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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://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>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Orlando Health Central Inc		<b>D Employer identification number</b>  80-0764192
	% MICHAEL MUELLER		
	Doing business as Health Central		<b>E</b> Telephone number  (407) 296-1000
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	10000 W Colonial Drive		
City or town, state or province, country, and ZIP or foreign postal code Ocoee, FL 34761		<b>G</b> Gross receipts \$ 274,309,715	
<b>F</b> Name and address of principal officer Greg O he 10000 W Colonial Drive Ocoee,FL 34761			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> www.healthcentral.org		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number	

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation 2011	<b>M</b> State of legal domicile FL
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN ATMOSPHERE OF CARING			
	2 Check this box <input type="checkbox"/> 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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,969	
6	Total number of volunteers (estimate if necessary)	6	522	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	63,554	4,651
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	196,726,784	199,683,695
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	758,412	2,630,822
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,810,345	239,630
			199,359,095	202,558,798
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	88,050,340	90,099,965
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	85,320,947	86,751,415
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	173,371,287	176,851,380
	19	Revenue less expenses Subtract line 18 from line 12	25,987,808	25,707,418
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	229,597,500	283,577,482
	21	Total liabilities (Part X, line 26)	186,110,849	177,587,713
	22	Net assets or fund balances Subtract line 21 from line 20	43,486,651	105,989,769

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	<div>*****</div> <div>Signature of officer</div>	<div>2016-08-09</div> <div>Date</div>
	<div>MICHAEL MUELLER CFO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name Dawn M Olivardia	Preparer's signature Dawn M Olivardia	Date 2016-08-09	Check <input type="checkbox"/> if self-employed	PTIN P00059252
	Firm's name Grant Thornton LLP			Firm's EIN	
	Firm's address 200 South Orange Avenue Suite 2050  Orlando, FL 32801			Phone no (407) 481-5100	

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

ORLANDO HEALTH CENTRAL IS A TRUSTED LEADER INSPIRING HOPE THROUGH THE ADVANCEMENT OF HEALTH OUR MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN ATMOSPHERE OF CARING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No




















If "Yes," describe these changes on Schedule O

4

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

4a	(Code ) (Expenses \$ 135,009,951 including grants of \$ ) (Revenue \$ 172,276,289 )
	ORLANDO HEALTH CENTRAL, INC , DBA, HEALTH CENTRAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES PREVIOUSLY OWNED AND OPERATED UNDER THE WEST ORANGE HEALTHCARE DISTRICT, WE HAVE SERVED THE WEST ORANGE COUNTY'S SURGICAL, MATERNITY AND GENERAL HEALTHCARE NEEDS SINCE 1952 IN AN EFFORT TO ACHIEVE ITS OBJECTIVE OF BEING A STATE-OF-THE-ART, FULL-SERVICE HOSPITAL THAT WILL MEET THE FUTURE NEEDS OF ITS COMMUNITY AND BECOME A FACILITY OF CHOICE FOR AREA RESIDENTS IN OCOEE, THE WEST ORANGE HEALTHCARE DISTRICT TRANSITIONED THE HOSPITAL CARE TO HEALTH CENTRAL HEALTH CENTRAL DELIVERS COMPREHENSIVE HEALTHCARE SERVICES IN ITS 440,000-SQUARE-FOOT, INTEGRATED MEDICAL MALL WHICH INCLUDES A 171-BED JCAHO ACCREDITED ACUTE CARE HOSPITAL AND PHYSICIAN OFFICES, AS WELL AS A 34-BED EMERGENCY CENTER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, HEALTH CENTRAL FACILITIES PROVIDED 51,218 DAYS OF INPATIENT CARE, 18,247 OUTPATIENT VISITS, AND 58,103 EMERGENCY DEPARTMENT VISITS IN ACCORDANCE WITH ITS MISSION, HEALTH CENTRAL PROVIDED EXTENSIVE CARE TO PATIENTS WHO MEET ITS CHARITY CARE GUIDELINES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES HEALTH CENTRAL ALSO OFFERS COMMUNITY EDUCATION, SCHOOL INITIATIVES AND SUPPORT GROUPS AS A NOT-FOR-PROFIT HEALTHCARE PROVIDER, THE CULTURE OF CARING AT HEALTH CENTRAL TOUCHES THE LIVES OF MANY THROUGHOUT THE GREATER WEST ORANGE COUNTY AREA HEALTH CENTRAL'S PHYSICIANS, EMPLOYEES AND VOLUNTEERS KNOW THAT HEALTHCARE EXTENDS BEYOND THE WALLS OF THE HOSPITAL OUR DEDICATED MEDICAL PROFESSIONALS AND VOLUNTEERS OFTEN CONTRIBUTE TO THE COMMUNITY OUTSIDE THE ORGANIZATION, EDUCATING THEIR NEIGHBORS AND PROVIDING MEDICAL CARE TO OTHERS IN THE REGION HEALTH CENTRAL DEMONSTRATES A COMMITMENT TO PROMOTING HEALTH, WELL-BEING AND A CARING SPIRIT THROUGHOUT THE COMMUNITY BY ORGANIZING AND PROVIDING SERVICES RANGING FROM WELLNESS EVENTS AND SCREENINGS, TO FLU SHOTS AND HIGH SCHOOL PHYSICALS THESE ACTIVITIES BRING LITTLE OR NO PAYMENT TO OUR HOSPITAL, BUT ARE SUSTAINED BECAUSE THEY ARE VALUABLE TO OUR REGION AND SUPPORT OUR MISSION ---COMMUNITY PROGRAMS AND SERVICES-- COMMUNITY OUTREACH SUPPORT / EDUCATION GROUPS COMMUNITY WELLNESS COMMUNITY HEALTH FAIRS PASTORAL OUTREACH & SPIRITUAL CARE ---VALUE TO THE COMMUNITY-- FISCAL YEAR 2015 BY OFFERING THE BEST QUALITY OF CARE, RESPONDING TO COMMUNITY NEEDS AND CONCENTRATING RESOURCES IN AREAS THAT TRULY MAKE A DIFFERENCE, HEALTH CENTRAL MAINTAINS A RICH TRADITION OF PROVIDING A BENEFIT TO THE COMMUNITY OUR COMMUNITY BENEFIT EFFORT IS A MEASURED APPROACH TO MEETING IDENTIFIED COMMUNITY HEALTH NEEDS, PARTICULARLY IN THE VULNERABLE, UNINSURED AND UNDERSERVED COMMUNITIES AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, HEALTH CENTRAL IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE HEALTH CENTRAL IS COMMITTED TO CHARITY CARE, WHICH IS THE PROVISION OF MEDICAL ATTENTION AND SERVICES TO THE REGION'S MOST VULNERABLE AND UNINSURED, REGARDLESS OF A PATIENT'S ABILITY to pay, a patient's insufficient health insurance coverage, or the existence of any government-sponsored programs covering the full cost of services In Fiscal year 2015, Health Central provided \$7,065,619 in charity care, and \$8,799,682 in Medicaid shortfalls Community Education Health Central University is dedicated to furthering the health related education of the community Classes are available to area residents as well as continuing education for our healthcare professionals Health Central University consists of six academies Community Health, Clinical Excellence, Health Central Way, Leadership Development, Physician Excellence, and Professional Development Each academy is governed by an Advisory Council whose members are responsible for the planning, development and implementation of all the courses offered at Health Central University Health Central University provides diabetes education to the community by offering the Health Central Diabetes Center, accredited by the American Diabetic Association It strives to bring education, wellness and fitness to diabetics It is a comprehensive program, which helps those who are pre-diabetics, newly diagnosed, Gestational diabetes or those who just need help with blood glucose control Classes are in a group setting Individual times can be scheduled as needed The education offered by Health Central University is held in various locations on the hospital campus Health Central University is governed by an Advisory Board composed of representatives from each of the advisory councils, representatives from Orlando Health Central's Board of Directors, Valencia Community College, University of Central Florida, DeVry University, VITAS, an MD champion and hospital administration
4b	(Code ) (Expenses \$ 15,101,044 including grants of \$ ) (Revenue \$ 20,818,447 )
	Orlando Health Central, Inc provides long-term nursing care to our community through Health Central Park, a 228 bed, multi-building campus Health Central Park consists of 5 neighborhoods (nursing wings) including a post acute care for short term rehab with 46 beds with an average length of stay of 28 days, a gated community, which specializes in providing programs and services for Alzheimer's/Dementia type residents for 49 residents and an additional three neighborhoods providing care to long-term-care residents We provide resident centered care We are restraint free, excellent outcomes in wound care, pain management, weight management We also provide IV therapy, hypertension management, medication management, diabetic management, dementia care, restorative nursing care and palliative care Health Central Park provides full therapy services 7 days a week, 12 hours a day Our therapy patients have excellent outcomes and after discharge usually continue their therapy as outpatients On any given day we have about 65 to 70 patients in therapy Our main program is our orthopedic program of excellence, the length of stay for our knee patients is 23 days and hips average 25 days and we have about 83 orthopedic patients per month Our therapy satisfaction is 9% higher than our peers Health Central Park's workforce is made up of about 300 employees, with nursing department being the largest of about 205, 125 of which are C N A's We are privileged to have a full time Nurse Practitioner which acts as the physician extender and attends to urgent and other medical needs on a timely basis We also have a full time dietician and a nutritional specialist to address the clinical dietary needs of our residents Our social workers do discharge planning and assist with the psycho-social needs of the residents along with our full recreation departments Our staff turnover last year was at 30% (state average is about 50%) The American Health Care Association announced Health Central Park as a 2011 recipient of the Silver - Achievement in Quality National Quality Award for its outstanding performance in the health care profession The prestigious award highlights select facilities across the nation that serve as models of excellence for providing high quality long term care Very few of the 700 skilled nursing facilities in Florida have achieved this level of quality since the award's inception in 1996 Health Central Park has been consistent in its performance and dedication to providing high-quality care Volunteers supplement our staff to help enhance quality of life They provide about 793 hours a month
4c	(Code ) (Expenses \$ 6,647,503 including grants of \$ ) (Revenue \$ 6,588,959 )
	PHYSICIANS SERVICES ORLANDO HEALTH CENTRAL, INC PROVIDES PHYSICIANS SERVICES THROUGH WEST ORANGE PHYSICIANS GROUP, LLC (WOPG), A MULTI-SPECIALTY PRACTICE, INCLUDING SERVICES RELATED TO INTERNAL MEDICINE, FAMILY PRACTICE, OBSTETRICS/GYNECOLOGY, NEUROLOGY, RHEUMATOLOGY, AND GENERAL SURGERY WOPG SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH CENTRAL, INC 'S INTEGRATED DELIVERY SYSTEM THROUGH THE PROVISION OF HEALTH CARE SERVICES TO THE COMMUNITY THEY SERVE WOPG PROVIDED 27,695 PHYSICIAN VISITS FOR THE FISCAL YEAR 2015
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 156,758,498

