

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

<b>4a</b>	(Code )	(Expenses \$ 1,653,101,011	including grants of \$ 2,314,729 )	(Revenue \$ 2,465,093,865 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ▶	1,653,101,011	
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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> . . . . .	<b>21</b> Yes	
<b>22</b> 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> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a 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> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b> 976		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 15,859		
<b>b</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)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶BERNADETTE SPONG 1414 KUHL AVENUE ORLANDO, FL 32806 (321) 841-5078	

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

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

Form **990** (2017)

[illegible]

**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 ▶ 589

## Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AVI FOODSYSTEMS INC, 2590 ELM RD NE WARREN, OH 44483	FOOD SERVICES	11,932,122
BARTON MALOW COMPANY, 26500 AMERICAN DR SOUTHFIELD, MI 48034	CONSTRUCTION SERVICE	11,770,238
ALLSCRIPTS HEALTHCARE LLC, 8529 SIX FORKS RD RALEIGH, NC 27615	COMPUTER SERVICES	8,329,629
EFFICIENCY MEDIA INC, 3616 WINNETKA RD GLENVIEW, IL 60026	CONSULTING SERVICES	7,856,420
THE CLARO GROUP LLC, 321 N CLARK ST STE 1200 CHICAGO, IL 60654	CONSULTING SERVICES	4,796,109

Form 990 (2017)



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants  
and Other Similar Amounts**

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>	0		
<b>d</b> Related organizations . . . . .	<b>1d</b>	14,509,251		
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	393,742		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,938,999		
<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .	0			
<b>h Total.</b> Add lines 1a-1f . . . . .	18,841,992			

**Program Service Revenue**

	Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE	621990	2,320,625,610	2,309,838,098	10,787,512	0
<b>b</b> RETAIL PHARMACY	446110	54,710,859	54,710,859	0	0
<b>c</b> LIP TIER 3 STATE REVENUE	900099	26,466,440	26,466,440	0	0
<b>d</b> MANAGEMENT FEES	900099	10,906,466	10,906,466	0	0
<b>e</b> FITNESS CENTER	713940	1,910	0	1,910	0
<b>f</b> All other program service revenue . . . . .		52,382,580	51,518,975	863,605	0
<b>g Total.</b> Add lines 2a-2f . . . . .		2,465,093,865			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		30,318,835		840,687	29,478,148
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		-2,939,112			-2,939,112
<b>5</b> Royalties . . . . .		264		264	
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	7,639,972				
<b>b</b> Less rental expenses . . . . .	5,189,510				
<b>c</b> Rental income or (loss) . . . . .	2,450,462	0			
<b>d</b> Net rental income or (loss) . . . . .		2,450,462		381,499	2,068,963
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	829,148,915	8,889,140			
<b>b</b> Less cost or other basis and sales expenses . . . . .	799,778,359	728,167			
<b>c</b> Gain or (loss) . . . . .	29,370,556	8,160,973			
<b>d</b> Net gain or (loss) . . . . .		37,531,529		1,081,844	36,449,685
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> PHYSICIANS ANSWERING SERVICE	567499	425,160	0	425,160	0
<b>b</b> INFANT PICTURE CONTRACT	900099	67,200	0	67,200	0
<b>c</b> PARKING GARAGE	621990	48,380	0	0	48,380
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		540,740			
<b>12 Total revenue.</b> See Instructions . . . . .		2,551,838,575	2,453,440,838	14,449,681	65,106,064

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,314,729	2,314,729		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,942,170	2,014,246	4,927,924	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,034,231	575,176	459,055	0
<b>7</b> Other salaries and wages.	751,991,208	611,768,453	136,231,758	3,990,997
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	33,685,547	27,390,522	6,278,793	16,232
<b>9</b> Other employee benefits.	131,021,697	105,979,701	24,378,523	663,473
<b>10</b> Payroll taxes.	53,556,957	43,875,519	9,443,744	237,694
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	9,187,938	0	9,187,938	0
<b>c</b> Accounting.	542,701	0	542,701	0
<b>d</b> Lobbying.	444,513	0	444,513	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	1,467			1,467
<b>f</b> Investment management fees.	413,291		413,291	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	140,368,685	95,153,434	45,104,583	110,668
<b>12</b> Advertising and promotion.	21,380,701	9,720,022	11,575,746	84,933
<b>13</b> Office expenses.	37,550,203	33,810,955	3,315,553	423,695
<b>14</b> Information technology.	51,087,524	19,962,291	30,902,799	222,434
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	107,491,435	72,341,969	34,624,010	525,456
<b>17</b> Travel.	4,483,532	2,582,776	1,676,369	224,387
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	1,227,741	940,412	228,432	58,897
<b>20</b> Interest.	44,719,576	35,088,666	9,630,910	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	112,630,250	88,373,943	24,239,191	17,116
<b>23</b> Insurance.	17,166,328	17,057,015	109,313	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	412,977,239	412,977,239	0	0
<b>b</b> ELIGIBILITY FEES	28,057,887	28,057,887	0	0
<b>c</b> PATIENT MED ASSIST TRUST	24,830,706	24,830,706	0	0
<b>d</b> DISCHARGE SUPPORT	7,851,250	7,851,250	0	0
<b>e</b> All other expenses	16,809,630	10,434,100	6,110,536	264,994
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,019,769,136	1,653,101,011	359,825,682	6,842,443
<b>26</b> 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 IX ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	144,008,255	<b>1</b>	166,700,832
	<b>2</b>	Savings and temporary cash investments . . . . .	192,139,900	<b>2</b>	366,506,180
	<b>3</b>	Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .	254,281,560	<b>4</b>	303,078,571
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .	48,183,904	<b>8</b>	51,878,352
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	34,053,867	<b>9</b>	37,580,802
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	2,884,173,394		
	<b>b</b>	Less: accumulated depreciation	1,714,399,785		
			1,090,844,687	<b>10c</b>	1,169,773,609
	<b>11</b>	Investments—publicly traded securities . . . . .	1,172,312,905	<b>11</b>	1,608,023,044
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .	31,973,334	<b>14</b>	31,973,334
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	246,484,378	<b>15</b>	290,415,514	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,214,282,790	<b>16</b>	4,025,930,238	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	289,219,392	<b>17</b>	353,277,964
	<b>18</b>	Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .	2,444,566	<b>19</b>	5,436,565
	<b>20</b>	Tax-exempt bond liabilities . . . . .	806,802,748	<b>20</b>	1,148,951,887
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	26,667,953	<b>23</b>	29,293,876
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	210,801,140	<b>25</b>	219,943,235
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,335,935,799	<b>26</b>	1,756,903,527	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	1,778,681,640	<b>27</b>	2,169,813,072
	<b>28</b>	Temporarily restricted net assets . . . . .	98,908,632	<b>28</b>	98,394,746
	<b>29</b>	Permanently restricted net assets . . . . .	756,719	<b>29</b>	818,893
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>	1,878,346,991	<b>33</b>	2,269,026,711	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>	3,214,282,790	<b>34</b>	4,025,930,238	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,551,838,575
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,019,769,136
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	532,069,439
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,878,346,991
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,172,499
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-145,562,218
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,269,026,711

