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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Orlando Health Inc		D Employer identification number 59-1726273
	% BERNADETTE SPONG Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1414 Kuhl Avenue MP8		E Telephone number (407) 841-5155
	City or town, state or province, country, and ZIP or foreign postal code Orlando, FL 32806		G Gross receipts \$ 2,521,335,988
F Name and address of principal officer David Strong 1414 Kuhl Avenue Orlando, FL 32806		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ www.orlandohealth.com			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1977	M State of legal domicile FL

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION AS A COMMUNITY-OWNED ORGANIZATION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14,166
	6 Total number of volunteers (estimate if necessary)	6	1,345
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,423,075
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,029,032
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		27,120,300	17,466,653
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,666,607,260	1,841,001,270
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,197,747	20,104,464
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,196,940	934,470
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,720,122,247	1,879,506,857
	14 Benefits paid to or for members (Part IX, column (A), line 4)	744,798	575,152
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	719,852,460	769,526,998
	b Total fundraising expenses (Part IX, column (D), line 25) ▶6,225,759	235,739	100,353
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	751,494,469	794,760,058
	19 Revenue less expenses Subtract line 18 from line 12	1,472,327,466	1,564,962,561
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	247,794,781	314,544,296
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	2,432,650,416	2,605,277,393
		1,223,127,345	1,251,969,364
		1,209,523,071	1,353,308,029

Part II

Signature Block

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

Sign Here	***** Signature of officer		2016-08-09 Date			
	BERNADETTE SPONG CFO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Dawn M Olivardia		Preparer's signature Dawn M Olivardia	Date 2016-08-09	Check ☐ 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) 481-5100	

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

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶BERNADETTE SPONG 1414 KUHLE AVENUE Orlando, FL 32806 (321) 841-5078

Part VII

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

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

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

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

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

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

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

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

Part VII

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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	10,105,164	3,107,876	1,850,421

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 ▶328

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield Gorrie LLC, 3021 7th Avenue S BIRMINGHAM, AL 35233	Construction	68,865,673
Deloitte Consulting LLP, 4022 Sells Drive HERMITAGE, TN 37076	Consulting	10,448,840
AVI Foodsystems Inc, 2590 Elm Rd NE WARREN, OH 44483	Food Services	8,456,479
J Robinson Group LLC, 1416 Lake Shore Dr ORLANDO, FL 32803	Consulting	7,379,203
Allscripts Healthcare LLC, 8526 Six Forks Rd RALEIGH, NC 27615	Healthcare info sys	7,137,179

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 ▶321

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	13,999,386			
	e	Government grants (contributions) 1e	63,924			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,403,343			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	17,466,653			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code			
			621500	1,747,402,521	1,738,414,835	8,987,686
	b	MANAGEMENT FEES	900099	4,583,917	4,583,917	
	c	FITNESS CENTER	713940	443,201	374,415	68,786
	d	OTHER PROGRAM REVENUE	621990	88,571,631	88,547,639	23,992
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,841,001,270			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	13,324,070			13,324,070
	4	Income from investment of tax-exempt bond proceeds	853,534			853,534
	5	Royalties	2,281		2,281	
	6a	Gross rents	(i) Real	(ii) Personal		
			827,817	183,719		
			147,980	422,208		
			679,837	-238,489		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	441,348		-131,589	572,936
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			647,093,790	92,013		
			639,798,043	1,460,900		
			7,295,747	-1,368,887		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	5,926,860			5,926,860
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue		Business Code			
	11a	PARKING GARAGE	621990	18,922		18,922
	b	PHYSICIANS ANSWERING SERVICE	561499	404,719	404,719	
	c	INFANT PICTURE CONTRACT	900099	67,200	67,200	
	d	All other revenue				
	e	Total. Add lines 11a-11d	490,841			
	12	Total revenue. See Instructions	1,879,506,857	1,831,920,806	9,423,075	20,696,322

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	575,152	575,152		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	11,319,395	2,436,523	8,503,734	379,138
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	614,784,629	502,844,874	108,732,422	3,207,333
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,927,607	19,539,404	4,388,203	
9	Other employee benefits.	75,541,698	61,029,399	13,938,569	573,730
10	Payroll taxes.	43,953,669	35,943,726	7,775,743	234,200
11	Fees for services (non-employees):				
a	Management.	632,810		632,810	
b	Legal.	6,734,344		6,734,344	
c	Accounting.	299,258		299,258	
d	Lobbying.	424,026		424,026	
e	Professional fundraising services. See Part IV, line 17.	100,353			100,353
f	Investment management fees.	316,316		316,316	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	103,442,246	81,875,534	21,491,721	74,991
12	Advertising and promotion.	17,071,931	11,918,585	5,070,808	82,538
13	Office expenses.	32,899,016	29,751,791	2,673,770	473,455
14	Information technology.	35,402,327	13,726,995	21,480,259	195,073
15	Royalties.	0			
16	Occupancy.	74,811,845	57,991,750	16,384,252	435,843
17	Travel.	2,970,123	1,794,112	983,016	192,995
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	246,328	145,814	75,854	24,660
20	Interest.	37,957,034	30,755,886	7,201,148	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	94,189,077	76,319,675	17,863,839	5,563
23	Insurance.	24,627,918	24,541,281	86,637	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	307,350,856	307,350,856		
b	PATIENT MED ASST TRUST FUND	20,138,169	20,138,169		
c	ELIGIBILITY FEES	17,784,639	17,784,639		
d	DISCHARGE SUPPORT	5,179,185	5,179,185		
e	All other expenses	12,282,610	9,013,203	3,023,520	245,887
25	Total functional expenses. Add lines 1 through 24e.	1,564,962,561	1,310,656,553	248,080,249	6,225,759
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		62,056,400	1	58,803,626
	2	Savings and temporary cash investments		1,205,904	2	26,959,724
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		229,053,980	4	257,380,174
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		19,821,999	8	25,276,423
	9	Prepaid expenses and deferred charges		36,993,687	9	30,628,657
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,480,291,084			
	b	Less accumulated depreciation	10b1,409,841,853	1,026,795,147	10c	1,070,449,231
	11	Investments—publicly traded securities		851,096,573	11	926,115,318
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		32,263,781	14	32,164,553
	15	Other assets See Part IV, line 11		173,362,945	15	177,499,687
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,432,650,416	16	2,605,277,393
Liabilities	17	Accounts payable and accrued expenses		186,339,812	17	216,096,364
	18	Grants payable		0	18	0
	19	Deferred revenue		1,511,868	19	2,628,666
	20	Tax-exempt bond liabilities		879,703,910	20	852,240,192
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,757,793	23	1,230,997
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		153,813,962	25	179,773,145
	26	Total liabilities. Add lines 17 through 25		1,223,127,345	26	1,251,969,364
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,131,480,647	27	1,274,150,325
	28	Temporarily restricted net assets		77,404,242	28	78,489,621
	29	Permanently restricted net assets		638,182	29	668,083
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,209,523,071	33	1,353,308,029
	34	Total liabilities and net assets/fund balances		2,432,650,416	34	2,605,277,393