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	No
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	No
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	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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	Yes	
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .	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.	159	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,969
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
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?	5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	11	
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 . . . . .	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
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	Yes
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	No
15b	b Other officers or key employees of the organization . . . . .	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶MICHAEL MUELLER 10000 W COLONIAL DRIVE O coee, FL 34761 (407) 296-1802

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kathy Aber ..... Board member	5 0 ..... 0 0	X						0	0	0
(2) Ann Blakeslee ..... Board member	5 0 ..... 0 0	X						0	0	0
(3) Becky Cherney ..... Board member	5 0 ..... 0 0	X						0	0	0
(4) Samuel Davis Jr ..... Board member	5 0 ..... 0 0	X						0	0	0
(5) Jamal A Hakim MD ..... Board member	5 0 ..... 66 0	X						0	1,295,797	230,783
(6) Stephan J Harr ..... Board member	5 0 ..... 63 0	X						0	795,234	67,380
(7) Randy June ..... Board member	5 0 ..... 0 0	X						0	0	0
(8) John Marzano ..... Board member	5 0 ..... 55 0	X						0	389,827	48,912
(9) Michael Mercado MD ..... Board member	5 0 ..... 0 0	X						0	0	0
(10) J Richard Schooler ..... Board member	5 0 ..... 57 0	X						0	592,307	237,592
(11) John Rees ..... BOARD MEMBER	5 0 ..... 0 0	X						0	0	0
(12) Gregory P Ohe ..... President	55 0 ..... 2 0			X				0	306,802	77,112
(13) Michael E Mueller ..... CFO	55 0 ..... 0 0			X				0	215,050	67,491
(14) James B Rodier ..... Chief Quality Officer	55 0 ..... 0 0			X				250,077	0	54,727



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Chrstina M McGuirk ..... Chief Nursing Officer	55 0 ..... 0 0			X				0	145,321	49,967
(16) Rick Smith ..... Chief Operating Officer	55 0 ..... 0 0			X				0	229,676	35,831
(17) Shareen Oloufa ..... OB/GYN Physician	55 0 ..... 0 0					X		264,106	0	27,710
(18) Carlos Dieguez ..... OB/GYN Physician	55 0 ..... 0 0					X		259,764	0	48,327
(19) Carlos Trillo ..... Surgeon	55 0 ..... 0 0					X		220,144	0	8,665
(20) Wm Kelly Bowman ..... Physician	55 0 ..... 0 0					X		190,623	0	44,166
(21) Nimesh Dayal ..... Physician	55 0 ..... 0 0					X		276,622	0	43,091
(22) Robert A Miles ..... Term Ended 11/11/2013	0 0 ..... 0 0						X	0	142,007	11,806
(23) Sherrie Sitark ..... Term ended 06/07/13	0 0 ..... 0 0						X	0	978,146	14,406

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	1,461,336	5,090,167	1,067,966