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

Orlando Health is one of Floridas most comprehensive private, not-for-profit healthcare organizations Since 1918, Orlando Health has been part of the Greater Orlando community, growing from a single hospital into an award-winning not-for-profit healthcare organization and community-based network of physician practices, hospitals and outpatient care centers throughout Central Florida As a leading healthcare resource, providing world-class medical care as well as training our future healthcare providers, Orlando Health continues to foster growth and development throughout the region for generations to come Our system includes Orlando Health Orlando REGIONAL MEDICAL CENTER (ORMC) - One of the largest tertiary facilities in the region, ORMC is Orlando Healths flagship facility and home to the areas only Level One Trauma Center For nearly 100 years, ORMC has provided the most advanced options available for surgical, medical, rehabilitative and emergency care Today, through ORMCs state-of-the-art technology and leading medical specialists, ORMC provides comprehensive continuum of care for trauma, vascular, stroke, neuroscience, oncology, surgery and orthopedic patients In addition to the areas only Level One Trauma Center, ORMC is home to the areas only air ambulance service and one of the states six major teaching hospitals Orlando Health Arnold Palmer Hospital for Children For more than 25 years, Arnold Palmer Hospital has been a place of hope and healing Dedicated exclusively to the healthcare needs of children, Arnold Palmer Hospital offers expertise in a wide range of pediatric specialties including cardiology and cardiac surgery, craniomaxillofacial surgery, endocrinology and diabetes, and gastroenterology Arnold Palmer Hospital also houses Central Floridas only pediatric Level One Trauma Center and Emergency Department The Howard Phillips Center for Children & Families is also under the Arnold Palmer Hospital umbrella Through the Howard Phillips Center for Children & Families, a continuum of unique, specialized services are provided to at-risk children and families in Central Florida facing difficult medical and emotional challenges such as abuse, neglect, developmental delays and lack of access to proper healthcare In 2018, over 15,000 children and families were served through the centers six specialized programs Orlando Health Winnie Palmer Hospital for Women & Babies - Winnie Palmer Hospital is designed to meet the unique health needs of women and babies in a caring, family-centered environment Through state-of-the-art technology and a committed team, Winnie Palmer Hospitals Level III Neonatal Intensive Care Unit (NICU) has one of the highest survival rates in the country for low-birth weight babies A leader in obstetrics and neonatal intensive care as well as comprehensive healthcare for women throughout all stages of life, the hospital provides a wide range of obstetric and gynecologic services Orlando Health UF Health Cancer Center - Orlando Health has joined forces with University of Florida Health to provide the most effective cancer care for our communities The establishment of the Cancer Center brings the most experienced cancer doctors together with top cancer researchers to provide unique treatments tailored to each patients needs Home to the Marjorie and Leonard Williams Center for Proton Therapy, the center is Floridas first and only the nations 23rd proton therapy center With 60 private inpatient beds, specific services include genetic counseling, integrative medicine, nutrition services, counseling and rehabilitation Orlando Health Dr P Phillips Hospital Orlando Health Dr P Phillips Hospital is a comprehensive community hospital offering a wide range of specialized programs and services for our patients in southwest Orange County As a full service medical and surgical facility diagnostic imaging, rehabilitation and surgical services including vascular, neurosurgery, oncology, orthopedics and the daVinci robotic surgical system are offered The hospital also includes cardiovascular care as a fully accredited Chest Pain Center and a designated Primary Stroke Center Home healthcare, wound care therapies and multiple sclerosis comprehensive care are also provided Orlando Health - Health Central Hospital - Serving our patients in west Orange County, Health Central Hospital is a full-service acute care community hospital providing access to a wide range of specialty care The hospital provides services in cardiac care, neurology, neurosurgery, orthopedic and spine care, endocrinology, oncology, wound care, mammography and general surgery The hospital also offers a Primary Stroke Center Orlando Health South Seminole Hospital - Serving Seminole County, South Seminole Hospital is a full-service community hospital offering advanced medical procedures as well as a focus on prevention, wellness and community outreach services Services offered include endoscopy, womens health, behavioral health, wound care and hyperbaric medicine, and therapies (physical, occupational and speech) The facility is also home to one of Orlando Healths three Air Care Team helicopter bases Orlando Health South Lake Hospital Serving the whole southern region of Lake County, the hospital is a fully-accredited Chest Pain Center and a Breast Imaging Center of Excellence Services offered include cardiac, womens health, orthopedics, rehabilitation, an outpatient surgical center, wound care, robotic surgery, diagnostic imaging, home healthcare and the National Training Center, a sports and wellness facility The facility is home to one of Orlando Healths three Air Care Team helicopter bases Orlando Health is proud to offer the regions only Level One Trauma Center, the areas first heart program, specialty hospitals dedicated to children, women and babies, a major cancer center, and long-standing community hospitals Our technology and advanced medical treatments and procedures, along with our expert staff, have distinguished Orlando Health as a healthcare leader, providing access to nearly two million Central Florida residents The health system is one of Central Floridas largest employers with more than 16,000 employees and over 2,000 on-staff physicians supporting our philosophy of providing a continuum of care that revolves around patients needs We have always been - and always will be - focused on achieving the very best outcomes for our patients Orlando Health delivers care through our five acute care hospitals, three specialty hospitals and numerous outpatient centers During the fiscal year ending on September 30, 2018 we had 441,109 days of inpatient care, 708,416 outpatient visits, 14,329 births and 278,608 emergency visits In accordance with our Mission, Orlando Health provided extensive care to patients without charge or at an amount less than our established rates We offer community education, school initiatives and support groups As a teaching hospital, Orlando Health offers residency programs designed to train future healthcare professionals WE ARE ORLANDO'S HEALTHCARE As the physicians, team members and volunteers of Orlando Health understand that healthcare extends beyond the walls of our facilities, they often contribute to the community by educating others and providing programs and services Some of our community programs include community outreach, speakers bureau, support and education, community wellness screenings, community health fairs, pastoral outreach and spiritual care Many of these activities bring little or no payment to our system but are continued because they support our mission and provide value to the community COMMUNITY CLINICAL SUPPORT SERVICES Orlando Health provides access to primary care services throughout our market area In addition, we have a long history of supporting the missions of other community organizations who provide primary care access Organizations such as Primary Care Access Network, True Health, Community Health Centers, Inc , Orange Blossom Family Health, Orange County Health Services, Grace Medical Home and Shepherds Hope Relationships with community organizations like the ones named are important to us and remain at the center of the Orlando Health community benefit initiative LEVEL ONE TRAUMA CENTER Orlando REGIONAL MEDICAL CENTER is proud to be home to Central Florida's only Level One Trauma Center Not all hospitals are trauma centers, and not every emergency department can handle every emergency A trauma center is not an emergency department A trauma center is a state-accredited hospital facility capable of highly specialized treatment for the most critical injuries In Central Florida, this care can only be received at Orlando Regional Medical Center Our Level One Trauma Center features a multidisciplinary team of board-certified doctors, nurses and technicians ready to treat the most severely injured patients 24 hours a day, 7 days a week C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Aurelio Duran MD ..... Board member	2 0 ..... 55 0	X						0	1,514,837	204,867
David W Strong ..... President & CEO	55 0 ..... 5 0	X		X				1,925,558	0	277,563
C David Brown II until 718 ..... Board member, Vice Chair, Sec	2 0 ..... 0 0	X		X				0	0	0
John Cappleman MD ..... Board member	2 0 ..... 0 0	X						0	0	0
Carolyn Karraker ..... Board member	2 0 ..... 0 0	X						0	0	0
Ray Sandhagen until 318 ..... Board member	2 0 ..... 0 0	X						0	0	0
Amy Saunders ..... Board member	2 0 ..... 2 0	X						0	0	0
Conrad Santiago ..... Board member, Treasurer	2 0 ..... 0 0	X		X				0	0	0
Sanford C Shugart PhD ..... Board member, Chairman	2 0 ..... 0 0	X		X				0	0	0
Brian Besanceney ..... Board Member, Vice Chair, Sec	2 0 ..... 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
M Kathryn Garrett MD ..... Board member	2 0 ..... 2 0	X						0	0	0
Charles Heard MD ..... Board member	55 0 ..... 0 0	X						117,500	0	0
Bernadette Spong ..... CFO	55 0 ..... 6 0			X				982,728	0	119,668
Thibaut Van Marcke De Lummen ..... SVP, OH & Pres, DPH	55 0 ..... 0 0				X			455,706	0	87,785
Jamal A Hakim MD ..... Chief Operating Officer	55 0 ..... 8 0				X			1,421,936	0	144,792
Mark A Jones ..... SVP, OH & President, ORMC	55 0 ..... 3 0				X			701,834	0	103,889
Kathy A Swanson until 318 ..... SVP, OH & Pres, APMC	55 0 ..... 0 0				X			716,410	0	103,371
Mildred Denise Beam ..... Chief Legal Strategist	55 0 ..... 0 0					X		731,456	0	92,258
John W Bozard ..... SVP, OH & Pres, APMCF & OHF	25 0 ..... 30 0					X		410,208	410,208	50,924
John Richard Schooler ..... VP, CIO (Until 10/17)	55 0 ..... 0 0					X		1,153,068	0	82,143