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,879,506,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,564,962,561
3	Revenue less expenses Subtract line 2 from line 1	3	314,544,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,209,523,071
5	Net unrealized gains (losses) on investments	5	-40,323,543
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-130,435,795
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,353,308,029

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-1726273

Name: Orlando Health Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gregor Alexander MD Board Member (Trm End 3/1/15)	5 0 0 0	X						0	0	0
(1) Brian Besanceney Board Member	5 0 0 0	X						0	0	0
(2) C David Brown II Board Member	5 0 0 0	X						0	0	0
(3) John Cappleman MD Board Member	5 0 0 0	X						0	0	0
(4) Linda W Chapin Board Member	5 0 0 0	X						0	0	0
(5) Mary Farrell MD Board Member	5 0 0 0	X						130,000	0	0
(6) Lennard Greenbaum MD Board Member (Trm End 3/1/15)	5 0 0 0	X						0	0	0
(7) Roy Haley Board Member	5 0 5 0	X						0	0	0
(8) Joshua High Board Member	5 0 0 0	X						0	0	0
(9) Carolyn Karraker Board Member	5 0 0 0	X						0	0	0
(10) Marilyn M King Board Member	5 0 0 0	X						0	0	0
(11) Harvey Kobrin Board Member (Trm End 3/1/15)	5 0 0 0	X						0	0	0
(12) Rex V McPherson II Board Member	5 0 0 0	X						0	0	0
(13) Dianna Morgan Board Member	5 0 0 0	X						0	0	0
(14) Mark Sand MD Board Member (Trm End 3/1/15)	5 0 55 0	X						0	1,200,585	49,566
(15) Ray Sandhagen Board Member	5 0 0 0	X						0	0	0
(16) Amy Saunders Board Member	5 0 0 0	X						0	0	0
(17) Conrad Santiago Board Member	5 0 0 0	X						0	0	0
(18) Sanford C Shugart PhD Board Member	5 0 0 0	X						0	0	0
(19) Aurelio Duran MD Board Member	5 0 0 0	X						0	1,091,579	71,956
(20) Phillip Rich Board Member	5 0 5 0	X						0	0	0
(21) Stephen J Harr SR VICE PRES, FINANCE & ADMIN	55 0 13 0			X				795,234	0	67,380
(22) David Strong President, CEO (Eff 4/9/2015)	65 0 5 0			X				0	0	0
(23) Bernadette Spong SR VP, CFO (Eff 7/27/2015)	65 0 0 0			X				0	0	0
(24) Jamal Hakim MD COO	55 0 16 0				X			1,295,797	0	230,783

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Mildred D Beam SVP, LEGAL AFF & GEN COUNSEL	55 0 0 0				X			591,190	0	74,287
(1) Karen L Frenier VP, OPERATIONS, ORMC	55 0 0 0				X			440,532	0	92,869
(2) Paul A Goldstein VP, FINANCE/TREASURY & ACCOUNT	55 0 6 0				X			522,469	0	115,485
(3) David F Huddleson VP	55 0 0 0				X			309,194	0	70,766
(4) D Wayne Jenkins MD VP (Term Ended 8/24/15)	55 0 6 0				X			1,054,435	0	73,884
(5) Mark A Jones PRES, DR P PHILLIPS HOSP	55 0 6 0				X			537,356	0	94,297
(6) Cynthia A Powell PRES, OHPG & VP OHI	2 0 55 0				X			0	458,625	178,110
(7) Kathy A Swanson PRES, WPH & SR VP, OHI	55 0 0 0				X			643,170	0	107,998
(8) John W Bozard SVP & PRES, APMC & FOUND	20 0 35 0					X		357,087	357,087	69,034
(9) Nancy G Dinon VP, HUMAN RESOURCES	55 0 0 0					X		463,137	0	114,076
(10) Karl W Hodges VP (Term Ended 3/17/15)	55 0 4 0					X		401,848	0	97,675
(11) Anne G Peach VP, NURSING	55 0 0 0					X		406,472	0	72,572
(12) J Richard Schooler VP, INFORMATION SYS	55 0 7 0					X		592,307	0	237,592
(13) Sherrie H Sitank FORMER CEO (TRM ENDED 9/25/13)	0 0 0 0						X	978,146	0	14,406
(14) Shannon P Elswick PRESIDENT (Tm Ended 6/1/2013)	0 0 0 0						X	444,783	0	5,879
(15) Robert A Miles VP (Term Ended 11/11/13)	0 0 0 0						X	142,007	0	11,806

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		93,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		424,026
j	Total Add lines 1c through 1i			517,026
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), 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 \$101,790 AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING \$322,236

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

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

Name of the organization Orlando Health Inc	Employer identification number 59-1726273
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue 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 Revenue 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	24,001,882	21,643,008	17,882,842	14,814,998	14,899,412
b Contributions	532,938	6,820	280,543	337,853	26,824
c Net investment earnings, gains, and losses	-885,678	2,460,598	3,565,773	2,766,535	-81,251
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs			0	0	0
f Administrative expenses	79,261	108,544	86,150	36,544	29,987
g End of year balance	23,569,881	24,001,882	21,643,008	17,882,842	14,814,998

- 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

2834%

c

Temporarily restricted endowment

97166%

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,121,984		57,121,984
b Buildings		831,398,405	334,583,949	496,814,456
c Leasehold improvements		10,707,052	0	10,707,052
d Equipment		1,477,900,765	1,057,030,041	420,870,724
e Other		103,162,878	18,227,863	84,935,015
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,070,449,231

Schedule D (Form 990) 2014

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)	Schedule D, Part X, Line 2 ORLANDO HEALTH AND SUBSTANTIALLY ALL OF ITS CONSOLIDATING ENTITIES ARE NOT-FOR-PROFIT CORPORATIONS, RECOGNIZED AS TAX-EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTIONS 501(C)(3) AND 501(E) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED 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 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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 59-1726273

Name: Orlando Health Inc

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INS	26,112,186
(2) INVESTMENT IN RELATED PARTIES	13,580,603
(3) MEDICAL MALPRACTICE RECOVERIES	6,230,157
(4) DEPOSITS	7,652,090
(5) GIFT ANNUITY TRUST	3,836,209
(6) CONTRIBUTIONS FROM FOUNDATION	490,456
(7) CAP ACCUM/DEF COMP BENEFITS	8,817,594
(8) DUE FROM AFFILIATES	102,184,135
(9) ASSETS HELD FOR RESALE	8,596,257

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

1 (a) Description of Liability	(b) Book Value
CONTRACT TERMINATION LIABILITY	11,915,303
FIN 48 OBLIGATION	679,897
LT-LIAB CAP/ACCUM DEF COMP	8,817,593
DEBT GUARANTEE - S LAKE BONDS	1,280,000
SWAP LIABILITIES	41,278,999
PROFESSIONAL AND GENERAL LIABILITY	108,419,239
REGULATORY ASSESSMENTS	61,087
LT- DUE TO AFFILIATES	5,478,346
PHYSICIAN LOAN RESERVE	67,676
OTHER LIABILITIES	1,775,005