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▶36

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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
Physiorx LLC, 2706 Rew Circle OCOEE, FL 34761	Healthcare Services	1,183,535
Stability, 2910 Poston Avenue NASHVILLE, TN 37203	Healthcare Services	647,160
Physicians Choice Surgery Center, 596 Ocoee Commerce Parkway OCOEE, FL 34761	Healthcare Services	375,941
Paradigm Spine, 505 Park Avenue 14th Floor NEW YORK, NY 10022	Helthcare Services	219,800
Mateer Habert PA, P O Box 2854 ORLANDO, FL 328022854	Law Firm	183,181
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶123	

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	4,651				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	4,651				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621500	193,704,626	193,704,626		
	b	CAFETERIA REVENUE	621990	1,275,428	1,275,428		
	c	RELATED PARTY RENT	621990	1,676,868	1,676,868		
	d	OTHER PROGRAM REVENUE	621990	3,026,773	3,026,773		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	199,683,695				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,091,571			1,091,571
4		Income from investment of tax-exempt bond proceeds . . . . .	0				
5		Royalties . . . . .	0				
6a		Gross rents	(i) Real 1,514,892	(ii) Personal			
		b	Less rental expenses	1,275,262			
		c	Rental income or (loss)	239,630	0		
		d	Net rental income or (loss) . . . . .	239,630			239,630
7a		Gross amount from sales of assets other than inventory	(i) Securities 72,014,906	(ii) Other			
		b	Less cost or other basis and sales expenses	70,475,655			
		c	Gain or (loss)	1,539,251			
		d	Net gain or (loss) . . . . .	1,539,251			1,539,251
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							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .	0					
12	Total revenue. See Instructions . . . . .	202,558,798	199,683,695			2,870,452	

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.	0			
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.	326,415	130,566	195,849	
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.	73,579,930	66,506,680	7,073,250	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,546,928	1,500,715	46,213	
9	Other employee benefits.	9,350,199	8,441,130	909,069	
10	Payroll taxes.	5,296,493	4,764,160	532,333	
11	Fees for services (non-employees):				
a	Management.	102,612	102,612		
b	Legal.	481,714		481,714	
c	Accounting.	61,408		61,408	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	62,563		62,563	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,366,285	3,944,629	421,656	
12	Advertising and promotion.	553,755	29,659	524,096	
13	Office expenses.	5,978,122	3,730,114	2,248,008	
14	Information technology.	3,885,372	453,905	3,431,467	
15	Royalties.	0			
16	Occupancy.	8,230,480	8,070,741	159,739	
17	Travel.	307,768	152,751	155,017	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	6,095,807	6,095,807		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	8,768,908	8,752,073	16,835	
23	Insurance.	768,783	768,783		
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	REAL ESTATE TAXES	342,748	193,643	149,105	
b	MEDICAL SUPPLIES	32,526,198	32,526,198		
c	PURCHASED SERVICES	13,215,101	9,590,541	3,624,560	
d	OTHER	1,003,791	1,003,791		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	176,851,380	156,758,498	20,092,882	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		12,488,492	1	23,877,594
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	27,545,951
	4	Accounts receivable, net		25,453,499	4	25,339,913
	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		165,552	7	0
	8	Inventories for sale or use		964,804	8	1,023,310
	9	Prepaid expenses and deferred charges		1,600,827	9	1,793,134
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a161,030,002			
	b	Less accumulated depreciation	10b30,336,813	115,660,670	10c	130,693,189
	11	Investments—publicly traded securities		72,765,821	11	73,304,391
	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		497,835	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		229,597,500	16	283,577,482
Liabilities	17	Accounts payable and accrued expenses		24,363,586	17	25,534,028
	18	Grants payable		0	18	0
	19	Deferred revenue		88,783	19	87,317
	20	Tax-exempt bond liabilities		0	20	0
	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		161,585,000	23	151,011,993
	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		73,480	25	954,375
	26	Total liabilities. Add lines 17 through 25		186,110,849	26	177,587,713
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		43,486,651	27	105,989,769
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		43,486,651	33	105,989,769
	34	Total liabilities and net assets/fund balances		229,597,500	34	283,577,482

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	202,558,798
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	176,851,380
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	25,707,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	43,486,651
5	Net unrealized gains (losses) on investments . . . . .	5	-2,090,300
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	38,886,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	105,989,769

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

SCHEDULE A  
(Form 990 or 990EZ)

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Orlando Health Central Inc	Employer identification number 80-0764192
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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

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

11

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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

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**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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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> <b>Answer (a) and (b) below.</b>			
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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](http://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 Central Inc	Employer identification number 80-0764192
--	--

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		52,862
j	Total. Add lines 1c through 1i.			52,862
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to 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 \$36,000. AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING \$7,929.



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

Name of the organization Orlando Health Central Inc	Employer identification number 80-0764192
--	--

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

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 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 . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

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 . . . . .  | 0                                    | 27,390,432                     |                              | 27,390,432     |
| b Buildings . . . . .  | 0                                    | 67,867,251                     | 9,951,107                    | 57,916,144     |
| c Leasehold improvements . . . . .   | 0                                    | 4,660,740                      | 1,230,266                    | 3,430,474      |
| d Equipment . . . . .  | 0                                    | 41,925,691                     | 18,319,855                   | 23,605,836     |
| e Other . . . . .  | 0                                    | 19,185,888                     | 835,585                      | 18,350,303     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 130,693,189    |
- 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 CONTROLLED AFFILIATES ARE NOT-FOR-PROFIT CORPORATIONS, RECOGNIZED AS TAX-EXEMPT UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTIONS 501(C)(3) AND 501(E) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. CERTAIN OF THE CONTROLLED AFFILIATES ARE ORGANIZED AS FOR-PROFIT CORPORATIONS, BUT HAVE PRODUCED NET OPERATING LOSSES TO DATE. ACCORDINGLY, IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE 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]

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 Central Inc

Employer identification number  
80-0764192

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  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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  <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
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			
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		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b		
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) . . . . .			7,065,619		7,065,619	4 000 %
b Medicaid (from Worksheet 3, column a) . . . . .			29,010,999	20,211,317	8,799,682	4 980 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			36,076,618	20,211,317	15,865,301	8 980 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j <b>Total.</b> Other Benefits . . . . .						
k <b>Total.</b> Add lines 7d and 7j . . . . .			36,076,618	20,211,317	15,865,301	8 980 %

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			196,593			
9Other						
10Total			196,593			

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.

24,477,877

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).

530,747,790

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

633,954,415

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

7-3,206,625

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?

