGE IS ABOUT 30%) THE AMERICAN HEALTH CARE ASSOCIATION ANNOUNCED HEALTH CENTRAL PARK AS A 2011 RECIPIENT OF THE SILVER - ACHIEVEMENT IN QUALITY NATIONAL QUALITY AWARD FOR ITS OUTSTANDING PERFORMANCE IN THE HEALTH CARE PROFESSION THE PRESTIGIOUS AWARD HIGHLIGHTS SELECT FACILITIES ACROSS THE NATION THAT SERVE AS MODELS OF EXCELLENCE FOR PROVIDING HIGH QUALITY LONG TERM CARE VERY FEW OF THE 700 SKILLED NURSING FACILITIES IN FLORIDA HAVE ACHIEVED THIS LEVEL OF QUALITY SINCE THE AWARD'S INCEPTION IN 1996 HEALTH CENTRAL PARK HAS BEEN CONSISTENT IN ITS PERFORMANCE AND DEDICATION TO PROVIDING HIGH-QUALITY CARE VOLUNTEERS SUPPLEMENT OUR STAFF TO HELP ENHANCE QUALITY OF LIFE THEY PROVIDE ABOUT 1260 HOURS OF SERVICE PER MONTH

**4c** (Code ) (Expenses \$ 5,073,193 including grants of \$ ) (Revenue \$ 4,868,938 )  
 PHYSICIANS SERVICES ORLANDO HEALTH CENTRAL, INC PROVIDES PHYSICIANS SERVICES THROUGH WEST ORANGE PHYSICIANS GROUP, LLC (WOPG), A MULTI-SPECIALTY PRACTICE, INCLUDING SERVICES Related TO INTERNAL MEDICINE, OBSTETRICS/GYNECOLOGY, and GENERAL SURGERY WOPG SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH CENTRAL, INC 'S INTEGRATED DELIVERY SYSTEM THROUGH THE PROVISION OF HEALTH CARE SERVICES TO THE COMMUNITY THEY SERVE WOPG PROVIDED 25,365 PHYSICIAN VISITS FOR THE FISCAL YEAR 2014

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

**4e Total program service expenses** 154,096,843

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	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? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**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  
 MICHAEL MUELLER 10000 W COLONIAL DRIVE  
 Ocoee, FL 34761 (407) 296-1802

**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			
(1) Kathy Aber Board Member	5 0	X					0	0	0	
(2) Ann Blakeslee Board member	5 0	X					0	0	0	
(3) Becky Cherney Board member	5 0	X					0	0	0	
(4) Samuel Davis Jr Board member	5 0	X					0	0	0	
(5) Jamal A Hakim MD Board member	5 0 41 0	X					0	673,281	82,449	
(6) Stephan J Harr Board member	5 0 38 0	X					0	571,650	69,086	
(7) Randy June Board member	5 0	X					0	0	0	
(8) John Marzano Board member	5 0 40 0	X					0	266,606	77,043	
(9) Michael Mercado MD Board member	5 0	X					0	0	0	
(10) Robert A Miles Board Membr (Trm End 11/11/13)	5 0 37 0	X					0	474,164	79,900	
(11) John Rinehart Board member (Trm End 8/31/14)	5 0	X					0	0	0	
(12) J Richard Schooler Board member	5 0 37 0	X					0	408,220	228,542	
(13) Sherrie Sitank Board Member (Trm end 6/7/13)		X					0	1,576,882	241,211	
(14) Gregory P Ohe President	38 0 4 0			X			0	216,788	75,025	
(15) Michael E Mueller CFO	40 0			X			0	180,685	66,575	
(16) James B Rodier Chief Quality Officer	40 0			X			253,396	0	48,773	
(17) Chrstina M McGuirk Chief Nursing Officer	40 0			X			0	118,236	44,906	



**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			
(18) Rick Smith Chief Operating Officer	40 0			X				0	0	0
(19) Shareen Oloufa OB/GYN Physician	40 0					X		247,187	0	34,473
(20) Carlos Dieguez OB/GYN Physician	40 0					X		249,508	0	46,388
(21) Carlos Trillo Surgeon	40 0					X		219,971	0	10,773
(22) Wm Kelly Bowman Physician	40 0					X		194,097	0	42,279
(23) Karrn Kurowski Physician	40 0					X		188,605	0	28,173
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,352,764	4,486,512	1,175,596

**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 **6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Physiorx LLC, 2706 Rew Circle OCOEE FL 34761	Healthcare Services	1,185,620
Stability, 2910 Poston Avenue NASHVILLE TN 37203	Healthcare Services	647,160
Physicians Choice Surgery Center, 596 Ocoee Commerce Parkway OCOEE FL 34761	Healthcare Services	375,941
Paradigm Spine, 505 Park Avenue 14th Floor NEW YORK NY 10022	Helthcare Services	219,800
Mateer Habert PA, P O Box 2854 ORLANDO FL 328022854	Law Firm	183,181