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Erick R Hawkins ..... SVP, Strategic Management	55 0 ..... 2 0					X		788,063	0	81,724
Karen L Frenier ..... VP, OH & CHRO	55 0 ..... 0 0					X		584,298	0	84,474
Mark E Sand MD ..... Former Board Member	0 0 ..... 55 0						X	0	1,212,478	30,377
David F Huddleson ..... VP, Chief Compliance & Ethics	55 0 ..... 0 0						X	420,945	0	65,084
D Wayne Jenkins ..... Fmr SVP, OH, & Pres, OHPP	0 0 ..... 0 0						X	554,652	0	0
Mary Farrell MD ..... Chief Pediatrician, APH	55 0 ..... 0 0						X	549,757	0	33,898
Nancy G Dinon ..... Fmr VP, Human Resources	0 0 ..... 0 0						X	601,032	0	58,361



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Orlando Health Inc

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

2017

Open to Public Inspection

Employer identification number

59-1726273

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

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 )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</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?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test Answer (a) and (b) below.**

	Yes	No
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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).			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

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

**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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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

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

Name of the organization Orlando Health Inc	<b>Employer identification number</b> 59-1726273
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**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

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	0
<b>d</b>	Mailings to members, legislators, or the public?		No	0
<b>e</b>	Publications, or published or broadcast statements?		No	0
<b>f</b>	Grants to other organizations for lobbying purposes?		No	0
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		84,000
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b>	Other activities?	Yes		444,513
<b>j</b>	Total. Add lines 1c through 1i			528,513
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1b	PAID STAFF OR MANAGEMENT ASSESSING CURRENT STATE AND FEDERAL LEGISLATION WITH CONSULTANTS WHO ADVISE HOW THE LEGISLATION WOULD AFFECT THE ORGANIZATION TOTALING \$239,119. AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING \$205,394.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225016219

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Orlando Health Inc

Employer identification number  
59-1726273

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on 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

2a

2b

2c

2d

Held at the End of the Year

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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" on 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	31,231,110	26,942,285	23,569,881	24,001,882	21,643,008
b Contributions	4,383,122	1,393,819	2,338,450	532,938	6,820
c Net investment earnings, gains, and losses	1,222,547	2,937,429	1,073,988	-885,678	2,460,598
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs			0	0	0
f Administrative expenses		42,423	40,034	79,261	108,544
g End of year balance	36,836,779	31,231,110	26,942,285	23,569,881	24,001,882

2

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

a Board designated or quasi-endowment

0 %

b Permanent endowment

2 220 %

c Temporarily restricted endowment

97 780 %

The percentages on 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

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		97,427,131		97,427,131
b Buildings		963,228,368	424,232,107	538,996,261
c Leasehold improvements		41,457,294		41,457,294
d Equipment		1,670,210,751	1,265,583,435	404,627,316
e Other		111,849,850	24,584,243	87,265,607
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,169,773,609

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	290,415,514

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	525,557	
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	219,943,235	

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

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



Additional Data

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

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

(a) Description	(b) Book value
CASH SURRENDER VALUE LIFE INS	38,081,446
INVESTMENT IN RELATED PARTIES	16,961,852
MEDICAL MALPRACTICE RECOVERIES	2,279,580
LONG TERM DEPOSITS	8,556,592
GIFT ANNUITY TRUST	3,011,014
CONTRIBUTIONS RECEIVABLE	538,298
CAP ACCUM/DEF COMP BENEFITS	11,815,529
DUE FROM AFFILIATES	184,222,862
EXEC DEFERRED COMP 457B	24,848,341
WORKERS COMP SURETY	100,000

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

<b>1</b>	<b>(a)</b> Description of Liability	<b>(b)</b> Book Value
	ASSET RETIREMENT LIABILITY	692,536
	LT-LIAB CAP/ACCUM DEF COMP	11,815,530
	DEBT GUARANTEE - S LAKE BONDS	1,088,000
	SWAP LIABILITIES	25,737,696
	PROFESSIONAL AND GENERAL LIABILITY	137,159,634
	LT-DUE TO AFFILIATES	10,294,334
	PHYSICIAN LOAN RESERVE	67,676
	LT-LIAB EXEC DEF COMP 457B	24,848,341
	OTHER LIABILITIES	3,013,931
	LT CHARITABLE COMMITMENTS TO UNRELATED PARTIES	4,700,000

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>ENDOWMENT FUNDS ARE RESTRICTED AS TO PURPOSE, TIME OR BOTH IN ACCORDANCE WITH DONOR SPECIFICATIONS MADE AT TIME OF CONTRIBUTIONS ORLANDO HEALTH TREATS ENDOWMENT FUND PRINCIPAL AS RESTRICTED AND UTILIZES THE NET EARNINGS ON ENDOWMENT MONIES FOR PROGRAM AND CAPITAL NEEDS</p> <p>OF ORLANDO HEALTH, INC AND AFFILIATES IN ACCORDANCE WITH DONOR SPECIFICATIONS SCEDULE D , PART X, LINE 2 FASB ASC Topic 740, Income Taxes, prescribes the accounting for uncertainty in income tax positions recognized in the financial statements ASC Topic 740 provides guidance and measurement of a tax position taken or expected to be taken in a tax return</p> <p>There were no material uncertain tax positions as of September 30, 2018 and 2017</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
Orlando Health Inc

**Employer identification number**

59-1726273

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Central America and the Caribbean	1	1	Program services	CAPTIVE INSURANCE	54,727
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	1			54,727
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	1	1			54,727

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

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

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Orlando Health Inc

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
59-1726273

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☒ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TSM DONOR ENGAGEMENT TEAM INC 502 Keystone Dr  Warrendale, PA 15086	SOLICITING		No	0	1,467	0
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				0	1,467	0

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

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ **Yes** ☐ **No**

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ **Yes** ☐ **No**

**b** If "Yes," explain \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

**13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference	Explanation
DISTINGUISHING PYMTS FOR PROF FUNDRAISING SERVICES FROM EXP PYMT OR REIMB	SCHEDULE G, PART I, COLUMN V ORLANDO HEALTH, INC. AND ORLANDO HEALTH FOUNDATION, INC. HAVE DISCONTINUED THE PHONE SOLICITATION PROGRAM. HOWEVER, TSM DONOR ENGAGEMENT TEAM HAD BEEN RETAINED TO MANAGE THE FULFILLMENT OF EXISTING OUTSTANDING PLEDGES, WITH THOSE PLEDGES AND THE FULFILLMENT SERVICES CONCLUDED IN 2018. EACH PLEDGE PAYMENT HAS BEEN MADE DIRECTLY TO ORLANDO HEALTH FOUNDATION BY THE DONOR. THE FEE RETAINER AT CONTRACT SIGNING WAS AN ESTIMATE WITH FINAL AMOUNT BASED UPON PLEDGE COMMITMENTS SECURED. THE CONTRIBUTIONS WERE MADE IN FULL TO ORLANDO HEALTH FOUNDATION, BUT THE EXPENSE HAS BEEN PAID BY ORLANDO HEALTH.