1  
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)

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or 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):

1

	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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.HEALTHCENTRAL.ORG/</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> 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	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
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	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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	23	No
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	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? 1

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	ALL UNINSURED AND UNDERINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES

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



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

Form and Line Reference	Explanation
PART II	<p>THE PRIMARY PURPOSE OF ORLANDO HEALTH CENTRAL COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COMMUNITY ORLANDO HEALTH CENTRAL 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 CENTRAL WILL ENGAGE IN THE RECRUITMENT OF A PHYSICIAN OR ASSIST IN THE RECRUITMENT OF A PHYSICIAN RATIONALES THAT ORLANDO HEALTH CENTRAL 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 CENTRAL, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STANDARD OF CARE, NOR TO BENEFIT PERSONS AFFILIATED WITH ORLANDO HEALTH CENTRAL RATHER, THE PRIMARY PURPOSE OF THE WORKFORCE DEVELOPMENT ACTIVITIES IS TO BENEFIT THE COMMUNITY BASED ON INDEPENDENT COMMUNITY NEED ANALYSES ORLANDO HEALTH CENTRAL HAS ASSISTED IN THE RECRUITMENT OF TWO NEW COMMUNITY BASED PHYSICIANS TO SUPPORT THE PHYSICIAN SHORTAGES IN OUR COMMUNITY DURING THE YEAR</p>

Form and Line Reference	Explanation
PART III, LINE 2 AND LINE 4	<p>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 CENTRAL USES PREDICTIVE ANALYTICS TO DETERMINE IF THE FINANCIAL ASSISTANCE FOR ACCOUNTS ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT USES DATA DERIVED FROM THIRD PARTIES WHICH INCLUDE, BUT ARE NOT LIMITED TO DEMOGRAPHIC VERIFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALUES AND HOME OWNERSHIP HISTORY AND VALUES ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPARENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE IF THE ACCOUNT DOES QUALIFY, PREVIOUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW BALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY, 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</p>

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY USED TO REPORT THE AMOUNT REPORTED ON LINE 6 AS MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE WAS CALCULATED USING THE MEDICARE COST REPORT ORLANDO HEALTH CENTRAL DOES NOT CURRENTLY INCLUDE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT HOWEVER, AS A NOT-FOR-PROFIT ORGANIZATION WE PROVIDE EMERGENCY AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL CONTINUE TO CARE FOR THE MEDICARE POPULATION AND ACCEPT THE MEDICARE REIMBURSEMENT RATE CARING FOR THE MEDICARE PATIENT POPULATION FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THIS CLASS OF PATIENTS TYPICALLY HAS LOW AND/OR FIXED INCOMES THE MEDICARE PATIENT POPULATION IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS NECESSITATES THAT NOT-FOR-PROFIT HOSPITALS USE OTHER FUNDS TO COVER THE DEFICIT NOT-FOR-PROFIT HOSPITALS HAVE A RESPONSIBILITY TO WORK TOWARD IMPROVED HEALTH IN THE COMMUNITIES THEY SERVE AND CARING FOR THE MEDICARE PATIENTS, DESPITE THE SHORTFALL OF REIMBURSEMENT, IS A DIRECT COMMUNITY BENEFIT AND PROVIDES VALUE DIRECTLY TO THE COMMUNITIES SERVED

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

Form and Line Reference	Explanation
PART VI, QUESTION 2	NEEDS ASSESSMENT IN 2013, HEALTH CENTRAL HOSPITAL CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PRIOR TO THE ASSESSMENT, HEALTH CENTRAL HOSPITAL ASSESSED THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PROCESS AND DEVELOPED A PROCESS TO ENSURE THE ORGANIZATION IS RESPONSIVE TO COMMUNITY HEALTH NEEDS THROUGH OUR EDUCATION AND PATIENT CARE PROGRAMS. HEALTH CENTRAL HOSPITAL MEETS THE NEEDS OF THE COMMUNITY. THE SPECIFIC NEEDS TARGETED BY THESE PROGRAMS HAVE BEEN IDENTIFIED BY THE EXPERIENCE OF COMMUNITY HOSPITAL ADVISORY COUNCILS, NEIGHBORHOOD OUTREACH AND THROUGH NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL. AS A RESULT, HEALTH CENTRAL HOSPITAL SPONSORS A VARIETY OF PROGRAMS FOR AT-RISK POPULATIONS, FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND SPECIAL NEEDS GROUPS, AS WELL AS FOR THE BROADER COMMUNITY. ADDITIONAL EXAMPLES OF HOW HEALTH CENTRAL HOSPITAL RESPONDS TO COMMUNITY HEALTH NEEDS ARE AS FOLLOWS: 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 HEALTH CENTRAL HOSPITAL 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 CENTRAL FOLLOWS AN ESTABLISHED PROCESS TO INFORM ALL PATIENTS OF ITS CHARITY CARE AND UNINSURED DISCOUNT POLICIES DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, UNINSURED PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE POLICY AND OTHER FINANCIAL ASSISTANCE FINANCIAL INFORMATION IS SECURED FOR ALL UNINSURED PATIENTS TO SCREEN FOR POSSIBLE ENROLLMENT IN FEDERAL, STATE, AND LOCAL PROGRAMS ORLANDO HEALTH HAS CONTRACTED DEDICATED ORGANIZATIONS THAT ASSIST THE PATIENT WITH THEIR ENROLLMENT PROCESS ALL THE WAY TO APPROVAL OR DENIAL BY THE RESPECTIVE AGENCIES FOR UNINSURED PATIENTS THAT ARE DENIED COVERAGE OR DO NOT MEET THE COVERAGE CRITERION FOR A RESPECTIVE AGENCY, ORLANDO HEALTH THEN SCREENS THE PATIENT FOR CHARITY ELIGIBILITY IT IS ORLANDO HEALTH'S OBJECTIVE TO PROVIDE CHARITY CARE TO OUR PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY

Form and Line Reference	Explanation
PART VI, QUESTION 4	COMMUNITY INFORMATION ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL HAS 1,608 EMPLOYEES AND 466 PHYSICIANS ON STAFF ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL FACILITIES ENCOMPASS 171 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL FACILITIES RECEIVED 58,108 EMERGENCY DEPARTMENT VISITS, 26,748 OUTPATIENT VISITS AND 12,158 ADMISSIONS (INCLUDING NEWBORNS) ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL'S PRIMARY SERVICE AREA IS ORANGE COUNTY THE MEDIAN HOUSEHOLD INCOME IN THIS COUNTY IS \$44,857 WHEREAS THE AVERAGE INCOME IS \$44,857 IN CENTRAL FLORIDA, 14.0 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR ORANGE COUNTY AREA IS 22.1% AND THERE ARE SEVEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE



Form and Line Reference	Explanation
PART VI, QUESTION 5	<p>PROMOTION OF COMMUNITY HEALTH ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF THE WEST ORANGE COUNTY COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE IN A PATIENT-CENTERED ATMOSPHERE OF CARING AND COMPASSION USING THE STATE-OF-THE-ART DIAGNOSTICS AND TECHNOLOGY, AND A TEAM OF DEDICATED PHYSICIANS AND STAFF ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL DEMONSTRATES A COMMITMENT TO PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE PREVENTION AND ENVIRONMENTAL PROBLEMS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL FOSTERS PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTHCARE THE KEY COMPONENT OF A NON-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND ITS HOSPITAL GOVERNING BOARD ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND ITS AFFILIATES DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL'S VOLUNTEER BOARD BALANCE FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL'S CREDENTIALING PROCESS IS GUIDED BY POLICIES AND PROCEDURES THAT STANDARDIZE THE PROCESS THIS PRESCRIBED CREDENTIALING PROCESS ENSURES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE</p>