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	41,010				
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	22,544				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		63,554			
<b>Program Service Revenue</b>	<b>2a</b>	NET PATIENT SERVICE REVENUE	621500	190,046,539	190,046,539		
	<b>b</b>	CAFETERIA REVENUE	621990	1,300,610	1,300,610		
	<b>c</b>	RELATED PARTY RENT	621990	1,437,288	1,437,288		
	<b>d</b>	OTHER PROGRAM REVENUE	621990	3,942,347	3,942,347		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		196,726,784			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		623,514		623,514	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents	(i) Real	1,532,843			
			(ii) Personal				
			<b>b</b> Less rental expenses	1,233,107			
			<b>c</b> Rental income or (loss)	299,736	0		
	<b>d</b>	Net rental income or (loss) . . . . .		299,736		299,736	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	190,766	0		
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	31,049	24,819		
			<b>c</b> Gain or (loss)	159,717	-24,819		
	<b>d</b>	Net gain or (loss) . . . . .		134,898		134,898	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
	Miscellaneous Revenue	Business Code					
<b>11a</b>	OTHER MISCELLANEOUS REVENUE	900099	1,510,609	1,510,609			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,510,609				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		199,359,095	198,237,393		1,058,148	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	281,805	112,722	169,083	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	70,611,064	64,277,163	6,333,901	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,890,103	1,650,673	239,430	
<b>9</b>	Other employee benefits	10,217,066	9,292,791	924,275	
<b>10</b>	Payroll taxes	5,050,302	4,596,821	453,481	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	98,909	98,909		
<b>b</b>	Legal	288,131		288,131	
<b>c</b>	Accounting	54,566		54,566	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17	0			
<b>f</b>	Investment management fees	56,250		56,250	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,186,423	3,559,383	627,040	
<b>12</b>	Advertising and promotion	455,537	17,793	437,744	
<b>13</b>	Office expenses	4,972,821	2,863,514	2,109,307	
<b>14</b>	Information technology	3,609,637	385,154	3,224,483	
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	7,946,886	7,783,658	163,228	
<b>17</b>	Travel	346,206	192,534	153,672	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	0			
<b>20</b>	Interest	6,303,866	6,303,866		
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	8,170,207	8,150,672	19,535	
<b>23</b>	Insurance	4,490,604	4,490,604		
<b>24</b>	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)				
<b>a</b>	REAL ESTATE TAXES	299,809	211,095	88,714	
<b>b</b>	MEDICAL SUPPLIES	29,598,872	29,598,872		
<b>c</b>	PURCHASED SERVICES	13,383,333	9,451,729	3,931,604	
<b>d</b>	OTHER	1,058,890	1,058,890		
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	173,371,287	154,096,843	19,274,444	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,695,416	<b>1</b>	12,488,492
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	29,553,542	<b>4</b>	25,453,499
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	153,691	<b>7</b>	165,552
	<b>8</b> Inventories for sale or use . . . . .	863,357	<b>8</b>	964,804
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,593,447	<b>9</b>	1,600,827
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	136,534,888		
	<b>b</b> Less accumulated depreciation . . . . .	20,874,218		
	<b>11</b> Investments—publicly traded securities . . . . .	49,661,779	<b>11</b>	72,765,821
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	537,661	<b>14</b>	497,835
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	207,952,266	<b>16</b>	229,597,500	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	20,183,625	<b>17</b>	24,363,586
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	33,649	<b>19</b>	88,783
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	171,515,000	<b>23</b>	161,585,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	77,170	<b>25</b>	73,480
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	191,809,444	<b>26</b>	186,110,849
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	16,142,822	<b>27</b>	43,486,651
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	16,142,822	<b>33</b>	43,486,651	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	207,952,266	<b>34</b>	229,597,500	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	199,359,095
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	173,371,287
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	25,987,808
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,142,822
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,320,811
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	35,210
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	43,486,651

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

**SCHEDULE A**  
(Form 990 or 990EZ)

**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](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Orlando Health Central Inc

**Employer identification number**  
80-0764192

**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?  
**(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?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**(ii)** A family member of a person described in (i) above?  
**(iii)** A 35% controlled entity of a person described in (i) or (ii) above?  
**h** Provide the following information about the supported organization(s)

(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	
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

- 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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 Orlando Health Central Inc

Employer identification number

80-0764192

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		50,449
<b>j</b> Total Add lines 1c through 1i			50,449
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 \$36,000 AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING \$7,567

**Part IV** Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Orlando Health Central Inc

Employer identification number 80-0764192

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

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

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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**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
  - c** Temporarily restricted endowment
- 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
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**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
<b>1a</b> Land		27,295,153		27,295,153
<b>b</b> Buildings		67,867,251	7,107,679	60,759,572
<b>c</b> Leasehold improvements		4,089,001	740,396	3,348,605
<b>d</b> Equipment		33,601,757	12,434,481	21,167,276
<b>e</b> Other		3,681,726	591,662	3,090,064
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				115,660,670

**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		
<b>Total.</b> (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
<b>Total.</b> (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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**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
LEASE DEPOSITS	73,480
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	73,480

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.

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

**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.

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

**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 CONSOLIDATING ENTITIES ARE ORGANIZED AS FOR-PROFIT CORPORATIONS, BUT HAVE PRODUCED NET OPERATING LOSSES TO DATE ACCORDINGLY, IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, THESE ENTITIES HAVE RECOGNIZED DEFERRED TAX ASSETS ASSOCIATED WITH THEIR NET OPERATING LOSSES, ALONG WITH A FULL VALUATION ALLOWANCE SINCE IT IS UNLIKELY THAT THESE DEFERRED TAX ASSETS WILL BE REALIZED



SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Orlando Health Central Inc

Employer identification number 80-0764192

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy... 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c 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 eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs (a-k) and Other Benefits (e-j).

**Part II Community Building Activities** Complete this table 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						
9 Other						
10 Total						

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .		
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 . . . . .		
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	31,525,957
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	33,066,517
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-1,540,560
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
9b	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?

**1**

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

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)

Name of hospital facility or facility reporting group A

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) 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	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 . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	Yes	
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP://WWW.HEALTHCENTRAL.ORG/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	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 . . . . .		No
<b>8a</b>	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)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	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?	Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care ___ % If "No," explain in Part VI the criteria the hospital facility used		No
<b>12</b>	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input checked="" type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance?	Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>		<b>Yes</b>	<b>No</b>
<b>15</b>	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?	Yes	
<b>16</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	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? If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> 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**

**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? . . . . .

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)

	Yes	No
<b>19</b>	Yes	

**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? . . . . .

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? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No





**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? 1

Name and address	Type of Facility (describe)
<b>1</b> HEALTH CENTRAL PARK 411 N DILLARD ST WINTER GARDEN, FL 34787	SKILLED NURSING FACILITY
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 3C	ALL UNINSURED AND UNDERINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES

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 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 III, LINE 2	BAD DEBT EXPENSE REFLECTED IN PART III, LINE 2 REPRESENTS THE 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 CENTRAL 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

Form and Line Reference	Explanation
PART III, LINE 4	<p>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. CHARITY CARE CHARGE DEDUCTIONS FOR THE YEAR ENDED SEPTEMBER 30, 2014 INCREASED \$39,318,000 FROM PRIOR YEAR. FOR THE YEAR ENDED SEPTEMBER 30, 2014 INCREASED \$39,318,000 FROM PRIOR YEAR.</p>

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 CENTRAL DOES NOT CURRENTLY INCLUDE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT HOWEVER, AS A NOT-FOR-PROFIT ORGANIZATION WE PROVIDE EMERGENCY AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL CONTINUE TO CARE FOR THE MEDICARE POPULATION AND ACCEPT THE MEDICARE REIMBURSEMENT RATE CARING FOR THE MEDICARE PATIENT POPULATION FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THIS CLASS OF PATIENTS TYPICALLY HAS LOW AND/OR FIXED INCOMES THE MEDICARE PATIENT POPULATION IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS NECESSITATES THAT NOT-FOR-PROFIT HOSPITALS USE OTHER FUNDS TO COVER THE DEFICIT NOT-FOR-PROFIT HOSPITALS HAVE A RESPONSIBILITY TO WORK TOWARD IMPROVED HEALTH IN THE COMMUNITIES THEY SERVE AND CARING FOR THE MEDICARE PATIENTS, DESPITE THE SHORTFALL OF REIMBURSEMENT, IS A DIRECT COMMUNITY BENEFIT AND PROVIDES VALUE DIRECTLY TO THE COMMUNITIES SERVED



Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF STATE LAW DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, ORLANDO HEALTH CENTRAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ORLANDO HEALTH CENTRAL 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 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	<p>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 HEALTH CENTRAL 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</p>

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, 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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	<p>IN SUPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH C OMMUNITY PARTNERS AS A RESULT, HEALTH CENTRAL HOSPITAL ACTIVELY COLLABORATES WITH LOCAL O RGANIZATIONS AND GROUPS IN ORDER TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY OF LIFE IN CENTRAL FLORIDA WITH OUR PARTICIPATION IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CH NA), HEALTH CENTRAL HOSPITAL DEVELOPED NEW AND ENHANCED ESTABLISHED COMMUNITY BENEFIT PROG RAMS THAT ADDRESS HEALTH NEEDS IDENTIFIED THROUGH THE CHNA IN FISCAL YEAR 2014 THROUGH FI SCAL YEAR 2016, WE DEVELOPED AND PROVIDED INTERVENTIONS FOR SELECTED HEATH NEEDS IN AN EFF ORT TO IMPROVE THE HEALTH STATUS OF RESIDENTS IN OUR COMMUNITY WE WILL SUSTAIN THESE EFFO RTS THROUGH FISCAL YEAR 2016 WHILE PARTICIPATING IN THE NEXT CHNA CYCLE IN SELECTING THE NEEDS TO ADDRESS FROM THE CHNA, A NUMBER OF FACTORS WERE TAKEN INTO CONSIDERATION INCLUDIN G, BUT NOT LIMITED TO INDIVIDUAL HEALTH CENTRAL HOSPITAL DATA, COMMUNITY AND HOSPITAL ASS ETS, ABILITY TO IMPACT ISSUE, CURRENT COMMUNITY BENEFIT EFFORTS, COMMUNITY PARTNERSHIPS, A ND OPPORTUNITIES FOR COLLABORATION BELOW IS A SUMMARY OF THE HEALTH NEEDS HEALTH CENTRAL HOSPITAL 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 P ROBLEM, IT IS AMONG THE MOST PREVENTABLE HEALTH CONDITIONS AT HEALTH CENTRAL HOSPITAL, WE DEVELOPED A NUMBER OF SERVICES AND SPECIALIZED CLINICS TO HELP RESIDENTS IN OUR COMMUNITY BECOME HEALTHY AND STAY HEALTHY THESE ARE JUST SOME OF THE REASONS HEALTH CENTRAL HOSPIT AL SELECTED HEART DISEASE AS A PRIORITY WE ARE FOCUSING ON HEART DISEASE PREVENTION, DETE CTION, AND THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE THROUGH EDUCATION AND COMMUNI TY OUTREACH WE ALSO DEVELOPED AND ARE CURRENTLY PROVIDING EDUCATIONAL MATERIALS AND LITER ATURE FOR PRIMARY CARE PHYSICIANS, COMMUNITY-BASED ENTITIES AND OTHER COMMUNITY PARTNERS F OR THE PURPOSE OF DISTRIBUTING TO THE BROADER COMMUNITY IN ORDER TO INCREASE HEALTH LITERA CY REGARDING HEART DISEASE - CANCER IS ANOTHER LEADING CAUSE OF DEATH IN OUR COMMUNITY AND THE SECOND LEADING CAUSE OF DEATH IN THE NATION SPECIFICALLY, MORE PEOPLE DIE FROM LUNG CANCER ANNUALLY THAN ANY OTHER TYPE OF CANCER, EXCEEDING THE TOTAL DEATHS CAUSED BY BREAS T CANCER, COLORECTAL CANCER, AND PROSTATE CANCER COMBINED THROUGH OUR UF HEALTH CANCER CE NTER AT ORLANDO HEALTH, WE HOUSE ONE OF THE LARGEST, MOST COMPREHENSIVE CANCER PROGRAMS IN THE STATE OF FLORIDA AS A RESULT, HEALTH CENTRAL HOSPITAL SELECTED LUNG CANCER AS A PRIO RITY AND IS FOCUSING ON LUNG CANCER PREVENTION WITH THE SUPPORT OF THE UF HEALTH CANCER C ENTER AT ORLANDO HEALTH, CENTRAL FLORIDA AREA HEALTH EDUCATION CENTERS (AHEC) TOBACCO, AND OTHER COMMUNITY PARTNERS (I E , SCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS) WE PROVIDE SMOKING CESSATION PROGRAMS TO ADULTS AND SMOKING PREVENTION EDUCATION TO YOUTH IN OUR COMMUNITY FOR THOSE NEEDS IDENTIFIED THROUGH THE 2013 CHNA THAT DID NOT EMERGE AS AN AREA OF STRATEG IC PRIORITY DURING OUR PRIORITIZATION PROCESS, HEALTH CENTRAL HOSPITAL DOES PROVIDE 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 NEEDS WERE ALREA DY 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 SELECT, WE WILL C ONTINUE TO PROVIDE SUPPORT AND SERVICES WHERE APPROPRIATE BELOW IS THE LIST OF NEEDS HEALTH CENTRAL HOSPITAL DID NOT SELECT FOLLOWING THE 2013 CHNA AND A BRIEF DESCRIPTION REGARDI NG OUR DETERMINATION - DIABETES - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR DIABETES AND WORK WITH AND WORK WITH COMMUNITY PARTNERS THAT CURRENTLY ADDRESS DIABETES AT THIS T IME, HEALTHY ORANGE FLORIDA IS FOCUSING ON THE NEED WHICH IS A COLLABORATION THAT HEALTH C ENTRAL HOSPITAL AND OUR PARENT ORGANIZATION, ORLANDO HEALTH, INC , HELP FOUND AND IS A MEM BER MOREOVER HEALTH CENTRAL HOSPITAL'S FOCUS ON HEART DISEASE WILL IMPACT DIABETES - OBE SITY - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR OBESITY AND WORK WITH COMMUNITY PART NERS THAT CURRENTLY ADDRESS THIS ISSUE OUR FOCUS ON HEART DISEASE WILL IMPACT OBESITY IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH INC , IS ADDRESSING THROUGH ARNOLD PALM ER HOSPITAL FOR CHILDREN AND WINNIE PALMER HOSPITAL FOR WOMEN &amp; BABIES - MATERNAL AND CHI LD HEALTH - WE WILL CONTINUE TO PROVIDE EXISTING SERVICES AND PROGRAMS AT HEALTH CENTRAL A ND WORK WITH COMMUNITY PARTNERS THAT CURRENTLY ADDRESS MATERNAL AND CHILD HEALTH MATTERS IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH, INC , IS ADDRESSING ISSUES THAT FALL UNDER MATERNAL AND CHILD HEALTH THROUGH ARNOLD PALMER HOSPITAL FOR CHILDREN AND WINNIE PA LMER HOSPITAL FOR WOMEN &amp; BABIES - SEXUALLY TRANSMITTED DISEASES - WE WILL CONTINUE TO PR OVIDE EXISTING SERVICES FOR SEXUALLY TRANSMITTED D</p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	<p> ISEASES AND WORK WITH OUR PARENT ORGANIZATION'S INFECTIOUS DISEASE  PHYSICIAN PRACTICE AND COMMUNITY PARTNERS TO ADDRESS THE NEED -  SUBSTANCE ABUSE - WE DO NOT HAVE THE EXPERTISE AND RESOURCES TO  EFFECTIVELY ADDRESS THIS NEED AS A HOSPITAL HOWEVER, WE CURRENTLY PROVIDE  SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY PARTNERS THAT FOCUS  ON THIS NEED IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH INC ,  PROVIDES PROGRAMS AND SERVICES FOR SUBSTANCE ABUSE - MENTAL HEALTH - WE  DO NOT HAVE THE EXPERTISE AND RESOURCES TO EFFECTIVELY ADDRESS THIS NEED  AS A HOSPITAL HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE  AND WORK WITH COMMUNITY PARTNERS THAT FOCUS ON THIS NEED IN ADDITION, OUR  PARENT ORGANIZATION, ORLANDO HEALTH INC , PROVIDES PROGRAMS AND SERVICES  FOR SUBSTANCE ABUSE - CHRONIC DISEASE MANAGEMENT - WE CURRENTLY PROVIDE  PROGRAMS AND SERVICES FOR CHRONIC DISEASE MANAGEMENT AND WORK WITH  COMMUNITY PARTNERS THAT ALSO ADDRESS THE NEED THROUGH OUR FOCUS ON HEART  DISEASE AND CANCER WE WILL IMPACT THIS NEED IN ADDITION, HEALTHY ORANGE  FLORIDA'S FOCUS ON DIABETES FALLS UNDER CHRONIC DISEASE MANAGEMENT AGAIN,  WE ARE A FOUNDING MEMBER OF THIS COLLABORATION ALONG WITH OUR PARENT  ORGANIZATION, ORLANDO HEALTH INC - VIOLENT CRIME - WE DO NOT HAVE THE  EXPERTISE OR RESOURCES TO EFFECTIVELY ADDRESS THIS NEED AS A HOSPITAL  HOWEVER, WE CURRENTLY PROVIDE 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 COMMUNITY  MOREOVER, THE FOCUS ON HEART DISEASE AND CANCER WILL HELP TO INCREASE  HEALTH LITERACY IN THE COMMUNITY - SINGLE PARENT HOUSEHOLDS - AS A  HOSPITAL SYSTEM, WE DO HAVE THE EXPERTISE OR RESOURCES TO EFFECTIVELY  ADDRESS THIS NEED HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE  APPROPRIATE AND WORK WITH COMMUNITY PARTNERS THAT FOCUS ON THIS NEED -  MOTOR VEHICLE ACCIDENTS - WE CURRENTLY PROVIDE TREATMENT AND SERVICES FOR  THOSE IMPACTED BY MOTOR VEHICLE ACCIDENTS AND WORK WITH COMMUNITY  PARTNERS WHERE APPROPRIATE OUR PARENT ORGANIZATION, ORLANDO HEALTH INC ,  IS ADDRESSING THIS NEED THROUGH ARNOLD PALMER HOSPITAL FOR CHILDREN AND  WINNIE PALMER HOSPITAL FOR WOMEN &amp; BABIES - ACCESS TO CARE - WHILE WE DID  NOT DIRECTLY SELECT THIS NEED, THE PRIORITIES WE DID SELECT SUPPORT ACCESS  TO CARE WE WILL CONTINUE TO PROVIDE SERVICES AND COMMUNITY BENEFIT  EFFORTS THAT SUPPORT THIS NEED AND WORK WITH COMMUNITY PARTNERS THAT HELP  INCREASE ACCESS TO CARE IE , PRIMARY CARE ACCESS NETWORK AND THE WEST  ORANGE HEALTH DISTRICT </p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ALL UNINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20D	ALL UNINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES THIS LEVEL OF DISCOUNT IS GREATER THAN THE AMOUNT CALCULATED UNDER THE METHODOLOGY OF 20B