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1	1	Program Services	Captive Insurance	73,718
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			73,718
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			73,718

Part II

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

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

2

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

3

Enter total number of other organizations or entities ▶

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 59-1726273

Name: Orlando Health Inc

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

1

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

a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☒ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 HARRIS CONNECT LLC 1511 Route 22 Suite C-25 Brewster, NY 10509	TELEPHONE SOLICITING		No		100,353	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					100,353	

3

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

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			63,257,023		63,257,023	4 040 %
b Medicaid (from Worksheet 3, column a)			275,720,114	214,214,346	61,505,768	3 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			10,200,368	2,241,171	7,959,197	0 510 %
d Total Financial Assistance and Means-Tested Government Programs			349,177,505	216,455,517	132,721,988	8 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			22,237,720	820,618	21,417,102	1 370 %
f Health professions education (from Worksheet 5)			47,446,760	12,121,300	35,325,460	2 260 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,605,027		2,605,027	0 170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			701,149		701,149	0 040 %
j Total. Other Benefits			72,990,656	12,941,918	60,048,738	3 840 %
k Total. Add lines 7d and 7j			422,168,161	229,397,435	192,770,726	12 320 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			312,669		312,669	0.020 %
9Other						
10Total			312,669		312,669	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

211,353,864

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5241,166,761

6Enter Medicare allowable costs of care relating to payments on line 5.

6240,525,780

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7640,981

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

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

5
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Other (describe)	Facility reporting group	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
	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 letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7 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)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //www.orlandohealth.com</u>		
b ☐ Other website (list url) _____		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

A

		Yes	No
Financial Assistance Policy (FAP)			
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other 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 a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 Section C) d ☐ Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 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 Section C) 23 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 Section C 24 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 Section C	23	No
	24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
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9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

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

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

Form and Line Reference	Explanation
PART III, LINE 2 AND LINE 4	BAD DEBT EXPENSE REFLECTED IN PART III, LINE 2 REPRESENTS COST OF CHARGES WRITTEN OFF AS UNCOLLECTIBLE BOTH DISCOUNTS AND PAYMENTS TO ACCOUNTS WILL REDUCE THE BAD DEBT EXPENSE, SHOULD THE ACCOUNT BE REPORTED AS BAD DEBT THAT IS TO SAY, DISCOUNTS APPLIED TO ACCOUNTS ARE NOT REVERSED PRIOR TO DECLARING, ADJUSTING AND/OR WRITING OFF ACCOUNTS AS BAD DEBT ALL ACCOUNTS WHICH ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT ARE REVIEWED TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IF SUFFICIENT DOCUMENTATION WAS NOT PROVIDED BY THE ACCOUNT HOLDER, ORLANDO HEALTH USES PREDICTIVE ANALYTICS TO DETERMINE IF THE FINANCIAL ASSISTANCE FOR ACCOUNTS ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT USES DATA DERIVED FROM THIRD PARTIES WHICH INCLUDE, BUT ARE NOT LIMITED TO DEMOGRAPHIC VERIFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALUES AND HOME OWNERSHIP HISTORY AND VALUES ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPARENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE IF THE ACCOUNT DOES QUALIFY, PREVIOUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW BALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY, WHICH IS REDUCED TO COST THE PROVISION FOR BAD DEBT EXPENSE, AS STATED IN THE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS, IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION 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 ALLOWNCE 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 \$19,987,000 DURING THE YEAR ENDED SEPTEMBER 30, 2015, FROM \$142,941,000 AT SEPTEMBER 30, 2014, TO \$162,928,000 AT SEPTEMBER 30, 2015 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS INCLUDES \$79,087,000, \$67,799,000, AND \$69,093,000, IN AMOUNTS DUE FROM THIRD-PARTY PAYORS (INCLUDING THE PATIENT RESPONSIBILITY PORTION INCLUDED IN THESE ACCOUNTS) AT SEPTEMBER 30, 2015, 2014, OR 2013, RESPECTIVELY THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY HOSPITAL PATIENTS AS A PERCENT OF RELATED SELF-PAY ACCOUNTS RECEIVABLE WAS 94%, 95%, AND 95% AT SEPTEMBER 30, 2015, 2014, AND 2013, RESPECTIVELY THE PORTION FOR BAD DEBTS DECREASED FROM \$120,019,000 FOR THE YEAR ENDED SEPTEMBER 30, 2014, TO \$112,793,000 FOR THE YEAR ENDED SEPTEMBER 30, 2015

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

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

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

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

Form and Line Reference	Explanation
PART VI, QUESTION 4	COMMUNITY INFORMATION ORLANDO HEALTH CURRENTLY OPERATES 5 HOSPITALS IN CENTRAL FLORIDA WHICH HAS OVER TWO MILLION RESIDENTS AND THOUSANDS OF INTERNATIONAL VISISTORS ANNUALLY ORLANDO HEALTH HAS MORE THAN 15,181 EMPLOYEES AND 2,120 PHYSICIANS ON STAFF AS A STATUTORY TEACHING HOSPITAL, WE OFFER GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 18 FELLOWSHIP PROGRAMS ORLANDO HEALTH FACILITIES ENCOMPASS 1,710 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, DR P PHILLIPS HOSPITAL, AND SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE ORMC'S LEVEL ONE TRAUMA CENTER PROVIDES SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND 254,110 PATIENTS VISITED OUR EMERGENCY DEPARTMENTS IN 2015 ARNOLD PALMER HOSPITAL IS THE FIRST FACILITY IN CENTRAL FLORIDA TO PROVIDE EMERGENCY CARE EXCLUSIVELY FOR PEDIATRICS INCLUDING LEVEL 1 TRAUMA IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVE AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER ORLANDO AIR CARE TRANSPORTED 538 ADULT TRAUMA PATIENTS AND 88 PEDIATRIC TRAUMA PATIENTS IN 2015 ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE AND LAKE COUNTIES THE MEDIAN HOUSEHOLD INCOME IN THESE COUNTIES IS \$50,652 WHEREAS THE AVERAGE HOUSEHOLD INCOME IS \$66,451 IN CENTRAL FLORIDA, 12.2 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA IS 23.2 PERCENT AND THERE ARE TEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, RESEARCH, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE

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

Form and Line Reference	Explanation
PART VI, QUESTION 6	AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH SYSTEM THROUGH WHICH WE ARE ABLE TO PROVIDE AN ARRAY OF SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH HAS SEVERAL SUPPORT ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS ORLANDO CANCER CENTER, INC HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH PHYSICIAN GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF SPECIALTY PHYSICIAN SERVICES, OCCUPATIONAL HEALTH SERVICES, REHABILITATION HEALTH SERVICES AND BEHAVIORAL HEALTH SERVICES ORLANDO PHYSICIAN NETWORK, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED APPROXIMATELY \$209 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS

Form and Line Reference	Explanation
PART VI, QUESTION 7	NONE

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION A	Main Website http //www orlandohealth com Orlando Health (f k a) Orlando Regional Medical Center http //www orlandohealth com/orlandoregionalmedicalcenter/index.aspx Dr P Phillips Hospital http //www orlandohealth com/drpphillipshospital/Index.aspx South Seminole Hospital http //www orlandohealth com/southseminolehospital/index.aspx Arnold Palmer Hospital http //www orlandohealth com/arnoldpalmerhospital/Index.aspx Winnie Palmer Hospital http //www orlandohealth com/winniepalmerhospital/Index.aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	FOR OUR 2013 COMMUNITY HEALTH NEEDS ASSESSMENT, WE CONTRACTED THE HEALTH COUNCIL OF EAST CENTRAL, FLORIDA, INC (HEALTH COUNCIL), A PRIVATE, NOT-FOR-PROFIT HEALTHCARE PLANNING AGENCY PROVIDING RESEARCH, EDUCATION AND PROGRAM SUPPORT TO IMPROVE HEALTHCARE DELIVERY AND OUTCOMES CONDUCTED STAKEHOLDER INTERVIEWS ON BEHALF OF THE HOSPITAL THE HEALTH COUNCIL WORKED WITH REPRESENTATIVES FROM ALL THE HOSPITALS THAT PARTICIPATED IN THE ASSESSMENT TO ENSURE THE STAKEHOLDER LIST WAS INCLUSIVE AND REPRESENTATIVE OF THE COMMUNITY THE MONTANA STATE LIBRARY COMMUNITY STAKEHOLDER TEMPLATE WAS USED AS A GUIDE TO IDENTIFY KEY INFORMANTS BY COUNTY AS DEFINED BY THE PREVENTION INSTITUTE, BASIC ELEMENTS OF COMMUNITY DEVELOPMENT ARE FACTORS THAT INFLUENCE AN INDIVIDUAL'S ABILITY TO LEAD A HEALTHY, PRODUCTIVE LIFE THESE ELEMENTS WERE USED TO DEVELOP THE FOUNDATION FOR THE INTERVIEW QUESTIONS SEE BELOW EQUITABLE OPPORTUNITIES RACIAL JUSTICE, JOBS AND EDUCATION, PLACE PARKS AND OPEN SPACE, TRANSPORTATION, HOUSING, AIR, WATER AND SAFETY, PEOPLE SOCIAL NETWORKS AND WILLINGNESS TO ACT FOR THE COMMON GOOD HEALTHCARE SERVICES PREVENTIVE, TREATMENT, ACCESS, CULTURAL COMPETENCY, AND EMERGENCY RESPONSE THE STAKEHOLDERS REPRESENTED BROAD POPULATIONS INCLUDING THE ELDERLY, MEDICAL UNDERSERVED, MINORITY GROUPS, AND LOW-INCOME POPULATIONS APPENDIX D OF THE CHNA CONTAINS THE STAKEHOLDER LIST

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	ORLANDO HEALTH ARNOLD PALMER MEDICAL CENTER (ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN & BABIES), DR P PHILLIPS HOSPITAL, HEALTH CENTRAL HOSPITAL, ORLANDO REGIONAL MEDICAL CENTER (UF HEALTH CANCER CENTER AT ORLANDO HEALTH), SOUTH SEMINOLE HOSPITAL FLORIDA HOSPITAL FLORIDA HOSPITAL ALTAMONTE, FLORIDA HOSPITAL APOPKA, FLORIDA HOSPITAL CELEBRATION HEALTH, FLORIDA HOSPITAL EAST ORLANDO, FLORIDA HOSPITAL KISSIMMEE, FLORIDA HOSPITAL ORLANDO (FLORIDA HOSPITAL FOR CHILDREN), WINTER PARK MEMORIAL HOSPITAL LAKESIDE BEHAVIORAL HEALTHCARE KENNEDY PLAZA, LAKESIDE PLACE APARTMENTS, PRINCETON PLAZA, RESIDENTIAL PLAZA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B	FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	FOR NEARLY 100 YEARS, ORLANDO HEALTH HAS BEEN SERVING THE CENTRAL FLORIDA REGION DEDICATE D TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES, ORLANDO HEALTH IS CONSTANTLY EMPLOYING EFFORTS TO IMPROVE HEALTH IN THE COMMUNITY AND INCREASE ACC ESS TO CARE IN SUPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH COMMUNITY ORGANIZATIONS AS A RESULT, ORLANDO HEALTH ACTIVELY COLLABORATES WIT H LOCAL ORGANIZATIONS AND GROUPS IN ORDER TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY O F LIFE IN CENTRAL FLORIDA WITH OUR PARTICIPATION IN THE 2013 COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA), ORLANDO HEALTH DEVELOPED NEW AND IS ENHANCING ESTABLISHED COMMUNITY BENEFIT PROGRAMS THAT ADDRESS HEALTH NEEDS IDENTIFIED THROUGH THE CHNA IN FISCAL YEAR 2015 WE DEV ELOPED AND PROVIDED INTERVENTIONS FOR SELECTED HEALTH NEEDS IN AN EFFORT TO IMPROVE THE HE ALTH STATUS OF RESIDENTS IN OUR COMMUNITY WE WILL SUSTAIN THESE EFFORTS THROUGH FISCAL YE AR 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 INCLUDING, BUT NOT LIMITED TO INDIVIDUAL ORLANDO HEALTH DATA, COMMUNITY AND HOSPITAL ASSETS, ABILITY TO IMPACT ISSUE, CURRENT COMMUNITY BENEFIT EFFORTS, COMMUNITY PARTNERSHIPS, AND OPPORTUNITIES FOR COLLABORA TION BELOW IS A SUMMARY OF THE HEALTH NEEDS ORLANDO HEALTH SELECTED AS AREAS OF FOCUS FRO M THE 2013 CHNA - HEART DISEASE IS A LEADING CAUSE OF DEATH IN NOT ONLY THE NATION, BUT I N OUR COMMUNITY WHILE IT IS A VERY COSTLY HEALTH PROBLEM, IT IS AMONG THE MOST PREVENTABL E HEALTH CONDITIONS AT ORLANDO HEALTH, WE DEVELOPED A NUMBER OF SERVICES AND SPECIALIZED CLINICS TO HELP RESIDENTS IN OUR COMMUNITY BECOME HEALTHIER AND STAY HEALTHY IN CONJUNCTIO N WITH OUR ORLANDO HEALTH HEART INSTITUTE THESE ARE JUST SOME OF THE REASONS ORLANDO HEAL TH SELECTED HEART DISEASE AS A PRIORITY WITH THE ORLANDO HEALTH HEART INSTITUTE, WE ARE F OCUSING ON HEART DISEASE PREVENTION, DETECTION, AND THE IMPORTANCE OF MAINTAINING A HEALTH Y LIFESTYLE THROUGH EDUCATION AND COMMUNITY OUTREACH - 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 TO TAL DEATHS CAUSED BY BREAST CANCER, COLORECTAL CANCER, AND PROSTATE CANCER COMBINED THROU GH OUR UF HEALTH CANCER CENTER AT ORLANDO HEALTH, WE HOUSE ONE OF THE LARGEST, MOST COMPRE HENSIVE CANCER PROGRAMS IN THE STATE OF FLORIDA AS A RESULT, ORLANDO HEALTH SELECTED LUNG CANCER AS A PRIORITY AND IS FOCUSING ON LUNG CANCER PREVENTION WITH THE SUPPORT OF THE U F HEALTH CANCER CENTER AT ORLANDO HEALTH, CENTRAL FLORIDA AREA HEALTH EDUCATION CENTERS (A HEC) 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 I N OUR COMMUNITY - OVERWEIGHT AND OBESITY IS AN IMPORTANT INDICATOR FOR THE OVERALL HEALTH AND LIFESTYLE OF A COMMUNITY ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION , DURING THE PAST 20 YEARS, THERE HAS BEEN A DRAMATIC INCREASE IN OBESITY IN THE UNITED ST ATES AND RATES REMAIN HIGH CURRENTLY, ONE IN THREE ADULTS AND ONE IN SIX CHILDREN/ADOLESC ENTS ARE OBESE IT IS PARTICULARLY OF CONCERN FOR WOMEN OF CHILD-BEARING AGE BECAUSE OBESE TY HAS BEEN ASSOCIATED WITH BOTH SHORT- AND LONG-TERM HEALTH EFFECTS FOR THEM, AS WELL AS FOR THEIR OFFSPRING OVERWEIGHT AND OBESITY NOT ONLY INCREASES THE RISK OF CHRONIC DISEASE AND MORTALITY FOR THESE WOMEN, BUT ALSO INCREASE THE RISK OF INFERTILITY AND ADVERSE PREG NANCY OUTCOMES AS A RESULT, ORLANDO HEALTH WILL DEVELOP AND PROVIDE HEALTHY LIFESTYLE EDU CATION AND COMMUNITY OUTREACH OPPORTUNITIES FOR WOMEN OF CHILD-BEARING AGE WE WILL ALSO WORK WITH PARTNERS TO INCREASE HEALTH LITERACY REGARDING OVERWEIGHT AND OBESITY WE ARE SUP PORTING A TEACHING GARDEN AT A TITLE I ELEMENTARY SCHOOL THROUGH THE PROGRAM, STUDENTS ARE LEARNING ABOUT NUTRITIONAL CHOICES AND THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE IN ADDITION TO FINANCIAL SUPPORT, OUR TEAM MEMBERS GO TO THE SCHOOL TO PROVIDE FACE TO FACE EDUCATION TO ALL THE STUDENTS WE ARE ALSO WORKING WITH ORGANIZATTIONS TO INCREASE HEA LTHY LITERACY REGARDING OVERWEIGHT AND OBESITY IN CHILDREN - PRETERM BIRTH AND LOW BIRTH WEIGHT ARE NOT ONLY BIRTH OUTCOMES THAT OFTEN REQUIRE SPECIALIZED MEDICAL CARE, BUT CAN CA USE DEATH OR LONG-TERM DISABILITY AMONG INFANTS IN OUR COMMUNITY, RATES ARE ESPECIALLY HI GH AMONG THE BLACK/AFRICAN-AMERICAN AND HISPANIC/LATINO POPULATIONS ORLANDO HEALTH HAS WE LL-ESTABLISHED WORKING RELATIONSHIPS WITH A NUMBER OF ORGANIZATIONS IN THE COMMUNITY THAT FOCUS ON MATERNAL AND CHILD HEALTH THESE ORGANIZATOINS INCLUDE, BUT ARE NOT LIMITED TO T HE FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY, HEALTHY START, CENTRAL FLORIDA FAMILY HE ALTH CENTERS, AND HEALTHY ORANGE FLORIDA WITH THE