Form and Line Reference	Explanation
PART VI, QUESTION 6	<p> AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH CENTRAL, INC DBA ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL IS A PART OF AN INTEGRATED HEALTH SYSTEM FOR WHICH WE ARE ABLE TO PROVIDE COMPREHENSIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL HAS SEVERAL AFFILIATED ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS THE PARENT OF THE CORPORATION, ORLANDO HEALTH, INC (OHI), IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THROUGH ITS INTEGRATED HEALTH SYSTEM OF SIX HOSPITALS AND VARIOUS OUTPATIENT FACILITIES, WITH 16,789 EMPLOYEES AND 2,586 PHYSICIANS ON STAFF, OHI PROVIDES A HIGH LEVEL OF QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA OHI IS A DESIGNATED TEACHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION SPONSORING SEVEN RESIDENCY AND 18 FELLOWSHIP PROGRAMS OHI FACILITIES ENCOMPASS 1,941 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF OHI IS COMPRISED OF ORLANDO REGIONAL MEDICAL CENTER (ORMC), ARNOLD PALMER HOSPITAL FOR CHILDREN, WINNIE PALMER HOSPITAL FOR WOMEN &amp; BABIES, DR P PHILLIPS HOSPITAL, AND SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE ORLANDO CANCER CENTER, INC HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF OUR CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH PHYSICIAN GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF, SPECIALTY PHYSICIAN SERVICES ORLANDO PHYSICIANS NETWORK, INC ALSO SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING PRIMARY CARE PHYSICIAN SERVICES TO OUR PATIENTS AND COMMUNITY SERVED ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED APPROXIMATELY \$209 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS </p>

Form and Line Reference	Explanation
PART VI, QUESTION 7	NONE



Additional Data

Software ID:  
Software Version:  
EIN: 80-0764192  
Name: Orlando Health Central 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 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 POPULATOINS 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, 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	<p>IN SUPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH COMMUNITY ORGANIZATIONS AS A RESULT, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL ACTIVELY COLLABORATES WITH LOCAL ORGANIZATIONS AND GROUPS IN ORDER TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY OF LIFE IN CENTRAL FLORIDA WITH OUR PARTICIPATION IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL DEVELOPED NEW AND ENHANCED ESTABLISHED COMMUNITY BENEFIT PROGRAMS THAT ADDRESS HEALTH NEEDS IDENTIFIED THROUGH THE CHNA IN FISCAL YEAR 2014 THROUGH FISCAL YEAR 2016, WE DEVELOPED AND PROVIDED INTERVENTIONS FOR SELECTED HEALTH NEEDS IN AN EFFORT TO IMPROVE THE HEALTH STATUS OF RESIDENTS IN OUR COMMUNITY WE WILL SUSTAIN THESE EFFORTS THROUGH FISCAL YEAR 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 - HEALTH CENTRAL HOSPITAL DATA, COMMUNITY AND HOSPITAL ASSETS, ABILITY TO IMPACT ISSUE, CURRENT COMMUNITY BENEFIT EFFORTS, COMMUNITY PARTNERSHIPS, AND OPPORTUNITIES FOR COLLABORATION BELOW IS A SUMMARY OF THE HEALTH NEEDS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL SELECTED AS AREAS OF FOCUS FROM THE 2013 CHNA - HEART DISEASE IS A LEADING CAUSE OF DEATH IN NOT ONLY THE NATION, BUT IN OUR COMMUNITY WHILE IT IS A VERY COSTLY HEALTH PROBLEM, IT IS AMONG THE MOST PREVENTABLE HEALTH CONDITIONS AT ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL, WE DEVELOPED A NUMBER OF SERVICES AND SPECIALIZED CLINICS TO HELP RESIDENTS IN OUR COMMUNITY BECOME HEALTHY AND STAY HEALTHY THESE ARE JUST SOME OF THE REASONS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL SELECTED HEART DISEASE AS A PRIORITY WE ARE FOCUSING ON HEART DISEASE PREVENTION, DETECTION, AND THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE THROUGH EDUCATION AND COMMUNITY OUTREACH WE ALSO DEVELOPED AND ARE CURRENTLY PROVIDING EDUCATIONAL MATERIALS AND LITERATURE FOR PRIMARY CARE PHYSICIANS, COMMUNITY-BASED ENTITIES AND OTHER COMMUNITY PARTNERS FOR THE PURPOSE OF DISTRIBUTING TO THE BROADER COMMUNITY IN ORDER TO INCREASE HEALTH LITERACY REGARDING HEART DISEASE - CANCER IS ANOTHER LEADING CAUSE OF DEATH IN OUR COMMUNITY AND THE SECOND LEADING CAUSE OF DEATH IN THE NATION SPECIFICALLY, MORE PEOPLE DIE FROM LUNG CANCER ANNUALLY THAN ANY OTHER TYPE OF CANCER, EXCEEDING THE TOTAL DEATHS CAUSED BY BREAST CANCER, COLORECTAL CANCER, AND PROSTATE CANCER COMBINED THROUGH OUR UF HEALTH CANCER CENTER AT ORLANDO HEALTH, WE HOUSE ONE OF THE LARGEST, MOST COMPREHENSIVE CANCER PROGRAMS IN THE STATE OF FLORIDA AS A RESULT, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL SELECTED LUNG CANCER AS A PRIORITY AND IS FOCUSING ON LUNG CANCER PREVENTION WITH THE SUPPORT OF THE UF HEALTH CANCER CENTER AT ORLANDO HEALTH, CENTRAL FLORIDA AREA HEALTH EDUCATION CENTERS (AHEC) TOBACCO, AND OTHER COMMUNITY PARTNERS (IE, SCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS) WE PROVIDE SMOKING CESSATION PROGRAMS TO ADULTS AND SMOKING PREVENTION EDUCATION TO YOUTH IN OUR COMMUNITY FOR THOSE NEEDS IDENTIFIED THROUGH THE 2013 CHNA THAT DID NOT EMERGE AS AN AREA OF STRATEGIC PRIORITY DURING OUR PRIORITIZATION PROCESS, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL DOES PROVIDE SUPPORT AND SERVICES FOR SEVERAL OF THE REMAINING NEEDS IN SOME FORM OR FASHION AT THE TIME OF PRIORITIZATION, WE TOOK INTO CONSIDERATION THE LEVEL TO WHICH SOME OF THE NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA ALONG WITH WHETHER THE IDENTIFIED NEED FALLS OUT OF THE SCOPE OF OUR EXPERTISE AND RESOURCES FOR THE NEEDS THAT WE DID NOT SELECT, WE WILL CONTINUE TO PROVIDE SUPPORT AND SERVICES WHERE APPROPRIATE BELOW IS THE LIST OF NEEDS ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL DID NOT SELECT FOLLOWING THE 2013 CHNA AND A BRIEF DESCRIPTION REGARDING OUR DETERMINATION - DIABETES - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR DIABETES AND WORK WITH AND WORK WITH COMMUNITY PARTNERS THAT CURRENTLY ADDRESS DIABETES AT THIS TIME, HEALTHY ORANGE FLORIDA IS FOCUSING ON THE NEED WHICH IS A COLLABORATION THAT ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND OUR PARENT ORGANIZATION, ORLANDO HEALTH, INC, HELP FOUND AND IS A MEMBER MOREOVER ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL'S FOCUS ON HEART DISEASE WILL IMPACT DIABETES - OBESITY - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR OBESITY AND WORK WITH COMMUNITY PARTNERS THAT CURRENTLY ADDRESS THIS ISSUE OUR FOCUS ON HEART DISEASE WILL IMPACT OBESITY IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH INC, IS ADDRESSING THROUGH ARNOLD PALMER HOSPITAL FOR CHILDREN AND WINNIE PALMER HOSPITAL FOR WOMEN &amp; BABIES - MATERNAL AND CHILD HEALTH - WE WILL CONTINUE TO PROVIDE EXISTING SERVICES AND PROGRAMS AT HEALTH CENTRAL AND WORK WITH COMMUNITY PARTNERS THAT CURRENTLY ADDRESS MATERNAL AND CHILD HEALTH MATTERS IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH, INC, IS ADDRESSING ISSUES THAT FALL UNDER MATERNAL AND CHILD HEALTH THROU</p>