Form and Line Reference	Explanation
PART VI, QUESTION 2	<p>NEEDS ASSESSMENT IN 2013, HEALTH CENTRAL HOSPITAL CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PRIOR TO THE ASSESSMENT, HEALTH CENTRAL HOSPITAL 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 AND PATIENT CARE PROGRAMS. HEALTH CENTRAL HOSPITAL 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 HOSPITAL. AS A RESULT, HEALTH CENTRAL HOSPITAL 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 HEALTH CENTRAL HOSPITAL RESPONDS TO COMMUNITY HEALTH NEEDS ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> <li>1. GOVERNING BOARDS ARE COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE,</li> <li>2. PARTNERSHIP WITH LOCAL AREA GROUPS AND ASSOCIATIONS TO ATTEND TO THE HEALTH CARE NEEDS OF THE HEALTH CENTRAL HOSPITAL COMMUNITY,</li> <li>3. SPONSORSHIP AND PARTICIPATION IN COMMUNITY HEALTH FAIRS, COMMUNITY FITNESS AND WELLNESS EVENTS AND OTHER OUTREACH EVENTS, AND</li> <li>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.</li> </ol>

Form and Line Reference	Explanation
PART VI, QUESTION 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ORLANDO HEALTH CENTRAL 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 HEALTH CENTRAL HOSPITAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES HEALTH CENTRAL HOSPITAL HAS MORE THAN 1500 EMPLOYEES AND 466 PHYSICIANS ON STAFF HEALTH CENTRAL HOSPITAL FACILITIES ENCOMPASS 171 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF HEALTH CENTRAL HOSPITAL FACILITIES RECEIVED 61,520 EMERGENCY DEPARTMENT VISITS, 25,365 OUTPATIENT VISITS AND 12,366 ADMISSIONS (INCLUDING NEWBORNS) HEALTH CENTRAL HOSPITAL'S PRIMARY SERVICE AREA IS ORANGE COUNTY THE MEDIAN HOUSEHOLD INCOME IN THIS COUNTY IS \$44,857 WHEREAS THE AVERAGE INCOME IS \$63,453 IN CENTRAL FLORIDA, 14.0 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR ORANGE COUNTY AREA IS 22.1% AND THERE ARE SEVEN 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, 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	<p>PROMOTION OF COMMUNITY HEALTH HEALTH CENTRAL HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF THE WEST ORANGE COUNTY COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE IN A PATIENT-CENTERED ATMOSPHERE OF CARING AND COMPASSION USING THE STATE-OF-THE-ART DIAGNOSTICS AND TECHNOLOGY, AND A TEAM OF DEDICATED PHYSICIANS AND STAFF HEALTH CENTRAL HOSPITAL DEMONSTRATES A COMMITMENT TO PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS HEALTH CENTRAL HOSPITAL WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE PREVENTION AND ENVIRONMENTAL PROBLEMS HEALTH CENTRAL HOSPITAL 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 HEALTH CENTRAL HOSPITAL ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTHCARE THE KEY COMPONENT OF A NON-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS HEALTH CENTRAL HOSPITAL AND ITS HOSPITAL GOVERNING BOARD ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF HEALTH CENTRAL HOSPITAL AND ITS AFFILIATES DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES HEALTH CENTRAL HOSPITAL'S VOLUNTEER BOARD BALANCE FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY HEALTH CENTRAL HOSPITAL OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA HEALTH CENTRAL HOSPITAL'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 HEALTH CENTRAL HOSPITAL AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR HEALTH CENTRAL HOSPITAL 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</p>

Form and Line Reference	Explanation
PART VI, QUESTION 6	<p>AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH CENTRAL, INC DBA HEALTH CENTRAL HOSPITAL IS A PART OF AN INTEGRATED HEALTH SYSTEM FOR WHICH WE ARE ABLE TO PROVIDE COMPREHENSIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, HEALTH CENTRAL HOSPITAL HAS SEVERAL AFFILIATED ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS THE PARENT OF THE CORPORATION, ORLANDO HEALTH, INC (OHI), IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THROUGH ITS INTEGRATED HEALTH SYSTEM OF SIX HOSPITALS AND VARIOUS OUTPATIENT FACILITIES, WITH 15,174 EMPLOYEES AND 2,500 PHYSICIANS ON STAFF, OHI PROVIDES A HIGH LEVEL OF QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA OHI IS A DESIGNATED TEACHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION SPONSORING SEVEN RESIDENCY AND 18 FELLOWSHIP PROGRAMS OHI FACILITIES ENCOMPASS 1,891 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF OHI IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN &amp; 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 ORLANDO CANCER CENTER, INC HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF OUR CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH PHYSICIAN GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF, SPECIALTY PHYSICIAN SERVICES ORLANDO PHYSICIANS NETWORK, INC ALSO SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING PRIMARY CARE PHYSICIAN SERVICES TO OUR PATIENTS AND COMMUNITY SERVED 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 \$222 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS</p>

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Orlando Health Central Inc

Employer identification number

80-0764192

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> 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
- 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?

- 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.
- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 The officers of orlando health central, inc are employees of orlando health, inc , the tax-exempt parent of orlando health central, inc and thus are subject to the compensation policies implemented by orlando health, inc and their compensation is included on orlando health, inc form 941
Severance Payment	Schedule J, Part I, Line 4a Severance Payments to the following Robert A Miles \$45,296 Sherrie Sitarik \$131,331
Supplemental Nonqualified Retirement Plan	Schedule J, Part I, Line 4b DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING JAMAL HAKIM \$79,261 ROBERT A MILES \$29,069 JOHN MARZANO \$33,046 JOHN SCHOOLER \$157,105 GREGORY OHE \$25,040 MICHAEL MUELLER \$13,202 CHRISTINA MCGUIRK \$7,352 SHERRIE H SITARIK \$180,131 DEFERRAL DISTRIBUTION MADE ON BEHALF OF THE FOLLOWING ROBERT MILES \$199,652 JOHN SCHOOLER \$47,124 JOHN MARZANO \$38,381 CHRISTINA MCGUIRK \$6,833 SHERRIE H SITARIK \$744,394

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 80-0764192  
**Name:** Orlando Health Central 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 A Hakim MD Board member	(i) 0 (ii) 608,988	0 20,000	0 44,293	0 82,449	0 0	0 755,730	0 0
Stephan J Harr Board member	(i) 0 (ii) 490,637	0 0	0 81,013	0 50,337	0 18,749	0 640,736	0 0
John Marzano Board member	(i) 0 (ii) 226,376	0 0	0 40,230	0 61,294	0 15,749	0 343,649	0 31,249
Robert A Miles Board Membr (Trm End 11/11/13)	(i) 0 (ii) 228,604	0 0	0 245,560	0 54,863	0 25,037	0 554,064	0 0
J Richard Schooler Board member	(i) 0 (ii) 359,046	0 0	0 49,174	0 204,603	0 23,939	0 636,762	0 47,109
Gregory P Ohe President	(i) 0 (ii) 216,305	0 0	0 483	0 51,602	0 23,423	0 291,813	0 0
Michael E Mueller CFO	(i) 0 (ii) 175,535	0 5,000	0 150	0 38,780	0 27,795	0 247,260	0 0
James B Rodier Chief Quality Officer	(i) 227,953 (ii) 0	23,265 0	2,178 0	33,399 0	15,374 0	302,169 0	0 0
Christina M McGuirk Chief Nursing Officer	(i) 0 (ii) 106,326	0 0	0 11,910	0 22,737	0 22,169	0 163,142	0 0
Shareen Oloufa OB/GYN Physician	(i) 246,377 (ii) 0	0 0	810 0	30,766 0	3,707 0	281,660 0	0 0
Carlos Dieguez OB/GYN Physician	(i) 246,756 (ii) 0	0 0	2,752 0	30,587 0	15,801 0	295,896 0	0 0
Carlos Trillo Surgeon	(i) 218,889 (ii) 0	0 0	1,082 0	6,600 0	4,173 0	230,744 0	0 0
Wm Kelly Bowman Physician	(i) 150,983 (ii) 0	42,603 0	511 0	29,405 0	12,874 0	236,376 0	0 0
Karin Kurowski Physician	(i) 166,416 (ii) 0	21,405 0	784 0	28,173 0	0 0	216,778 0	0 0
Sherrie Sitarik Board Member (Trm end 6/7/13)	(i) 0 (ii) 695,545	0 0	0 881,337	0 226,110	0 15,101	0 1,818,093	0 395,463