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	IR SUPPORT, WE ARE DEVELOPING AND PROVIDING EDUCATION AND COMMUNITY OUTREACH OPPORTUNITIES FOR WOMEN OF CHILD-BEARING AGE, INCLUDING THOSE SPECIFICALLY FOR THE VULNERABLE POPULATIO NS MENTIONED WE CONTINUE TO WORK WITH ORGANIZATIONS ON INCREASING HEALTH LITERACY REGARDI NG THE IMPORTANCE OF PRENATAL CARE AND OBTAINING HEALTHY BIRTH OUTCOMES - BIRTH DEFECTS A RE CONDITIONS PRESENT AT BIRTH, WHICH CAUSE STRUCTURAL CHANGES IN ONE OR MORE PARTS OF THE BODY THEY CAN HAVE A SERIOUS, ADVERSE EFFECT ON HEALTH, DEVELOPMENT, OR FUNCTIONAL ABILI TY IN SUPPORT OF DETECTION AND TREATMENT OF CONGENITAL HEART DEFECTS, WE SCREEN ALL NEWBO RNS PRIOR TO DISCHARGE PREVIOUSLY, ORLANDO HEALTH WAS NOT REQUIRED TO SCREEN, BUT DID SO, RECOGNIZING IT AS A BEST PRACTICE WITHIN THE PAST YEAR, SCREENING IS NOW REQUIRED - MOT OR VEHICLE COLLISION RELATED INJURIES KILL MORE CHILDREN AND YOUNG ADULTS THAN ANY OTHER S INGLE CAUSE IN THE UNITED STATES IN OUR COMMUNITY, MOTOR VEHICLE COLLISIONS ARE ONE OF TH E LEADING CAUSES OF PREMATURE DEATH ORLANDO HEALTH DEVELOPED EDUCATION RELATED TO THE IMP ORTANCE OF SAFETY SPECIFICALLY AS IT RELATES TO CHILD SEATS, SAFETY BELTS, AND BICYCLE HEL METS ORLANDO HEALTH IDENTIFIES AND PARTICIPATES IN COMMUNITY OUTREACH OPPORTUNITIES TO PR OVIDE THIS EDUCATION WHILE COLLABORATING WITH COMMUNITY ORGANIZATIONS FOR THOSE NEEDS IDE NTIFIED THROUGH THE 2013 CHNA THAT DID NOT EMERGE AS AN AREA OF STRATEGIC PRIORITY DURING OUR PRIORITIZATION PROCESS, ORLANDO HEALTH DOES PROVIDE SUPPORT AND SERVICES FOR SEVERAL O F 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 ALREADY BEING ADDRESSED IN THE SE RVICE 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 CONTINUE TO PROVIDE SUPPORT A ND SERVICES WHERE APPROPRIATE BELOW IS THE LIST OF NEEDS ORLANDO HEALTH DID NOT SELECT FO LLOWING THE 2013 CHNA AND A BRIEF DESCRIPTION REGARDING OUR DETERMINATION - DIABETES - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR DIABETES AND WORK WITH COMMUNITY ORGANIZATION S THAT CURRENTLY ADDRESS DIABETES AT THIS TIME, HEALTHY ORANGE FLORIDA IS FOCUSING ON THE NEED WHICH IS A COLLABORATION THAT ORLANDO HEALTH HELP FOUND AND IS A MEMBER MOREOVER, O RLANDO HEALTH'S FOCUS ON HEART DISEASE WILL IMPACT DIABETES - SEXUALLY TRANSMITTED DISEAS ES - WE WILL CONTINUE TO PROVIDE EXISTING SERVICES FOR SEXUALLY TRANSMITTED DISEASES AT OR LANDO HEALTH AND WORK WITH OUR INFECTIOUS DISEASE PHYSICIAN PRACTICE AND COMMUNITY ORGANIZ ATIONS TO ADDRESS THE NEED - SUBSTANCE ABUSE - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR SUBSTANCE ABUSE AND WORK WITH COMMUNITY ORGANIZATIONS, BUT ADDITIONAL FINANCIAL RESOU RCES ARE NOT AVAILABLE AT THIS TIME TO BROADEN OUR SCOPE - MENTAL HEALTH - WE CURRENTLY P ROVIDE PROGRAMS AND SERVICES FOR MENTAL HEALTH AND WORK WITH COMMUNITY PARTNERS, BUT ADDIT IONAL FINANCIAL RESOURCES ARE NOT AVAILABLE AT THIS TIME TO BROADEN OUR SCOPE - CHRONIC D ISEASE MANAGEMENT - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR CHRONIC DISEASE MANAGEM ENT AND WORK WITH COMMUNITY ORGANIZATIONS THAT ALSO ADDRESS THE NEED THROUGH OUR FOCUS ON HEART DISEASE, OVERWEIGHT AND OBESITY AND CANCER WE WILL IMPACT THIS NEED IN ADDITION, H EALTHY ORANGE FLORIDA'S FOCUS ON DIABETES AND HEALTHY SEMINOLE'S FOCUS ON OBESITY FALLS UN DER CHRONIC DISEASE MANAGEMENT AGAIN, ORLANDO HEALTH IS A FOUNDER AND MEMBER OF BOTH COLLABORATIONS - VIOLENT CRIME - WE DO NOT HAVE THE EXPERTISE OR RESOURCES TO EFFECTIVELY ADD RESS THIS NEED AS A HOSPITAL HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY ORGANIZATIONS THAT FOCUS ON THIS NEED - HEALTH LITERACY - WE WILL CON TINUE CURRENT INITIATIVES THAT SUPPORT THE NEED IN THE COMMUNITY MOREOVER, THE FOCUS ON H EART DISEASE, CANCER, OVERWEIGHT AND OBESITY, PRETERM BIRTH AND LOW BIRTH WEIGHT, BIRTH DE FECTS AND MOTOR VEHICLE COLLISIONS WILL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A AND LINE 16B	http //www orlandohealth com/patients-and-visitors/patient-financial-resou rces/financial-assistance- program