**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	GH ARNOLD PALMER HOSPITAL FOR CHILDREN AND WINNIE PALMER HOSPITAL FOR WOMEN & BABIES - SE XUALLY TRANSMITTED DISEASES - WE WILL CONTINUE TO PROVIDE EXISTING SERVICES FOR SEXUALLY T RANSMITTED DISEASES AND WORK WITH OUR PARENT ORGANIZATION'S INFECTIOUS DISEASE PHYSICIAN P RACTICE AND COMMUNITY PARTNERS TO ADDRESS THE NEED - SUBSTANCE ABUSE - WE DO NOT HAVE THE EXPERTISE AND RESOURCES TO EFFECTIVELY ADDRESS THIS NEED AS A HOSPITAL HOWEVER, WE CURRE NTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY PARTNERS THAT FOCUS ON THIS NEED IN ADDITION, OUR PARENT ORGANIZATION, ORLANDO HEALTH INC , PROVIDES PROGRAMS AND SE RVICES FOR SUBSTANCE ABUSE - MENTAL HEALTH - WE DO NOT HAVE THE EXPERTISE AND RESOURCES T O EFFECTIVELY ADDRESS THIS NEED AS A HOSPITAL HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY PARTNERS THAT FOCUS ON THIS NEED IN ADDITION, OUR PA RENT ORGANIZATION, ORLANDO HEALTH INC , PROVIDES PROGRAMS AND SERVICES FOR SUBSTANCE ABUSE - CHRONIC DISEASE MANAGEMENT - WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR CHRONIC DI SEASE MANAGEMENT AND WORK WITH COMMUNITY PARTNERS THAT ALSO ADDRESS THE NEED THROUGH OUR FOCUS ON HEART DISEASE AND CANCER WE WILL IMPACT THIS NEED IN ADDITION, HEALTHY ORANGE FL ORIDA'S FOCUS ON DIABETES FALLS UNDER CHRONIC DISEASE MANAGEMENT AGAIN, WE ARE A FOUNDING MEMBER OF THIS COLLABORATION ALONG WITH OUR PARENT ORGANIZATION, ORLANDO HEALTH INC - VI OLENT CRIME - WE DO NOT HAVE THE EXPERTISE OR RESOURCES TO EFFECTIVELY ADDRESS THIS NEED A S A HOSPITAL HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUN ITY PARTNERS THAT FOCUS ON THIS NEED - HEALTH LITERACY - WE WILL CONTINUE CURRENT INITIAT IVES THAT SUPPORT THE NEED IN THE COMMUNITY MOREOVER, THE FOCUS ON HEART DISEASE AND CANC ER WILL HELP TO INCREASE HEALTH LITERACY IN THE COMMUNITY - SINGLE PARENT HOUSEHOLDS - AS A HOSPITAL SYSTEM, WE DO HAVE THE EXPERTISE OR RESOURCES TO EFFECTIVELY ADDRESS THIS NEED HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY PARTNERS THAT FOCUS ON THIS NEED - MOTOR VEHICLE ACCIDENTS - WE CURRENTLY PROVIDE TREATMENT AND S ERVICES FOR THOSE IMPACTED BY MOTOR VEHICLE ACCIDENTS AND WORK WITH COMMUNITY PARTNERS WHE RE APPROPRIATE OUR PARENT ORGANIZATION, ORLANDO HEALTH INC , IS ADDRESSING THIS NEED THRO UGH ARNOLD PALMER HOSPITAL FOR CHILDREN AND WINNIE PALMER HOSPITAL FOR WOMEN & BABIES - A CCESS TO CARE - WHILE WE DID NOT DIRECTLY SELECT THIS NEED, THE PRIORITIES WE DID SELECT S UPPORT ACCESS TO CARE WE WILL CONTINUE TO PROVIDE SERVICES AND COMMUNITY BENEFIT EFFORTS THAT SUPPORT THIS NEED AND WORK WITH COMMUNITY PARTNERS THAT HELP INCREASE ACCESS TO CARE I E , PRIMARY CARE ACCESS NETWORK AND THE WEST ORANGE HEALTH DISTRICT

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 13H	ALL UNINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES

**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	<a href="http://www.orlandohealth.com/patients-and-visitors/patient-financial-resources/financial-assistance-program">http //www orlandohealth com/patients-and-visitors/patient-financial-resou rces/financial-assistance- program</a>

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 22D	ALL UNINSURED PATIENTS, REGARDLESS OF INCOME, ARE PROVIDED WITH A DISCOUNT EQUAL TO 75% OFF GROSS CHARGES THIS LEVEL OF DISCOUNT IS GREATER THAN THE AMOUNT CALCULATED UNDER THE METHODOLOGY OF 22B

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Orlando Health Central Inc

Employer identification number  
80-0764192

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	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 The officers of Orlando Health Central, Inc are employees of orlando health, Inc , the tax-exempt parent or orlando health central, inc and thus are subject to the compensaton polices implemented by orlando health, inc and their compensation is included on orlando health inc form 941
Severance Payment	Schedule J, Part I, Line 4a SEVERANCE PAYMENTS TO THE FOLLOWING ROBERT MILES \$142,007 SHERRIE SITARIK \$978,146
Supplemental Nonqualified Retirement Plan	Schedule J, Part I, Line 4b DEFERRAL DEPOSIT MADE ON BEHALF OF THE FOLLOWING JAMAL HAKIM \$179,233 JOHN SCHOOLER \$161,580 GREGORY OHE \$25,040 MICHAEL MUELLER \$13,202 CHRISTINA MCGUIRK \$8,400 RICK SMITH \$12,810 DEFERRAL DISTRIBUTION MADE ON BEHALF OF THE FOLLOWING JOHN SCHOOLER \$51,130 JOHN MARZANO \$43,208 CHRISTINA MCGUIRK \$7,119 Jamal Hakim \$16,977