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Orlando Health Central Inc

Employer identification number

80-0764192

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

Table with 4 main columns: (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

Table with 9 main columns: (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)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (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
(1) Lake Apopka Natural Gas District	OHC Dir S Davis CEO	334,608	Gas Services		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV, Line 1	Board Member, Samuel Davis Jr, is the CEO of Lake Apopka Natural Gas District

**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](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
Orlando Health Central Inc

**Employer identification number**

80-0764192

**Return Reference**

**Explanation**

Description of Family  
Relationships

Form 990, Part VI, Line 2 STEPHAN HARR HAS A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF FOR PROFIT COMPANIES WHOLLY OWNED BY ORLANDO HEALTH, INC

Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Line 6 THE SOLE VOTING MEMBER OF ORLANDO HEALTH CENTRAL, INC IS ORLANDO HEALTH INC (FEIN 59-1726273)

Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Line 7a ORLANDO HEALTH, INC , THE TAX EXEMPT PARENT ORGANIZATION, ELECTS AND APPROVES ALL BOARD MEMBERS

Return Reference	Explanation
Decisions Subject to Approval	<p>Form 990, Part VI, Line 7b ORLANDO HEALTH CENTRAL, INC BOARD ELECTS MEMBERS WHO ARE THEN APPROVED BY THE PARENT ORGANIZATION ORLANDO HEALTH, INC (OHI) BOARD THE OHI BOARD ALSO APPROVES THE FOLLOWING ACTIONS OF THE ORLANDO HEALTH CENTRAL BOARD - CHANGES OR AMENDMENTS TO HEALTH CENTRAL'S ARTICLES OF INCORPORATION OR BYLAWS - THE BUDGET OF HEALTH CENTRAL FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - POLICIES OR PROPOSALS ESTABLISHING THE STRATEGIC DIRECTION OF HEALTH CENTRAL - THE STRATEGIC PLAN OF HEALTH CENTRAL - THE CONSISTENCY OF THE QUALITY ASSESSMENT, RISK MANAGEMENT, IMPROVEMENT AND UTILIZATION PROGRAMS FOR THE HOSPITAL AND FACILITIES, AND SERVICES OPERATED BY HEALTH CENTRAL, WITH SYSTEM-WIDE QUALITY AND SERVICE INITIATIVES - MATERIAL CHANGES IN SERVICES OFFERED BY HEALTH CENTRAL - PLANS OF THE DIRECTORS TO COORDINATE THE POLICIES AND ACTIVITIES OF THE HOSPITAL AND HEALTH CENTRAL - PLANS OF THE DIRECTORS TO PROVIDE OVERSIGHT FOR REGULATORY COMPLIANCE (JOINT COMMISSION, AHCA, CMS, ETC ) FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - PLANS OF THE DIRECTORS TO ENSURE QUALITY OF CARE, ENSURE THAT EVERY PATIENT IS UNDER THE CARE OF A MEMBER OF THE HOSPITAL'S MEDICAL STAFF - OPERATIONAL OBJECTIVES FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - ANY PLANS OF THE DIRECTORS FOR SERVING AS COMMUNITY LIAISON - ANY PLANS OF THE DIRECTORS FOR INTERACTING WITH AND ACCESS TO LEADERSHIP OF OHI - ANY PLANS OF THE DIRECTORS FOR ESTABLISHING EFFECTIVE COMMUNICATION LINES AMONG THE BOARD, ADMINISTRATION AND MEDICAL STAFF - EVALUATION OF THE PRESIDENT'S PERFORMANCE - THE APPOINTMENT, REMOVAL, AND DETERMINATION OF THE COMPENSATION OF THE PRESIDENT - ALL OPERATING AND CAPITAL EXPENDITURES, INCLUDING, BUT NOT LIMITED TO, CAPITAL LEASES, IN EXCESS OF \$5 0 MILLION FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - ANY PLANS TO DIRECT THE PLACEMENT OF FUNDS AND CAPITAL, LOANS, AND TRANSFERS OF FUNDS OR OTHER ASSETS FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL, IF THE AMOUNT OF SUCH FUNDS, CAPITAL LOANS, AND OTHER ASSETS EXCEED FIVE MILLION DOLLARS (\$5,000,000) - ANY PROPOSED DONATIONS, CONTRIBUTIONS, AND GIFTS TO CHARITIES AND COMMUNITY ORGANIZATIONS BY HEALTH CENTRAL OVER \$100,000 IN THE AGGREGATE PER FISCAL YEAR - ANY PROPOSED INVESTMENT POLICY OR AMENDMENT TO SUCH INVESTMENT POLICY FOR HEALTH CENTRAL'S FUNDS</p>



Return Reference	Explanation
Process Used by Management And/OR Governing Body to Review 990	Form 990, Part VI, Line 11b CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY REQUIRED CHANGES WERE MADE TO THE FORM 990 BEFORE THE FORM WAS REVIEWED WITH ORLANDO HEALTH CENTRAL, INC 'S FINANCE COMMITTEE AND THE AUDIT COMMITTEE OF ITS PARENT ORGANIZATION, ORLANDO HEALTH INC 'S BOARD ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CHANGES REQUIRED AS A RESULT OF THE REVIEW WERE MADE. THE COMMITTEES SUBMITTED REPORTS TO THE ORLANDO HEALTH CENTRAL BOARD OF DIRECTORS ABOUT THEIR REVIEW OF THE FORM AND THE FINAL FORM 990 WAS THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD BEFORE IT WAS FILED

Return Reference	Explanation
Conflict of Interest Policy Monitoring and Enforcement	Form 990, Part VI, Line 12c ORGANIZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANONYMOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND MONITORS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE CONFLICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE

Return Reference	Explanation
Offices and Positions for Which Process Was Used and Year Process Began	Form 990, Part VI, Line 15a OFFICERS OF ORLANDO HEALTH CENTRAL, INC ARE EMPLOYEES OF AND RECEIVE COMPENSATION FROM PARENT, ORLANDO HEALTH, INC , WHICH HAS AN INDEPENDENT COMPENSATION COMMITTEE THAT REPORTS TO THE ORLANDO HEALTH BOARD OF DIRECTORS AND UTILIZES THE GUIDELINES CONSISTENT WITH THE IRS GUIDELINES ON INDEPENDENT ANALYSIS AND DOCUMENTATION OF COMPENSATION THE PROCESS IS USED FOR ALL OFFICERS, EXECUTIVE DIRECTORS AND DIRECTORS AND WAS IMPLEMENTED AT ORLANDO HEALTH CENTRAL UPON ITS CREATION