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Orlando Health Inc

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
59-1726273

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

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

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

2

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

9

3

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace Medical Home Inc51 Pennsylvania St Orlando,FL 32806	26-1817966	501(c)(3)	119,200				Sponsorship Fee
Orange County Public Schools600 Courtland St Suite 565 Suite 400-C Orlando,FL 32804	59-3125675	501(c)(3)	70,202				Sponsorship Fee
American Heart Association Inc237 E Marks St Orlando,FL 32803	13-5613797	501(c)(3)	68,000				Sponsorship Fee

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP BOGGY CREEK30500 Brantley Branch Rd Suite 465 Eustis, FL 32736	59-3012889	501(c)(3)	30,000				Sponsorship Fee
Central Florida Black Nurses P O Box 585142 Orlando,FL 32858	59-3288443	501(c)(3)	10,250				Sponsorship Fee
A Gift for Teaching6501 Magic Way Bldg 400C Orlando,FL 32809	59-3515162	501(c)(3)	7,500				Sponsorship Fee

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthcare Center for the Homeless Inc232 N Orange Blossom Trail Suite 105 Orlando,FL 32805	59-3185020	501(c)(3)	205,000				Sponsorship Fee
Orange County Healthy Start Coalition Inc600 Courtland St Suite 565 Suite 190 Orlando,FL 32804	59-3125675	501(c)(3)	12,500				Sponsorship Fee
Ronald McDonald House Charities of Central Florida 1030 N Orange Avenue Suite 105 Suite 115 Orlando,FL 32801	59-3211250	501(c)(3)	49,000				Sponsorship Fee

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I

Questions Regarding Compensation

	Yes	No
1a Check the 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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
RELATED ORGANIZATION	SCHEDULE J, PART I, LINE 3 ORLANDO HEALTH, INC IS A COMMON PAYMASTER AND COMMON PAY AGENT FOR ORLANDO CANCER CENTER, INC (EIN 59-3005020), ORLANDO HEALTH PHYSICIAN GROUP, INC (EIN 59-3259553), HEALTHCARE PURCHASING ALLIANCE, INC (EIN 45-4843489), ORLANDO HEALTH FOUNDATION, INC (EIN 59-2244943) AND THEIR EMPLOYEES ARE INCLUDED ON THE ORLANDO HEALTH, INC 941
SERVANCE OR CHANGE OF CONTROL	Schedule J, Part I, Line 4a SEVERANCE PAYMENTS TO THE FOLLOWING P SHANNON ELSWICK \$444,783 SHERRIE SITARIK \$978,146 ROBERT MILES \$142,007
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	Schedule J, Part I, Line 4b DEFERRAL DISTRIBUTIONS PAID TO THE FOLLOWING MILDRED BEAM \$77,745 JAMAL HAKIM \$16,977 NANCY DINON \$47,159 D WAYNE JENKINS \$241,894 KAREN FRENIER \$33,613 PAUL GOLDSTEIN \$48,695 KARL HODGES \$45,835 DAVID HUDDLESON \$22,362 MARK JONES \$32,158 ANNE PEACH \$27,927 JOHN SCHOOLER \$51,130 KATHY SWANSON \$46,934 DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING MILDRED BEAM \$55,061 JOHN W BOZARD \$18,694 NANCY G DINON \$39,870 KAREN L FRENIER \$40,360 PAUL A GOLDSTEIN \$59,748 JAMAL HAKIM \$179,233 KARL W HODGES \$44,463 DAVIS F HUDDLESON \$21,570 MARK A JONES \$49,478 CYNTHIA POWELL \$143,112 JOHN R SCHOOLER \$161,580 KATHY A SWANSON \$60,344