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 80-0764192  
**Name:** Orlando Health Central Inc

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

(A) Name 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 A Hakim MD, Board member	(i) 0 (ii) 799,735	(i) 0 (ii) 432,934	(i) 0 (ii) 63,128	(i) 0 (ii) 230,783	(i) 0 (ii) 0	(i) 0 (ii) 1,526,580	(i) 0 (ii) 15,986
Stephan J Harr, Board member	(i) 0 (ii) 512,909	(i) 0 (ii) 193,746	(i) 0 (ii) 88,579	(i) 0 (ii) 51,550	(i) 0 (ii) 15,830	(i) 0 (ii) 862,614	(i) 0 (ii) 0
John Marzano, Board member	(i) 0 (ii) 226,090	(i) 0 (ii) 86,905	(i) 0 (ii) 76,832	(i) 0 (ii) 33,843	(i) 0 (ii) 15,069	(i) 0 (ii) 438,739	(i) 0 (ii) 32,104
Robert A Miles, Term Ended 11/11/2013	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 142,007	(i) 0 (ii) 0	(i) 0 (ii) 11,806	(i) 0 (ii) 153,813	(i) 0 (ii) 0
J Richard Schooler, Board member	(i) 0 (ii) 390,197	(i) 0 (ii) 148,807	(i) 0 (ii) 53,303	(i) 0 (ii) 213,130	(i) 0 (ii) 24,462	(i) 0 (ii) 829,899	(i) 0 (ii) 51,115
Gregory P Ohe, President	(i) 0 (ii) 215,486	(i) 0 (ii) 84,373	(i) 0 (ii) 6,943	(i) 0 (ii) 52,936	(i) 0 (ii) 24,176	(i) 0 (ii) 383,914	(i) 0 (ii) 0
Michael E Mueller, CFO	(i) 0 (ii) 180,167	(i) 0 (ii) 34,709	(i) 0 (ii) 174	(i) 0 (ii) 38,753	(i) 0 (ii) 28,738	(i) 0 (ii) 282,541	(i) 0 (ii) 0
James B Rodier, Chief Quality Officer	(i) 231,649 (ii) 0	(i) 16,211 (ii) 0	(i) 2,217 (ii) 0	(i) 33,864 (ii) 0	(i) 20,863 (ii) 0	(i) 304,804 (ii) 0	(i) 0 (ii) 0
Christina M McGuirk, Chief Nursing Officer	(i) 0 (ii) 115,962	(i) 0 (ii) 22,150	(i) 0 (ii) 7,209	(i) 0 (ii) 27,185	(i) 0 (ii) 22,782	(i) 0 (ii) 195,288	(i) 0 (ii) 0
Rick Smith, Chief Operating Officer	(i) 0 (ii) 177,053	(i) 0 (ii) 52,348	(i) 0 (ii) 275	(i) 0 (ii) 24,810	(i) 0 (ii) 11,021	(i) 0 (ii) 265,507	(i) 0 (ii) 0
Shareen Oloufa, OB/GYN Physician	(i) 248,596 (ii) 0	(i) 14,700 (ii) 0	(i) 810 (ii) 0	(i) 26,290 (ii) 0	(i) 1,420 (ii) 0	(i) 291,816 (ii) 0	(i) 0 (ii) 0
Carlos Dieguez, OB/GYN Physician	(i) 241,500 (ii) 0	(i) 14,700 (ii) 0	(i) 3,564 (ii) 0	(i) 26,933 (ii) 0	(i) 21,394 (ii) 0	(i) 308,091 (ii) 0	(i) 0 (ii) 0
Carlos Trillo, Surgeon	(i) 218,812 (ii) 0	(i) 250 (ii) 0	(i) 1,082 (ii) 0	(i) 2,753 (ii) 0	(i) 5,912 (ii) 0	(i) 228,809 (ii) 0	(i) 0 (ii) 0
Wm Kelly Bowman, Physician	(i) 143,752 (ii) 0	(i) 46,352 (ii) 0	(i) 519 (ii) 0	(i) 25,803 (ii) 0	(i) 18,363 (ii) 0	(i) 234,789 (ii) 0	(i) 0 (ii) 0
Nimesh Dayal, Physician	(i) 186,746 (ii) 0	(i) 89,271 (ii) 0	(i) 605 (ii) 0	(i) 24,728 (ii) 0	(i) 18,363 (ii) 0	(i) 319,713 (ii) 0	(i) 0 (ii) 0
Sherrie Sitark, Term ended 06/07/13	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 978,146	(i) 0 (ii) 0	(i) 0 (ii) 14,406	(i) 0 (ii) 992,552	(i) 0 (ii) 0



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Orlando Health Central Inc

Employer identification number  
80-0764192

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?
				YesNo

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

Total ▶ \$

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
(1) Lake Apopka Natural Gas District	OHC Dir S Davis CEO	370,042	Gas Services		No