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Orlando Health Inc

Employer identification number

59-1726273

► Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			74,572,885	0	74,572,885	3 690 %
b Medicaid (from Worksheet 3, column a)			319,608,666	234,104,749	85,503,917	4 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,327,226	2,119,061	208,165	0 010 %
d Total Financial Assistance and Means-Tested Government Programs			396,508,777	236,223,810	160,284,967	7 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,067,775	852,040	25,215,735	1 250 %
f Health professions education (from Worksheet 5)			60,336,252	10,238,220	50,098,032	2 480 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			3,295,144		3,295,144	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,325,964		1,325,964	0 070 %
j Total. Other Benefits			91,025,135	11,090,260	79,934,875	3 960 %
k Total. Add lines 7d and 7j			487,533,912	247,314,070	240,219,842	11 890 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			18,505		18,505	0 %
<b>2</b> Economic development			14,755		14,755	0 %
<b>3</b> Community support			53,828		53,828	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			5,444		5,444	0 %
<b>6</b> Coalition building			50,518		50,518	0 %
<b>7</b> Community health improvement advocacy			9,345		9,345	0 %
<b>8</b> Workforce development			64,274		64,274	0 010 %
<b>9</b> Other						
<b>10 Total</b>			216,669		216,669	0 010 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	232,611,280	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	273,605,519
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	290,010,107
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-16,404,588
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b>				
<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>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**5**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

A

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SEC C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	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		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on 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)**Financial Assistance Policy (FAP)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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>225</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 checked="" 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 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? . . . . . 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>15</b>	Yes	
<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 checked="" 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 checked="" 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 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> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SEC C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SEC C</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SEC C</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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<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 nonpayment? . . . . .	<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
<b>1</b>	
<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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	Orlando Health, Inc. uses Federal Poverty Guidelines (FPG) as a factor for determining eligibility for providing free care to patients. In an effort to increase financial assistance availability to our patients, in FY18, Orlando Health, Inc. has adopted an improved Financial Assistance Policy in which the FPG was increased to 225% from 200%. A patient's family or household income must be less than or equal to 225% of FPG for the patient to qualify for free care. This allows Orlando Health, Inc. to offer free care to more patients who qualify. As a result, Orlando Health, Inc.'s updated Financial Assistance Policy no longer includes a provision for discounted medical care. 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

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II	<p>THE PRIMARY PURPOSE OF ORLANDO HEALTHS COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COMMUNITY ORLANDO HEALTH MAY RECRUIT OR ASSIST IN THE RECRUITMENT OF PHYSICIANS WHEN A NEED IS IDENTIFIED TO BRING A MEDICAL SERVICE OR PROVIDER TO THE AREA, TO MAINTAIN THE DELIVERY OF HEALTHCARE AS PHYSICIAN ATTRITION OCCURS DUE TO RETIREMENT, DISABILITY, RELOCATION OR OTHER PERTINENT REASONS A COMMUNITY NEED MUST BE DETERMINED BEFORE ORLANDO HEALTH WILL ENGAGE IN THE RECRUITMENT OF A PHYSICIAN OR ASSIST IN THE RECRUITMENT OF A PHYSICIAN RATIONALES THAT ORLANDO HEALTH USES TO DETERMINE COMMUNITY NEED INCLUDE INDEPENDENT HEALTH PLANNING SERVICE ORGANIZATIONS, COMMUNITY NEEDS ASSESSMENT AND INDEPENDENTLY MAINTAINED PHYSICIAN DATABASE SOFTWARE THAT ASSISTS IN IDENTIFYING COMMUNITY NEED IT IS IMPORTANT TO ADDRESS THE PHYSICIAN WORKFORCE SHORTAGE ISSUES IN ORDER TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CENTRAL FLORIDA COMMUNITY IF A PARTICULAR PHYSICIAN SPECIALTY IS DEFICIENT IN THE COMMUNITY IN COMPARISON TO THE POPULATION THIS CAN OFTEN LEAD TO INEFFICIENT OR NO ACCESS OR LONG WAIT PERIODS TO ACCESS HEALTHCARE SERVICES WHICH OFTEN LEAD TO POOR HEALTH OUTCOMES OUR PHYSICIAN RECRUITMENT EFFORTS MEET THE COMMUNITY BENEFIT OBJECTIVE OF IMPROVING ACCESS TO HEALTH SERVICES WHICH ENHANCES PUBLIC HEALTH THESE ACTIVITIES PRIMARILY BENEFIT THE LOCAL COMMUNITY AND WERE NOT PROVIDED FOR MARKETING PURPOSES, NOR TO INCREASE REFERRALS OF PATIENTS TO ORLANDO HEALTH, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STANDARD OF CARE, NOR TO BENEFIT PERSONS AFFILIATED WITH ORLANDO HEALTH RATHER, THE PRIMARY PURPOSE OF THE WORKFORCE DEVELOPMENT ACTIVITIES IS TO BENEFIT THE COMMUNITY BASED ON INDEPENDENT COMMUNITY NEED ANALYSES ORLANDO HEALTH HAS ASSISTED IN THE RECRUITMENT OF ONE NEW COMMUNITY BASED PHYSICIAN 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 USES PREDICTIVE ANALYTICS TO DETERMINE IF THE FINANCIAL ASSISTANCE FOR ACCOUNTS ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT ORLANDO HEALTH 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 DEBTS, AS STATED IN THE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS, IS BASED UPON MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE 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 SYSTEMS POLICIES RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS PERIODICALLY, MANAGEMENT PERFORMS A REVIEW AND ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY DATA RELATED TO PAYOR SOURCES OF REVENUE AND THE RESULTS OF THIS REVIEW ARE THEN USED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR BAD DEBTS ADDITIONALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), A SIGNIFICANT ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS CHARGED TO THE PROVISION FOR BAD DEBTS AND CREDITED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ALLOWANCES FOR DOUBTFUL ACCOUNTS INCREASED APPROXIMATELY \$88,393,000 DURING THE YEAR ENDED SEPTEMBER 30, 2018, FROM \$160,404,000 AT SEPTEMBER 30, 2017, TO \$248,797,000 AT SEPTEMBER 30, 2018 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS INCLUDES APPROXIMATELY \$78,117,000 AND \$58,886,000 IN AMOUNTS DUE FROM THIRD-PARTY PAYORS, INCLUDING THE PATIENT RESPONSIBILITY PORTION INCLUDED IN THESE ACCOUNTS AT SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY HOSPITAL PATIENTS AS A PERCENT OF RELATED SELF-PAY ACCOUNTS RECEIVABLE WAS 96% AND 95% AT SEPTEMBER 30, 2018 AND 2017 THE PROVISION FOR BAD DEBTS INCREASED FROM APPROXIMATELY \$144,060,000 FOR THE YEAR ENDED SEPTEMBER 30, 2017, TO \$421,614,000 FOR THE YEAR ENDED SEPTEMBER 30, 2018 WITH APPROXIMATELY \$107,412,000 ATTRIBUTED TO LAKE LAND REGIONAL HEALTH SYSTEMS, INC DURING THE YEAR ENDED SEPTEMBER 30, 2017, THE SYSTEM DETERMINED THERE WERE A SIGNIFICANT NUMBER OF PREVIOUSLY RESERVED PATIENT ACCOUNTS THAT QUALIFIED FOR CHARITY STATUS DURING 2017 THE RELATED AMOUNTS WERE RECLASSIFIED FROM THE PROVISION FOR BAD DEBTS TO CHARITY CARE, RESULTING IN A REDUCTION TO THE PROVISION FOR BAD DEBT AND AN INCREASE IN CHARITY CARE WHILE ACCOUNTS WERE RECLASSIFIED AGAIN IN THE YEAR ENDED SEPTEMBER 30, 2018 IT WAS NOT TO THE VOLUME THAT WAS EXPERIENCED IN THE YEAR ENDED SEPTEMBER 30, 2017 THEREFORE, THE PROVISION FOR BAD DEBTS IN THE YEAR ENDED SEPTEMBER 30, 201</p>