Additional Data

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

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jamal Hakim MD, COO	(i) (ii)	799,735 0	432,934 0	63,128 0	230,783 0	0 0	1,526,580 0	15,986 0
Mark Sand MD, Board Member (Trm End 3/1/15)	(i) (ii)	0 548,886	0 543,499	0 108,200	0 34,050	0 15,516	0 1,250,151	0 0
Sherrie H Sitank, FORMER CEO (TRM ENDED 9/25/13)	(i) (ii)	0 0	0 0	978,146 0	0 0	14,406 0	992,552 0	0 0
Mildred D Beam, SVP, LEGAL AFF & GEN COUNSEL	(i) (ii)	372,750 0	140,104 0	78,336 0	58,311 0	15,976 0	665,477 0	52,286 0
John W Bozard, SVP & PRES, APMC & FOUND	(i) (ii)	228,468 228,468	86,736 86,736	41,883 41,883	26,983 26,983	7,534 7,534	391,604 391,604	0 0
Nancy G Dinon, VP, HUMAN RESOURCES	(i) (ii)	298,505 0	113,529 0	51,103 0	91,420 0	22,656 0	577,213 0	34,568 0
Aurelio Duran MD, Board Member	(i) (ii)	0 339,245	0 655,705	0 96,629	0 51,550	0 20,406	0 1,163,535	0 0
Shannon P Elswick, PRESIDENT (Trm Ended 6/1/2013)	(i) (ii)	0 0	0 0	444,783 0	562 0	5,317 0	450,662 0	223,096 0
Karen L Frenier, VP, OPERATIONS, ORMC	(i) (ii)	283,743 0	112,928 0	43,861 0	71,014 0	21,855 0	533,401 0	28,214 0
Paul A Goldstein, VP, FINANCE/TREASURY & ACCOUNT	(i) (ii)	337,697 0	129,598 0	55,174 0	93,798 0	21,687 0	637,954 0	44,642 0
Stephen J Harr, SR VICE PRES, FINANCE & ADMIN	(i) (ii)	512,909 0	193,746 0	88,579 0	51,550 0	15,830 0	862,614 0	0 0
Karl W Hodges, VP (Term Ended 3/17/15)	(i) (ii)	253,767 0	98,911 0	49,170 0	73,013 0	24,662 0	499,523 0	34,512 0
David F Huddleson, VP	(i) (ii)	200,925 0	81,001 0	27,268 0	55,442 0	15,324 0	379,960 0	17,935 0
D Wayne Jenkins MD, VP (Term Ended 8/24/15)	(i) (ii)	580,646 0	217,808 0	255,981 0	51,550 0	22,334 0	1,128,319 0	241,894 0
Mark A Jones, PRES, DR P PHILLIPS HOSP	(i) (ii)	365,312 0	136,272 0	35,772 0	78,028 0	16,269 0	631,653 0	32,148 0
Robert A Miles, VP (Term Ended 11/11/13)	(i) (ii)	0 0	0 0	142,007 0	0 0	11,806 0	153,813 0	0 0
Anne G Peach, VP, NURSING	(i) (ii)	272,603 0	102,372 0	31,497 0	50,240 0	22,332 0	479,044 0	27,919 0
Cynthia A Powell, PRES, OHPG & VP OHI	(i) (ii)	0 327,691	0 123,748	0 7,186	0 171,662	0 6,448	0 636,735	0 0
J Richard Schooler, VP, INFORMATION SYS	(i) (ii)	390,197 0	148,807 0	53,303 0	213,130 0	24,462 0	829,899 0	51,115 0
Kathy A Swanson, PRES, WPH & SR VP, OHI	(i) (ii)	392,827 0	199,997 0	50,346 0	94,394 0	13,604 0	751,168 0	46,919 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Orlando Health Inc

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number
59-1726273

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Orange County Health Facilities Authority	52-1378595	6845032J3	01-25-2006	182,254,609	Refund Remaining Series 2002 Bonds	X			X		X
B Orange County Health Facilities Authority	52-1378595	6845035Q4	06-18-2008	78,568,277	Repay Credit Draw Refund Series 20		X		X		X
C Orange County Health Facilities Authority	52-1378595	6845035L5	05-15-2008	155,816,665	Convert Series 2005A, 2006A1 & A2		X		X		X
D Orange County Health Facilities Authority	52-1378595	6845035U5	06-18-2008	179,360,000	Refund Series 1999A, 1999B & 1999C		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		0		10,625,000		125,230,000
2 Amount of bonds legally defeased		106,800,000		0		0		0
3 Total proceeds of issue		189,637,923		79,317,134		158,971,809		179,362,824
4 Gross proceeds in reserve funds		18,228,843		8,283,858		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		87,204,319		0		0		159,865,025
7 Issuance costs from proceeds		4,155,756		847,852		0		210,634
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		76,388,532		14,685,424		0		0
11 Other spent proceeds		0		55,500,000		154,675,000		0
12 Other unspent proceeds		0		0		0		18,727,325
13 Year of substantial completion		2006		2008		2008		2008
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 040 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5							0 040 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

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

Return Reference	Explanation
LAST DATE REBATE COMPUTATION WAS PERFORMED FOR ARBITRAGE	SERIES 2006 REFUND REMAINING SERIES 2002 BONDS 3/19/2015 SERIES 2008A REPAY CREDIT DRAW REFUND SRS 2007B 10/15/2015 SERIES 2008B CONVERT SERIES 2005A, 2006A1 &A2 10/15/2015 SERIES 2008C REFUND SERIES 1999A, 199B, & 1999C 10/15/2015 SERIES 2009 REFUND SRS 1999D, 1999E, 2004 & 2008D 01/14/2014 SERIES 2011 REFUND SERIES 2007A-1 &A-2 BONDS 02/05/2013 SERIES 2012 ORMC REDEVELOPMENT PROJECT 12/15/2015

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Orlando Health Inc

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
59-1726273

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Orange County Health Facilities Authority	52-1378595	68450LAY1	12-16-2009	244,229,719	RFD SRS 1999D, 1999E, 2004 & 2008D		X		X		X
B Orange County Health Facilities Authority	52-1378595	000000000	09-15-2011	83,175,000	Refund Series 2007A-1 & A-2 Bonds		X		X		X
C Orange County Health Facilities Authority	52-1378595	68450LCJ2	05-25-2012	190,757,522	ORMC Redevelopment Project		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	43,545,000		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	244,229,765		83,175,000		190,968,580			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	229,801,643		82,865,395		33,276,112			
7	Issuance costs from proceeds	3,220,489		309,605		1,981,410			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	11,207,587		0		155,710,874			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2009		2011		2015			
		Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 740 %		1 030 %		0 810 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 740 %		1 030 %		0 810 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization Orlando Health Inc	Employer identification number 59-1726273
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV

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

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

Part V

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

Return Reference	Explanation
RELATIONSHIP BETWEEN PERSONS AND ORGANIZATION	SCHEDULE L, PART IV, COLUMN B LINE 3 - J HAKIM, BOD OWNER IN CONTRACTED GROUP LINE 4 - REX V MCPHERSON II, BOD OF BOTH OHI & SUNTRUST LINE 6 - M Farrell, Bod, Officer of Contracted Entity

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THOMAS F MCDANIEL JR	BROTHER OF M KING BOD	57,015	COMPENSATION FOR EMPLOYMENT		No
(2) HEALTHCHOICE INC	OH OFFICER ON HC BOARD	787,289	PURCHASED MANAGED CARE SVCS		No
(3) ANESTHIA GROUP OF ORLANDO PA	SEE PART V	188,907	CONTRACTED ANESTHESIOLOGY SVCS		No
(4) SUNTRUST BANK OF CENTRAL FLORIDA	SEE PART V	997,642	GENERAL BANKING SERVICES		No
(5) MARY C FERRANTE	SISTER OF ANNE PEACH	41,123	COMPENSATION FOR EMPLOYMENT		No
(6) MARY FARRELL	SEE PART V	1,223,576	CONTRACTED FPA, LLC		No
(7) MATTHEW BOYD	SON OF S HARR OFCR	33,925	COMPENSATION FOR EMPLOYMENT		No