**Part V Supplemental Information**

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

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

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As Filed Data -

DLN: 93493225021706

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Orlando Health Central Inc

Employer identification number  
80-0764192

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	Form 990, Part VI, Line 6 THE SOLE VOTING MEMBER OF ORLANDO HEALTH CENTRAL, INC IS ORLANDO HEALTH INC , FEIN 59-1726273
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	Form 990, Part VI, Line 7a ORLANDO HEALTH, INC , THE TAX EXEMPT PARENT ORGANIZATION, ELECTS AND APPROVES ALL BOARD MEMBERS
DECISIONS SUBJECT TO APPROVAL	Form 990, Part VI, Line 7b ORLANDO HEALTH CENTRAL, INC BOARD ELECTS MEMBERS WHO ARE THEN APPROVED BY THE PARENT ORGANIZATION ORLANDO HEALTH, INC (OHI) BOARD THE OHI BOARD ALSO APPROVES THE FOLLOWING ACTIONS OF THE ORLANDO HEALTH CENTRAL BOARD - CHANGES OR AMENDMENTS TO HEALTH CENTRAL'S ARTICLES OF INCORPORATION OR BYLAWS - THE BUDGET OF HEALTH CENTRAL FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - POLICIES OR PROPOSALS ESTABLISHING THE STRATEGIC DIRECTION OF HEALTH CENTRAL - THE STRATEGIC PLAN OF HEALTH CENTRAL - THE CONSISTENCY OF THE QUALITY ASSESSMENT, RISK MANAGEMENT , IMPROVEMENT AND UTILIZATION PROGRAMS FOR THE HOSPITAL AND FACILITIES, AND SERVICES OPERATED BY HEALTH CENTRAL, WITH SYSTEM-WIDE QUALITY AND SERVICE INITIATIVES - MATERIAL CHANGES IN SERVICES OFFERED BY HEALTH CENTRAL - PLANS OF THE DIRECTORS TO COORDINATE THE POLICIES AND ACTIVITIES OF THE HOSPITAL AND HEALTH CENTRAL - PLANS OF THE DIRECTORS TO PROVIDE OVERSIGHT FOR REGULATORY COMPLIANCE (JOINT COMMISSION, AHCA, CMS, ETC ) FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - PLANS OF THE DIRECTORS TO ENSURE QUALITY OF CARE, ENSURE THAT EVERY PATIENT IS UNDER THE CARE OF A MEMBER OF THE HOSPITAL'S MEDICAL STAFF - OPERATIONAL OBJECTIVES FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - ANY PLANS OF THE DIRECTORS FOR SERVING AS COMMUNITY LIAISON - ANY PLANS OF THE DIRECTORS FOR INTERACTING WITH AND ACCESS TO LEADERSHIP OF OHI - ANY PLANS OF THE DIRECTORS FOR ESTABLISHING EFFECTIVE COMMUNICATION LINES AMONG THE BOARD, ADMINISTRATION AND MEDICAL STAFF - EVALUATION OF THE PRESIDENT'S PERFORMANCE - THE APPOINTMENT, REMOVAL, AND DETERMINATION OF THE COMPENSATION OF THE PRESIDENT - ALL OPERATING AND CAPITAL EXPENDITURES, INCLUDING, BUT NOT LIMITED TO, CAPITAL LEASES, IN EXCESS OF \$5 0 MILLION FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL - ANY PLANS TO DIRECT THE PLACEMENT OF FUNDS AND CAPITAL, LOANS, AND TRANSFERS OF FUNDS OR OTHER ASSETS FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL, IF THE AMOUNT OF SUCH FUNDS, CAPITAL LOANS, AND OTHER ASSETS EXCEED FIVE MILLION DOLLARS (\$5,000,000) - ANY PROPOSED DONATIONS, CONTRIBUTIONS, AND GIFTS TO CHARITIES AND COMMUNITY ORGANIZATIONS BY HEALTH CENTRAL OVER \$100,000 IN THE AGGREGATE PER FISCAL YEAR - ANY PROPOSED INVESTMENT POLICY OR AMENDMENT TO SUCH INVESTMENT POLICY FOR HEALTH CENTRAL'S FUNDS
PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	Form 990, Part VI, Line 11b CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY REQUIRED CHANGES WERE MADE TO THE FORM 990 THE FINAL FORM 990 WAS THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD TO REVIEW ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CHANGES REQUIRED OF THE REVIEW WERE MADE
CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT	FORM 990, PART VI, LINE 12C ORGANIZATION HAS A DEDICATED COMPLIANCE DEPARTMENT WITH AN ANONYMOUS HOTLINE FOR REPORTING THE COMPLIANCE DEPARTMENT PERFORMS INTERNAL AUDITS AND MONITORS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BOARD MEMBERS ROUTINELY ANNOUNCE CONFLICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE
OFFICERS AND POSITIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS BEGAN	Form 990, Part VI, Line 15A OFFICERS OF ORLANDO HEALTH CENTRAL, INC ARE EMPLOYEES OF AND RECEIVE COMPENSATION FROM PARENT, ORLANDO HEALTH, INC , WHICH HAS AN INDEPENDENT COMPENSATION COMMITTEE THAT REPORTS TO THE ORLANDO HEALTH BOARD OF DIRECTORS AND UTILIZES THE GUIDELINES CONSISTENT WITH THE IRS GUIDELINES ON INDEPENDENT ANALYSIS AND DOCUMENTATION OF COMPENSATION THE PROCESS IS USED FOR ALL OFFICERS, EXECUTIVE DIRECTORS AND DIRECTORS AND WAS IMPLEMENTED AT ORLANDO HEALTH CENTRAL UPON ITS CREATION
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	FINANCIAL STATEMENTS TO THE PUBLIC Form 990, Part VI, Line 19 AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION
OTHER CHANGES IN NET ASSETS	Form 990, Part XI, Line 9 38,886,000 - EQUITY CONTRIBUTION FROM PARENT COMPANY , ORLANDO HEALTH INC (EIN 59-1726273)

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Orlando Health Central Inc

Employer identification number  
80-0764192

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WEST ORANGE PHYSICIANS GROUP LLC 10000 W COLONIAL DRIVE OCOOE, FL 34761 27-0159074	PHYSICIAN SER	FL	6,588,959	329,712	OHC

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ORLANDO HEALTH INC 1414 KUHL AVENUE  ORLANDO, FL 32806 59-1726273	HEALTHCARE	FL	501(C)(3)	3	NA		No
(2) ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD  ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(3) ORLANDO CANCER CENTER INC 1400 S ORANGE AVENUE  ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11-I	OHI	Yes	
(4) ORLANDO HEALTH PHYSICIAN GROUP INC 1414 KUHL AVENUE  ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	11-I	OHI	Yes	
(5) ORLANDO PHYSICIANS NETWORK INC 1414 KUHL AVENUE  ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11-I	OHI	Yes	
(6) WEST ORANGE HEALTHCARE INC 10000 W COLONIAL DRIVE  OCOOE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11-I	OHC	Yes	
(7) HEALTH CENTRAL FOUNDATION INC 10000 W COLONIAL DRIVE  OCOOE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HEALTHCARE PURCHASING ALLIANCE LLC  1417 KUHL AVENUE ORLANDO, FL 32806 45-4843489	GROUP PRCHSNG	FL	NA	NONE	0	0		No	0		No	0 %
(2) ORLANDO HEALTHUSP SURGERY CENTERS LLC  1414 KUHL AVENUE ORLANDO, FL 32806 32-0417400	SURG CENTR	FL	NONE	NONE	0	0		No	0		No	0 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

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

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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------



Additional Data

Software ID:

Software Version:

EIN: 80-0764192

Name: Orlando Health Central Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ORLANDO HEALTH INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-1726273	HEALTHCARE	FL	501(C)(3)	3	NA		No
(1) ORLANDO HEALTH FOUNDATION INC  3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(C)(3)	7	OHI	Yes	
(2) ORLANDO CANCER CENTER INC  1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(C)(3)	11-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-I	OHI	Yes	
(4) ORLANDO PHYSICIANS NETWORK INC  1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(C)(3)	11-I	OHI	Yes	
(5) WEST ORANGE HEALTHCARE INC  10000 W COLONIAL DRIVE OCOE, FL 34761 59-3269402	SUPPORT OHC	FL	501(C)(3)	11-I	OHC	Yes	
(6) HEALTH CENTRAL FOUNDATION INC  10000 W COLONIAL DRIVE OCOE, FL 34761 59-2091206	SUPPORT OHC	FL	501(C)(3)	7	OHF	Yes	