Form and Line Reference	Explanation
PART III, LINE 2 AND LINE 4	8 IS HIGHER DUE TO NOT HAVING THE OFFSET TRANSACTIONS AS IN THE YEAR ENDED SEPTEMBER 30, 2 017 THIS CHANGE IS NOT EXPECTED TO HAVE AN IMPACT ON NET PATIENT SERVICE REVENUE LESS PRO VISION FOR BAD DEBTS BECAUSE CHARITY SERVICES ARE NOT RECORDED AS REVENUE IN ADDITION, TH E SELF PAY DISCOUNT WAS DECREASED FROM 65% TO 50% IN FISCAL YEAR 2018 WHICH LEAVES A LARGE R BALANCE THAT CAN POTENTIALLY BE CLASSIFIED TO BAD DEBT EXPENSE

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT IN 2016, ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC), ORLANDO HEALTH DR P PHILLIPS HOSPITAL, ORLANDO HEALTH CENTRAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL, ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN &amp; BABIES AND SOUTH LAKE HOSPITAL IN AFFILIATION WITH ORLANDO HEALTH CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PRIOR TO THE ASSESSMENT, ORLANDO HEALTH ASSESSED THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PROCESS AND DEVELOPED A PROCESS TO ENSURE THE ORGANIZATION IS RESPONSIVE TO COMMUNITY HEALTH NEEDS THROUGH OUR EDUCATION, RESEARCH, PATIENT CARE PROGRAMS, AND THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM, ORLANDO HEALTH MEETS THE NEEDS OF THE COMMUNITY. THE SPECIFIC NEEDS TARGETED BY THESE PROGRAMS HAVE BEEN IDENTIFIED BY THE EXPERIENCE OF COMMUNITY HOSPITAL LEADERSHIP, NEIGHBORHOOD OUTREACH AND THROUGH NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITALS ALONG WITH HOSPITAL DATA. AS A RESULT, ORLANDO HEALTH SUPPORTS A VARIETY OF PROGRAMS FOR AT-RISK POPULATIONS, FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND SPECIAL NEEDS GROUPS, AS WELL AS FOR THE BROADER COMMUNITY. ADDITIONAL EXAMPLES OF HOW ORLANDO HEALTH RESPONDS TO COMMUNITY HEALTH NEEDS ARE AS FOLLOWS: 1. GOVERNING BOARDS ARE COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE, 2. PARTNERSHIP WITH LOCAL AREA GROUPS AND ASSOCIATIONS TO ATTEND TO THE HEALTH CARE NEEDS OF THE ORLANDO HEALTH COMMUNITY, 3. SPONSORSHIP AND PARTICIPATION IN COMMUNITY FORUMS, 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.</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION ORLANDO HEALTH CURRENTLY OPERATES 5 HOSPITALS IN CENTRAL FLORIDA WHICH HAS OVER TWO MILLION RESIDENTS AND THOUSANDS OF INTERNATIONAL VISITORS ANNUALLY ORLANDO HEALTH HAS 16,069 EMPLOYEES AND 2,148 PHYSICIANS ON STAFF AS A STATUTORY TEACHING HOSPITAL, WE OFFER GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 19 FELLOWSHIP PROGRAMS ORLANDO HEALTH FACILITIES ENCOMPASS 1,815 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF ORLANDO HEALTH IS COMPRISED OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC), ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO HEALTH DR P PHILLIPS HOSPITAL, AND ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE ORMC'S LEVEL ONE TRAUMA CENTER PROVIDES SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND 278,608 PATIENTS VISITED OUR EMERGENCY DEPARTMENTS IN 2018 ARNOLD PALMER HOSPITAL IS THE FIRST FACILITY IN CENTRAL FLORIDA TO PROVIDE EMERGENCY CARE EXCLUSIVELY FOR PEDIATRICS INCLUDING LEVEL ONE TRAUMA IN ADDITION TO TRAUMA CARE, THE LEVEL ONE TRAUMA CENTER AND AIR CARE TEAM SERVE AS AN INTEGRAL RESOURCE FOR DISASTER READINESS AND RESPONSE PLANNING IN GREATER ORLANDO AIR CARE TRANSPORTED 371 ADULT TRAUMA PATIENTS IN 2018 ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE AND LAKE COUNTIES THE MEDIAN HOUSEHOLD INCOME IN THESE COUNTIES IS \$55,889 WHEREAS THE AVERAGE HOUSEHOLD INCOME IS \$77,735 IN CENTRAL FLORIDA, 15.4 PERCENT OF HOUSEHOLDS ARE BELOW THE FEDERAL POVERTY GUIDELINE THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA IS 15 PERCENT AND THERE ARE 11 FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, RESEARCH, WOMEN, CHILDREN AND SENIOR HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES, DONATED MEETING SPACE AND SPIRITUAL CARE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH AS A NOT-FOR-PROFIT HEALTH CARE PROVIDER, THE CULTURE OF CARING AT ORLANDO HEALTH TOUCHES THE LIVES OF MANY INDIVIDUALS AND FAMILIES THROUGHOUT CENTRAL FLORIDA ORLANDO HEALTH DEMONSTRATES A COMMITMENT TO PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS AND VOLUNTEERISM IN FISCAL YEAR 2018, OUR TEAM MEMBERS AND PHYSICIANS PROVIDED OVER 1,246 VOLUNTEER HOURS THESE HOURS WERE SPENT OUTSIDE OUR HEALTHCARE SYSTEM IN ORDER TO SUPPORT COMMUNITY PARTNERS AND THE NEEDS THEY ADDRESS IN OUR COMMUNITY ORLANDO HEALTH WORKS WITH NEIGHBORHOOD RESOURCES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS BY SUPPORTING PROGRAMS THAT TARGET COMMUNITY WELLNESS, DISEASE PREVENTION AND ENVIRONMENTAL PROBLEMS ORLANDO HEALTH FOSTERS PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY BOTH CASH AND IN-KIND DONATIONS ARE MADE ANNUALLY TO THESE VARIOUS LOCAL CHARITABLE ORGANIZATIONS ORLANDO HEALTH ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE THE KEY COMPONENT OF A NOT-FOR-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS ORLANDO HEALTH AND ITS HOSPITAL GOVERNING BOARD ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF ORLANDO HEALTH AND ITS AFFILIATES DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES ORLANDO HEALTH'S VOLUNTEER BOARD BALANCES FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY ORLANDO HEALTH OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA ORLANDO HEALTH'S CREDENTIALING PROCESS IS GUIDED BY POLICIES AND PROCEDURES THAT STANDARDIZE THE PROCESS THIS PRESCRIBED CREDENTIALING PROCESS ENSURES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR ORLANDO HEALTH AND ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM ORLANDO HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH SYSTEM THROUGH WHICH WE ARE ABLE TO PROVIDE AN ARRAY OF SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH HAS SEVERAL SUPPORT ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS ORLANDO HEALTH UF HEALTH CANCER CENTER HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC , OUR COMMITMENT TO THE TREATMENT OF CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE ORLANDO HEALTH PHYSICIAN GROUP, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF SPECIALTY PHYSICIAN SERVICES, OCCUPATIONAL HEALTH SERVICES, REHABILITATION HEALTH SERVICES AND BEHAVIORAL HEALTH SERVICES ORLANDO PHYSICIAN NETWORK, INC SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES ORLANDO HEALTH FOUNDATION, INC IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS, SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR AFFILIATES THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED APPROXIMATELY \$571 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS</p>