**Return Reference****Explanation**

Availability of Governing Documents, Conflict of Interest Policy, and

Financial Statements to the Public Form 990, Part VI, Line 19 AVAILABLE UPON REQUEST

Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 5 RETAINED EARNINGS PRE-PURCHASE OF OHC \$4,210 NET ASSETS RELEASED FROM RESTRICTION \$31,000 ===== TOTAL \$35,210

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Orlando Health Central Inc

**Employer identification number**

80-0764192

**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
(1) WEST ORANGE PHYSICIANS GROUP LLC 10000 W COLONIAL DRIVE OCOOE, FL 34761 27-0159074	PHYSICIAN SER	FL	4,868,938	198,089	OHC

**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	No
(1) ORLANDO HEALTH INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-1726273	HEALTHCARE	FL	501(C)(3)	3	NA		No
(2) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(3) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 type 1	OHI	Yes	
(4) ORLANDO HEALTH PHYSICIAN GROUP INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11 type 1	OHI	Yes	
(5) ORLANDO PHYSICIANS NETWORK INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11 type 1	OHI	Yes	
(6) WEST ORANGE HEALTHCARE INC 10000 W COLONIAL DRIVE OCOOE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11 type 1	OHC	Yes	
(7) HEALTH CENTRAL FOUNDATION INC 10000 W COLONIAL DRIVE OCOOE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HEALTHCARE PURCHASING ALLIANCE LLC  1417 KUHL AVENUE ORLANDO, FL 32806 45-4843489	GROUP PRCHSNG	FL	NA	N/A	0	0		No	0		No	

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

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

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

**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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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





**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:** 80-0764192  
**Name:** Orlando Health Central 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 INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-1726273	HEALTHCARE	FL	501(C)(3)	3	NA		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 1	OHI	Yes	
(3) ORLANDO HEALTH PHYSICIAN GROUP INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11 type 1	OHI	Yes	
(4) ORLANDO PHYSICIANS NETWORK INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11 type 1	OHI	Yes	
(5) WEST ORANGE HEALTHCARE INC  10000 W COLONIAL DRIVE OCOEE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11 type 1	OHC	Yes	
(6) HEALTH CENTRAL FOUNDATION INC  10000 W COLONIAL DRIVE OCOEE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	



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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Grant Thornton

## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Board of Directors  
Orlando Health, Inc

**Grant Thornton LLP**  
200 S Orange Avenue, Suite 2050  
Orlando, FL 32801-3410  
T 407 481 5100  
F 407 481 5190  
GrantThornton.com  
linkd.in/GrantThorntonUS  
twitter.com/GrantThorntonUS

### 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

### 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*

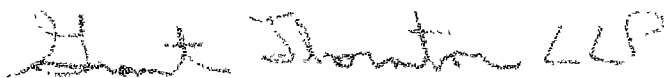
Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The System's consolidating balance sheet as of September 30, 2014 and the related consolidating statement of operations for the year then ended and Orlando Health Central, Inc's consolidating 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
<b>Assets</b>			
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
<b>Liabilities and net assets</b>			
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
<b>Unrestricted revenues and other support</b>			
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
<b>Expenses</b>			
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
<b>Non-operating gains and losses</b>			
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
<b>Unrestricted net assets</b>			
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
<b>Temporarily restricted net assets</b>			
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
<b>Permanently restricted net assets</b>			
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
<b>Operating activities</b>			
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
<b>Investing activities</b>			
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)
<b>Financing activities</b>			
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

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements

September 30, 2014, 2013 and 2012

### 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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### **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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### **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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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.

	<b>September 30</b>		
	<b>2014</b>	<b>2013</b>	<b>2012</b>
	<i>(In Thousands)</i>		
Third-party payors	<b>\$ 2,052,888</b>	\$ 1,901,218	\$ 1,746,969
Patients	<b>78,012</b>	85,533	56,559
	<b>\$ 2,130,900</b>	\$ 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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 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.



# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### **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 not 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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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.

Orlando Health, Inc. and Controlled Affiliates

Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

**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

	<b>Asset (Liability)</b>		
	<b>September 30</b>		
	<b>2014</b>	<b>2013</b>	<b>2012</b>
	<i>(In Thousands)</i>		
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:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
	<i>(In Thousands)</i>			
<b>Financial assets</b>				
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
	<b>\$ 324,341</b>	<b>\$ 660,358</b>	<b>\$ —</b>	<b>\$ 984,699</b>
<b>Financial liabilities</b>				
Interest rate swap agreements	\$ —	\$ 30,688	\$ —	\$ 30,688

Orlando Health, Inc. and Controlled Affiliates

Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

**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
	<i>(In Thousands)</i>			
<b>Financial assets</b>				
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
	<u>\$ 198,830</u>	<u>\$ 719,555</u>	<u>\$ —</u>	<u>\$ 918,385</u>
<b>Financial liabilities</b>				
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
	<i>(In Thousands)</i>			
<b>Financial assets</b>				
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
	<u>\$ 247,825</u>	<u>\$ 748,509</u>	<u>\$ —</u>	<u>\$ 996,334</u>
<b>Financial liabilities</b>				
Interest rate swap agreements	\$ —	\$ 44,374	\$ —	\$ 44,374

**4. Investments**

Investment income is comprised of the following:

	Year Ended September 30		
	2014	2013	2012
	<i>(In Thousands)</i>		
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
	<u>\$ 36,494</u>	<u>\$ 25,356</u>	<u>\$ 58,930</u>

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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:

	2014	September 30 2013	2012
	<i>(In Thousands)</i>		
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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 6. Property and Equipment

Property and equipment consist of the following:

	<b>September 30</b>		
	<b>2014</b>	<b>2013</b>	<b>2012</b>
	<i>(In Thousands)</i>		
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
	<b>2,281,393</b>	<b>2,224,097</b>	<b>2,145,979</b>
Less accumulated depreciation	(1,369,027)	(1,277,634)	(1,172,756)
	<b>912,366</b>	<b>946,463</b>	<b>973,223</b>
Construction-in-progress	252,347	131,953	73,244
	<b>\$ 1,164,713</b>	<b>\$ 1,078,416</b>	<b>\$ 1,046,467</b>

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 depreciation 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.