Name of the organization Orlando Health Inc	Employer identification number 59-1726273
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FAMILY RELATIONSHIPS	
MEMBERS OR STOCKHOLDERS	Form 990, Part VI, Line 6 A GROUP OF 40 MEMBERS OF THE COMMUNITY WAS ESTABLISHED WHEN ORLA NDO HEALTH WAS CREATED THIS SELF-PERPETUATING GROUP ELECTS THE GOVERNING BODY OF ORLANDO HEALTH THIS GROUP DOES NOT APPROVE DECISIONS OF THE GOVERNING BODY, NOR DOES IT RECEIVE A SHARE OF THE INCOME OR NET ASSETS OF ORLANDO HEALTH
MEMBERS OR STOCKHOLDERS WHO MAY ELECT	Form 990, Part VI, Line 7a THE GROUP OF 40 MEMBERS DESCRIBED ABOVE ELECTS THE GOVERNING BODY OF ORLANDO HEALTH, INC
FORM 990 REVIEW PROCESS	Form 990, Part VI, Line 11b CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY R EQUIRED CHANGES WERE MADE TO THE FORM 990 THE FINAL FORM 990 WAS THEN MADE AVAILABLE TO A LL MEMBERS OF THE BOARD TO REVIEW ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY C HANGES REQUIRED OF THE REVIEW WERE MADE
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	Form 990, Part VI, Line 12c THE ORGANIZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANONYMOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND M ONITORS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE C ONFLICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE
OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS BEGAN	Form 990, Part VI, Line 15a The Executive compensation process at orlando health is admini stered by a committee of independent Board Members They follow a board approved charter a nd overall executive compensation philosophy This process applies to the ceo and all offic ers and was implemented prior to october 1, 2006 the charter empowers the compensation co mmittee to administer the executive compensation program and process on behalf of the full board of trustees overall, the philosophy is intended to reward a broad spectrum of high organizational and individual performance expectations, promote retention of key managemen t talent and ensure that compensation and benefits do not exceed market norms Orlando hea lth's executive compensation philosophy defines the market for administering compensation AS a COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS TO FULFILL THEIR RESPO NSIBILITY TO LOOK AT RELEVANT MARKET DATA, AND BECAUSE OF THE SCALE AND COMPLEXITY OF THE ORGANIZATION, THE COMMITTEE REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ON-GOING ADMINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND EXECUTIVE BENEFITS THE COMPENSATION COMMITTEE I S COMPRISED OF 5 INDEPENDENT MEMBERS OF THE BOARD THE COMMITTEE IS EMPOWERED TO ENGAGE OU TSIDE COUNSEL AND CONSULTING SUPPORT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPEND ENT COMPENSATION CONSULTANT AND COUNSEL OPINE TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET APPLIC ABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS
FINANCIAL STATEMENTS TO THE PUBLIC	form 990, Part VI, Line 19 THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 CONTRIBUTIONS - BOOK/TAX DIFFERENCE \$(3,620,308) AFFILIATED EQUI TY TRANSERS \$(126,125,566) OTHER REVENUE - BOOK/TAX DIFFERENCE \$(446,504) OTHER CHANGES AN D EXTRAORDINARY ITEMS \$(243,417) ===== TOTAL \$(130,435,795)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(2) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(3) ORLANDO HEALTH PHYSICIAN GROUP INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(4) ORLANDO PHYSICIANS NETWORK INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(5) WEST ORANGE HEALTHCARE INC 10000 W COLONIAL DRIVE OCOOE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11 TYPE I	OHC	Yes	
(6) HEALTH CENTRAL FOUNDATION INC 10000 W COLONIAL DRIVE OCOOE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	
(7) ORLANDO HEALTH CENTRAL INC 10000 W COLONIAL DRIVE OCOOE, FL 34761 80-0764192	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2014

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(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	OHI	RELATED	5,390,365	3,770,128		No			No	92 300 %
(2) ORLANDO HEALTHUSP SURGERY CENTERS LLC 1414 KUHL AVENUE ORLANDO, FL 32806 32-0417400	SURG CENTR	FL	OHI	RELATED	21,472	2,829,335		No			No	50 010 %

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	-15,608,483	91,714,766	100 000 %	Yes	
(2) ORANGE INDEMNITY LTD PO BOX 1159 KY1--1102 CJ 98-0516252	CAPTIVE INS	CJ	OHI	C Corp	75,000	1,931,531	100 000 %	Yes	
(3) COMMUNITY HEALTH OF FLORIDA INC 1414 KUHL AVENUE ORLANDO, FL 32806 46-3171911	INSURANCE LIC	FL	NA	C Corp	0	0	50 100 %	Yes	

Part V

Transactions With Related Organizations

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

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

No

No

Yes

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Yes

Yes

No

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 59-1726273

Name: Orlando Health Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(1) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(2) ORLANDO HEALTH PHYSICIAN GROUP INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(3) ORLANDO PHYSICIANS NETWORK INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11 TYPE I	OHI	Yes	
(4) WEST ORANGE HEALTHCARE INC 10000 W COLONIAL DRIVE OCOE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11 TYPE I	OHC	Yes	
(5) HEALTH CENTRAL FOUNDATION INC 10000 W COLONIAL DRIVE OCOE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	
(6) ORLANDO HEALTH CENTRAL INC 10000 W COLONIAL DRIVE OCOE, FL 34761 80-0764192	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ORLANDO HEALTH FOUNDATION INC	c	13,999,386	FMV
ORLANDO HEALTH PHYSICIAN GROUP INC	j	3,858,895	FMV
ORLANDO HEALTH PHYSICIAN GROUP INC	r	95,600,000	FMV
ORLANDO CANCER CENTER INC	r	8,600,000	FMV
ORLANDO PHYSICIAN NETWORK INC	r	2,350,000	FMV
ORLANDO HEALTH FOUNDATION INC	n	6,183,913	FMV
ORLANDO HEALTH FOUNDATION INC	o	357,087	FMV
ORANGE INDEMNITY LTD	m	75,000	FMV
ORLANDO HEALTH PHYSICIAN PARTNERS INC	r	6,450,000	FMV
ORLANDO HEALTH CENTRAL INC	l	3,712,663	FMV
ORLANDO HEALTH CENTRAL INC	q	631,922	FMV
ORLANDO HEALTH CENTRAL INC	k	1,786,098	FMV
HEALTH CARE PURCHASING ALLIANCE LLC	r	6,100,375	FMV
HEALTHCHOICE INC	m	650,424	FMV
PHYSICIAN ASSOCIATES LLC	r	11,596,000	FMV