Form and Line Reference	Explanation
PART VI, LINE 7	<p>STATE FILING OF COMMUNITY BENEFIT REPORT NONE SECTION 501(R) RISK ASSESSMENT Orlando Health, Inc (OHI) conducted an extensive review of its policies and procedures to ensure compliance with the requirements of IRC Section 501(R). Minor omissions were identified in FY 2018 as part of this review, and OHI believes the omissions are minor and either inadvertent or due to reasonable cause, as described in Rev. Proc. 2015-21. OHI has decided, in the interest of transparency, to provide this disclosure as part of its Form 990 filing pursuant to Section 7 of Rev. Proc. 2015-21. OHI operates seven hospital facilities for which it must satisfy the requirements of Section 501(R). The review that OHI undertook addressed Section 501(R) compliance at each of the following hospital facilities: 1) Orlando Health Orlando Regional Medical Center (ORMC) 2) Orlando Health Arnold Palmer Hospital for Children (APH) 3) Orlando Health Winnie Palmer Hospital for Women &amp; Babies (WPH) 4) Orlando Health South Seminole Hospital (SSH) 5) Orlando Health - Health Central Hospital (HCH) 6) Orlando Health Dr. P. Phillips Hospital (DPH) 7) Orlando Health South Lake Hospital (SLH). OHI makes physical copies of its Community Health Needs Assessment (CHNA) and Financial Assistance Policy (FAP) available to the public at each of the OHI's hospitals as required by Section 501(R). OHI's review indicated that OHI should provide certain patient-facing employees with additional training to ensure that they could identify the physical locations within the hospital facilities where patients could obtain physical copies of these documents. All OHI's patient-facing non-clinical staff collecting payments from patients will receive this additional training during FY19. An online learning module will also be developed and will be assigned annually to appropriate OHI personnel as well as new hires in applicable areas. In addition, OHI personnel that greet patients and visitors will continue to be educated on where copies of the two most recently conducted CHNAs are located and how to share this information with patients and visitors. OHI determined as part of its Section 501(R) review to enhance public awareness of its FAP and the financial assistance available to disadvantaged members of its community. Accordingly, OHI disseminated information on the availability of financial assistance at OHI hospital facilities to community partners in each of the following categories: Federally Qualified Health Centers (FQHCs), medical homes and other nonprofit organizations that serve low-income populations. The community partners identified in each group respectively are: Grace Medical Home, Shepherds Hope, Community Health Centers, True Health, Health Care Center for the Homeless dba Orange Blossom Family Health, Coalition for the Homeless, Orange County Medical Clinic, and Members of the Primary Care Access Network (PCAN) in Orange County. In addition, OHI designated a community liaison to attend regular functions in the community, display the FAP at these functions, and provide copies of the FAP to community members. Finally, OHI has implemented reviews of its website links to ensure information required by Section 501(R) is available to the public. OHI is in the process of establishing methods for members of the public to provide input on OHI's CHNA report and implementation strategy. Such input will be monitored and tracked quarterly along with website links providing information to the public. OHI will continue to identify representatives of the low-income, underserved and minority population(s) in the community from whom input was solicited and describe the resources potentially available to address the significant health needs throughout the 2019 CHNA. Date ranges for which OHI conducted surveys and interviews within the community to seek input on identifying and prioritizing community health needs will also be included in the 2019 CHNA. Moreover, OHI will include an evaluation in the 2019 CHNA of the impact of any actions that were taken, since OHI finished conducting its immediately preceding CHNA, to address the significant health needs identified in each hospital facility's prior CHNA. Finally, OHI will continue to list all partners that it plans to work with in addressing significant community health needs (i.e., local health departments, other hospitals, non-profits, government agencies and advocacy groups) that are known at the time of implementation. IN JULY 2019, OHI DISCOVERED THAT LINKS TO TRANSLATIONS OF ITS FAP INTO SPANISH, PORTUGUESE, AND HAITIAN-CREOLE HAD INADVERTENTLY BEEN REMOVED FROM ITS FINANCIAL ASSISTANCE PROGRAM WEB PAGE. UPON DISCOVERY, OHI ACTED DILIGENTLY TO RESTORE THESE LINKS PRIOR TO THE END OF JULY 2019. OHI changed its procedures in July 2019 to provide a plain language summary of its FAP at intake or discharge to all patients. IN JULY 2018, OHI UPDATED THE 501(R) PHYSICIAN LISTING ON ITS WEBSITE (AS REFERENCED IN AND LINKED TO FROM</p>

Form and Line Reference	Explanation
PART VI, LINE 7	OHI'S FAP) TO INCLUDE ALL NON-EMPLOYED PROVIDERS

**Schedule H (Form 990) 2017**

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>5</u>												
Name, address, primary website address, and state license number												
1	ORLANDO REGIONAL MEDICAL CENTER 1414 KUHLE AVENUE ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE 4393	X	X		X			X				A
2	DR P PHILLIPS HOSPITAL 9400 TURKEY LAKE ROAD ORLANDO, FL 32819 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE 4393	X	X					X				A
3	WINNIE PALMER HOSP FOR WOMEN & BABIES 83 W MILLER STREET ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE 4393	X	X		X			X			NEONATAL UNIT	A
4	ARNOLD PALMER HOSPITAL FOR CHILDREN 92 W MILLER ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE 4393	X		X	X			X				A
5	SOUTH SEMINOLE HOSPITAL 555 W SR 434 LONGWOOD, FL 32279 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE 4393	X	X					X				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 A	Main Website <a href="http://www.orlandohealth.com">http //www orlandohealth com</a> Orlando Health Orlando REGIONAL MEDICAL CENTER <a href="http://www.orlandohealth.com/facilities/orlando-regional-medical-center">http //www orlandohealth com/facilities/orlando-regional-medical-center</a> Orlando Health Dr P Phillips Hospital <a href="http://www.orlandohealth.com/facilities/dr-p-phillips-hospital">http //www orlandohealth com/facilities/dr-p-phillips-hospital</a> Orlando Health Winnie Palmer Hospital for Women & Babies <a href="http://www.winniepalmerhospital.com/">http //www winniepalmerhospital com/</a> Orlando Health Arnold Palmer Hospital for Children <a href="http://www.arnoldpalmerhospital.com/">http //www arnoldpalmerhospital com/</a> Orlando Health South Seminole Hospital <a href="http://www.orlandohealth.com/facilities/south-seminole-hospital">http //www orlandohealth com/facilities/south-seminole-hospital</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 3e	<p>The following responses apply to all facilities within the group, unless otherwise noted The 2016 CHNA is a four-county assessment covering Lake, Orange, Osceola and Seminole Counties Secondary and primary data were collected and analyzed that generated common themes for the region, county, ZIP code and neighborhood census tracts Secondary data about health indicators, healthcare utilization and insurance coverage was gathered from resources including the U S Census, Florida Community Health Assessment Resource Tool Set (CHARTS), the Centers for Disease Control and Preventions Behavioral Risk Factor Surveillance Systems (BRFSS) Data, County Health Rankings, the American Community Survey and hospital claims data Primary data sources included a consumer survey (1,698 responses), provider survey (145 responses), in-depth interviews with community stakeholders (16) and community conversations (6) Based on the data, dozens of themes were generated Using the data, the Central Florida Community Benefit Collaborative that commenced the 2016 CHNA selected the priorities or themes for the 2016 CHNA The Collaborative utilized a democratic voting process to select 10-15 priorities for each county These priorities were used for each hospitals Implementation Strategy Plan The priorities for each county are outlined in the county assessment summaries included in the CHNA In addition to the priorities selected by the Collaborative, the summaries prepared by IP also include basic demographic information for each county, as well as high-level overviews of the four assessment components of the Mobilizing for Action through Planning and Partnership (MAPP) model community health status, community themes and strengths, local public health systems and forces of change</p> <p>PART V, SECTION B, Line 3j The following responses apply to all facilities within the group, unless otherwise noted AS PART OF THE SECONDARY DATA COLLECTION, HOSPITAL HOT SPOTTING DATA WAS ALSO INCLUDED IN OUR CHNA PATIENT DATA FROM HOSPITALS REPRESENTED IN THE CHNA ALLOWED LOCATION ANALYSIS AND MAPPING OF LOCAL "HOT SPOTS" WITH HIGH NUMBERS OF UNINSURED VISITS OVER-UTILIZING THE HEALTHCARE SYSTEM THE UNINSURED DATA WERE SPLIT INTO ADMITTING FACILITIES AND THEN FURTHER SEPARATED INTO INPATIENT AND EMERGENCY DEPARTMENT DISCHARGES</p>