Orlando Health, Inc. and Controlled Affiliates

Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

**7. Long-Term Debt**

Long-term debt consists of the following:

	2014	September 30 2013	2012
	<i>(In Thousands)</i>		
<b>Fixed rate hospital revenue bonds – secured</b>			
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
<b>Variable rate hospital revenue bonds – secured</b>			
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
<b>Notes payable and other indebtedness</b>			
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	<b>1,042,260</b>	1,069,746	1,095,953
Less current portion	<b>(28,303)</b>	(26,981)	(26,017)
Total long-term debt	<b>\$ 1,013,957</b>	\$ 1,042,765	\$ 1,069,936

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### **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.



# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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.

Orlando Health, Inc. and Controlled Affiliates  
Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

**7. Long-Term Debt (continued)**

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

	<b>2008E Swap</b>	<b>2011 Swaps</b>
	<i>(Dollars in Thousands)</i>	
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% <sup>a</sup>	3.860% <sup>a</sup>
Floating rate received	68% <sup>a</sup> 30-day USD-LIBOR-BBA	68% <sup>a</sup> 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:

	<b>Construction Loan Swap</b>	<b>2008E Swap</b>	<b>2011 Swap</b>	<b>Total</b>
	<i>(In Thousands)</i>			
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	<b>\$ -</b>	<b>\$ (6,970)</b>	<b>\$ (23,718)</b>	<b>\$ (30,688)</b>

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 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.

# Orlando Health, Inc. and Controlled Affiliates

## Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

### 12. Acquisitions (continued)

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

	Year Ended September 30		
	2014	2013	2012
	<i>(In Thousands)</i>		
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
	<i>(In Thousands)</i>		
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.

## Orlando Health, Inc. and Controlled Affiliates

### Notes to Consolidated Financial Statements (continued)

September 30, 2014, 2013 and 2012

#### 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
	<i>(In Thousands)</i>		
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
	<i>(In Thousands)</i>		
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
<b>Assets</b>					
<b>Current assets</b>					
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	—	53,957	—	—
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	—	47,210	2,566	3,304
<b>Total current assets</b>	<b>698,202</b>	<b>(12,012)</b>	<b>605,304</b>	<b>42,206</b>	<b>62,704</b>
<b>Assets limited as to use</b>					
Debt service and reserve funds held by bond trustee	55,560	—	55,560	—	—
Interest rate swap contract collateral receivable	8,793	—	8,793	—	—
Designated by board for malpractice self-insurance	83,263	—	83,263	—	—
	147,616	—	147,616	—	—
Less amount required to meet current obligations	(53,957)	—	(53,957)	—	—
	93,659	—	93,659	—	—
Long-term investments – unrestricted	574,880	—	502,114	72,766	—
Long-term investments – restricted	71,997	—	—	—	71,997
Investments in related parties	24,520	(36,861)	13,208	—	48,173
Other assets	160,722	(108,289)	191,503	498	77,010
Property and equipment, net	1,164,713	—	1,026,795	115,661	22,257
<b>Total assets</b>	<b>\$ 2,788,693</b>	<b>\$ (157,162)</b>	<b>\$ 2,432,583</b>	<b>\$ 231,131</b>	<b>\$ 282,141</b>
<b>Liabilities and net assets</b>					
<b>Current liabilities</b>					
Accounts payable and accrued expenses	\$ 196,112	\$ —	\$ 153,455	\$ 20,565	\$ 22,092
Other current liabilities	60,398	(12,109)	55,732	3,979	12,796
Current portion of long-term debt	28,303	—	17,952	10,115	236
<b>Total current liabilities</b>	<b>284,813</b>	<b>(12,109)</b>	<b>227,139</b>	<b>34,659</b>	<b>35,124</b>
Long-term debt, less current portion	1,013,957	—	862,207	151,470	280
Accrued malpractice claims	86,197	—	86,197	—	—
Other noncurrent liabilities	53,750	(23,606)	47,516	—	29,840
<b>Total liabilities</b>	<b>1,438,717</b>	<b>(35,715)</b>	<b>1,223,059</b>	<b>186,129</b>	<b>65,244</b>
<b>Net assets</b>					
<b>Unrestricted</b>					
Orlando Health, Inc. and Controlled Affiliates	1,257,067	(36,861)	1,131,481	44,882	117,565
Noncontrolling interest in Controlled Affiliates	2,473	—	—	—	2,473
<b>Total unrestricted</b>	<b>1,259,540</b>	<b>(36,861)</b>	<b>1,131,481</b>	<b>44,882</b>	<b>120,038</b>
Temporarily restricted	87,971	(82,509)	77,404	120	92,956
Permanently restricted	2,465	(2,077)	639	—	3,903
<b>Total net assets</b>	<b>1,349,976</b>	<b>(121,447)</b>	<b>1,209,524</b>	<b>45,002</b>	<b>216,897</b>
<b>Total liabilities and net assets</b>	<b>\$ 2,788,693</b>	<b>\$ (157,162)</b>	<b>\$ 2,432,583</b>	<b>\$ 231,131</b>	<b>\$ 282,141</b>



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
<b>Unrestricted revenues and other support</b>					
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
<b>Expenses</b>					
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)
<b>Nonoperating gains and losses</b>					
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
<b>Assets</b>				
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	<u>42,206</u>	<u>34,576</u>	<u>5,898</u>	<u>1,732</u>
Long-term investments – unrestricted	72,766	72,766	-	-
Other assets	498	498	-	-
Property and equipment, net	115,661	106,690	8,971	-
Total assets	<u>\$ 231,131</u>	<u>\$ 214,530</u>	<u>\$ 14,869</u>	<u>\$ 1,732</u>
<b>Liabilities and net assets</b>				
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	<u>34,659</u>	<u>32,725</u>	<u>1,596</u>	<u>338</u>
Long-term debt, less current portion	151,470	151,470	-	-
Total liabilities	<u>186,129</u>	<u>184,195</u>	<u>1,596</u>	<u>338</u>
Net assets				
Unrestricted	44,882	30,215	13,273	1,394
Temporarily restricted	120	120	-	-
Total net assets	<u>45,002</u>	<u>30,335</u>	<u>13,273</u>	<u>1,394</u>
Total liabilities and net assets	<u>\$ 231,131</u>	<u>\$ 214,530</u>	<u>\$ 14,869</u>	<u>\$ 1,732</u>

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
<b>Unrestricted revenues and other support</b>				
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
<b>Expenses</b>				
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
<b>Nonoperating gains and losses</b>				
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