**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	<p>The following responses apply to all facilities within the group, unless otherwise noted FOR OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, WE CONTRACTED IMPACT PARTNERS, LLC (IP) IP CONDUCTS COMMUNITY ENGAGEMENT/ASSESSMENT PROJECTS ACROSS THE UNITED STATES RECOGNIZING EACH COMMUNITY IS UNIQUE, IPS APPROACH TO BETTER UNDERSTANDING A COMMUNITYS NEED IS ALIGNED WITH THE SOCIAL-ECOLOGICAL MODEL THE MODEL IS A COMPREHENSIVE APPROACH TO HEALTH AND URBAN PLANNING THAT NOT ONLY ADDRESSES A COMMUNITYS OR INDIVIDUALS RISK FACTORS, BUT ALSO THE NORMS, BELIEFS, AND SOCIAL AND ECONOMIC SYSTEMS THAT CREATE THE CONDITIONS FOR POOR COMMUNITY HEALTH OUTCOMES IP WORKED TO BUILD ON TOP OF THE FIRST CHNA CONDUCTED IN 2013 DURING THE CHNA PROCESS, INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY WAS TAKEN INTO ACCOUNT PRIMARY DATA INCLUDED SURVEYS DISTRIBUTED TO BOTH PROVIDERS AND CONSUMERS, IN-DEPTH INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND COMMUNITY CONVERSATIONS WITHIN THE CENTRAL FLORIDA COMMUNITY ON BEHALF OF THE HOSPITAL, IP WORKED WITH REPRESENTATIVES FROM ALL THE HOSPITALS AND HEALTH DEPARTMENTS THAT PARTICIPATED IN THE ASSESSMENT TO ENSURE PERSONS THAT PROVIDED INPUT WERE REPRESENTATIVE OF THE COMMUNITY BROAD POPULATIONS INCLUDING THE ELDERLY, MEDICAL UNDERSERVED, MINORITY GROUPS, AND LOW-INCOME POPULATIONS WERE REPRESENTED THE CONSUMER SURVEY WAS DISTRIBUTED BOTH IN HARD COPY AND VIA SURVEY MONKEY WITH A TOTAL OF 1,698 RESPONSES AFTER DATA SCREENING, 1,235 RESPONSES WERE ANALYZED THE PROVIDER SURVEY WAS DISTRIBUTED ELECTRONICALLY AND INCLUDED RESPONSES FROM 145 PARTICIPANTS THE QUESTIONS WERE MOSTLY OPEN-ENDED AND EXPLORED RESPONDENTS VIEWS ON THE COMMUNITYS DEFICITS GIVEN A HOLISTIC DEFINITION OF A HEALTHY COMMUNITY, ISSUES RELATED TO HEALTHCARE SERVICES AND FORCES OF CHANGE IN THE COMMUNITY STAKEHOLDER IN-DEPTH INTERVIEWS WERE CONDUCTED WITH 17 COMMUNITY STAKEHOLDERS DURING THE FALL OF 2015 EACH INTERVIEW LASTED AN AVERAGE OF 65 MINUTES OF THE 17 STAKEHOLDERS 10 SELF-IDENTIFIED AS WHITE, TWO AS BLACK/AFRICAN AMERICAN, ONE AS BLACK, ONE AS BLACK HAITIAN, ONE AS LATINO AND TWO AS WHITE/LATINO NINE OF THE STAKEHOLDERS ARE FEMALE AND EIGHT MALE THE SECTORS REPRESENTED ARE ER PHYSICIAN, GOVERNMENT, FOOD SECURITY, HISPANIC HEALTH, DEPARTMENT OF CHILDREN &amp; FAMILIES, HEALTHCARE, LAW ENFORCEMENT, FEDERALLY QUALIFIED HEALTH CENTER, HOMELESSNESS, BEHAVIORAL HEALTH, FAITH COMMUNITY, URBAN LEAGUE, SPECIALTY CARE, EDUCATION, COMMUNITY CONVENER, AGING, AND BUSINESS BASIC INFORMATION ABOUT EACH STAKEHOLDER IS OUTLINED IN TABLE 5 1 OF THE CHNA SIX COMMUNITY CONVERSATIONS TOOK PLACE WITH A TOTAL OF 102 PARTICIPANTS MORE DETAILS REGARDING QUESTIONS ASKED AND PARTICIPANTS CAN BE FOUND ON PAGES 329 THROUGH 363 OF THE CHNA</p>

**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	The following responses apply to all facilities within the group, unless otherwise noted ORLANDO HEALTH ARNOLD PALMER MEDICAL CENTER (ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES), ORLANDO HEALTH DR P PHILLIPS HOSPITAL, ORLANDO HEALTH CENTRAL, ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH UF HEALTH CANCER), ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL AND SOUTH LAKE HOSPITAL IN AFFILIATION WITH ORLANDO HEALTH FLORIDA HOSPITAL FLORIDA HOSPITAL ALTAMONTE, FLORIDA HOSPITAL APOPKA, FLORIDA HOSPITAL CELEBRATION HEALTH, FLORIDA HOSPITAL EAST ORLANDO, FLORIDA HOSPITAL FOR CHILDREN, FLORIDA HOSPITAL KISSIMMEE, FLORIDA HOSPITAL ORLANDO, FLORIDA HOSPITAL WATERMAN, WINTER PARK MEMORIAL HOSPITAL ASPIRE HEALTH PARTNERS 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 LAKE COUNTY FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY FLORIDA DEPARTMENT OF HEALTH IN OSCEOLA COUNTY FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY PART V, SECTION B, LINE 7A <a href="http://www.orlandohealth.com/about-us/community-involvement/community-benefit">http //www orlandohealth com/about-us/community- involvement/community-bene fit</a>

**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>FOR NEARLY 100 YEARS, ORLANDO HEALTH HAS BEEN SERVING THE CENTRAL FLORIDA REGION DEDICATE D TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ORLANDO HEALTH IS CONSTANTLY EMPLOYING EFFORTS TO IMPROVE HEALTH IN THE COMMUNITY AND INC REASE ACCESS TO CARE FOLLOWING OUR PARTICIPATION IN THE 2016 COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA) ORLANDO HEALTH TOOK INTO CONSIDERATION A NUMBER OF FACTORS IN SELECTING HEALT H NEEDS TO ADDRESS FACTORS INCLUDED BUT WERE NOT LIMITED TO INDIVIDUAL ORLANDO HEALTH DA TA, COMMUNITY AND HOSPITAL ASSETS, ABILITY TO IMPACT AN ISSUE, CURRENT COMMUNITY BENEFIT E FFORTS, COMMUNITY PARTNERSHIPS, AND OPPORTUNITIES FOR COLLABORATION WE ALSO TOOK INTO CONSIDERATION THE COUNTY WHERE EACH HOSPITAL IS LOCATED IN ORANGE COUNTY, ARNOLD PALMER MEDI CAL CENTER (ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALM ER HOSPITAL FOR WOMEN &amp; BABIES), ORLANDO HEALTH DR P PHILLIPS HOSPITAL, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER(ORLANDO HEALTH UF HEALTH CANCER CENTER) ARE LOCATED MEANWHILE ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL IS IN SEMINOLE COUNTY AND SOUTH LAKE HOSPITAL IN AFFILIATION WITH ORLANDO HEALTH IS LOCATED IN LAKE COUNTY BASED ON OUR PROCESS WE SELECTED ACCESS TO CARE AS OUR PRIORITY HEALTH NEE D FROM THE 2016 CHNA IN FISCAL YEAR 2018 WITH OUR FOCUS ON ACCESS TO CARE, ORLANDO HEALTH DEVELOPED NEW AND ENHANCED ESTABLISHED COMMUNITY BENEFIT PROGRAMS THAT ADDRESS ACCESS TO CARE ORLANDO HEALTH PROVIDED OVER \$240 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2018 IN SUPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH C OMMUNITY ORGANIZATIONS IN FISCAL YEAR 2018, WE SUPPORTED 20 GRANT PROPOSALS THROUGH THE O RLANDO HEALTH COMMUNITY GRANT PROGRAM AND WE CONTINUED TO ACTIVELY COLLABORATE WITH LOCAL ORGANIZATIONS AND GROUPS TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY OF LIFE IN CENTRAL FLORIDA IN 2018, WE SUPPORTED 267 COMMUNITY ORGANIZATIONS WITH ACCESS TO CARE AS OUR PR IORITY, ORLANDO HEALTH DETERMINED THAT THE FOLLOWING ISSUES WOULD NOT BE EXPLICITLY INCLUD ED IN OUR IMPLEMENTATION STRATEGY IN AN EFFORT TO MAXIMIZE RESOURCES AVAILABLE FOR ADDRESS ING ACCESS TO CARE HOWEVER, ORLANDO HEALTH DOES PROVIDE SUPPORT AND SERVICES FOR SEVERAL OF THE REMAINING HEALTH NEEDS AT THE TIME OF PRIORITIZATION, WE TOOK INTO ACCOUNT THE LEV EL 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 TH E NEEDS WE DID NOT SELECT WE WILL CONTINUE TO PROVIDE SUPPORT AND SERVICES WHERE APPROPRIA TE INCLUDING THROUGH THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM IN ADDITION, MANY OF THE NEEDS LISTED BELOW WILL BE IMPACTED BY OUR FOCUS ON ACCESS TO CARE WITH OUR EFFORTS BEING CONCENTRATED ON ACCESS TO CARE WE ARE ABLE TO SUPPORT OUR COMMUNITY IN MULTIPLE ARENAS IN STEAD OF BEING LIMITED TO ONE</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	<p>CONDITION OR NEED THIS FLEXIBILITY WILL HELP US TO BETTER SERVE THE MOST UNDERSERVED AND VULNERABLE POPULATIONS IN OUR COMMUNITY ORANGE COUNTY HOSPITALS (NEEDS THAT WONT BE EXPL ICITLY ADDRESSED) - HEART DISEASE - DIABETES - STI/HIV - SUBSTANCE ABUSE (HEROIN) - MATERN AL AND CHILD HEALTH - UNINSURED RATES - HOUSING SECURITY - FOOD SECURITY - DISABILITY/INJU RY PREVENTION - POOR TRANSPORTATION - CANCER - OBESITY - SENIOR MOBILITY/FALLS SEMINOLE CO UNTY HOSPITALS (NEEDS THAT WONT BE EXPLICITLY ADDRESSED) - DIABETES - HEART DISEASE - MEN TAL HEALTH - CANCER - HOMELESSNESS/AFFORDABLE HOUSING - POVERTY - FOOD SECURITY - PREMATUR ITY/INFANT MORTALITY - ASTHMA - SENIOR SAFETY AND MOBILITY - POOR TRANSPORTATION HEART DIS EASE OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING H EART DISEASE WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR HEART DISEASE AND WORK WITH C OMMUNITY ORGANIZATIONS LIKE THE AMERICAN HEART ASSOCIATION WE ALSO HAVE PROVIDED GRANT FU NDDING TO ORGANIZATIONS THAT ARE ADDRESSING HEART DISEASE LIKE GRACE MEDICAL HOME DIABETES OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING DIABE TES WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR DIABETES AND WORK WITH COMMUNITY ORGAN IZATIONS LIKE THE AMERICAN DIABETES ASSOCIATION AND THE UNIVERSITY OF FLORIDA HEALTH EXTEN SION SERVICES WE ALSO HAVE PROVIDED GRANT FUNDING TO ORGANIZATIONS THAT ARE ADDRESSING DI ABETES STI/HIV OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE PROVIDE IN THE FUTURE REGARDING STI/HIV WE WILL CONTINUE TO PROVIDE EXISTING SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS AND WORK WITH OUR INFECTIOUS DISEASE PHYSICIAN PRACTICE AND COMMUNITY ORGANIZAT IONS TO ADDRESS THIS NEED SUBSTANCE ABUSE (HEROIN) OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE DO IN THE FUTURE REGARDING SUBSTANCE ABUSE WE WILL CONTINUE TO PROVIDE EXIS TING SERVICES FOR SUBSTANCE ABUSE AND WORK WITH COMMUNITY ORGANIZATIONS LIKE ASPIRE HEALTH PARTNERS HOWEVER, FUNDING OPPORTUNITIES ARE VERY LIMITED IN THIS AREA IN AUGUST 2017, O RLANDO HEALTH FORMED AN INTERNAL OPIOID TASK FORCE THE TASK FORCE INCLUDES SENIOR LEADERS HIP AND CONSISTS OF THE FOLLOWING AREAS EXTERNAL AFFAIRS AND COMMUNITY BENEFIT, GOVERNMEN T AFFAIRS, NURSING, REGULATORY, COMPLIANCE, EMERGENCY MEDICINE, ORLANDO HEALTH PHYSICIAN G ROUP, CARE MANAGEMENT, BEHAVIORAL HEALTH AND OPERATIONS THE GROUP IS FOCUSED ON POLICY, E DUCATION AND PREVENTION AND TREATMENT WE HAVE PROVIDED AND SUPPORTED SEVERAL EDUCATION EV ENTS IN THE COMMUNITY WORKING ALONGSIDE COMMUNITY PARTNERS EVENTS HAVE BEEN FOCUSED ON BO TH ADULTS AND ADOLESCENTS IN FISCAL YEAR 2018, ORANGE COUNTY GOVERNMENT SECURED A SAMHSA GRANT THAT WILL FUND AN OPIOID OUTREACH COORDINATOR AT ORLANDO HEALTH ORLANDO REGIONAL MED ICAL CENTER THIS IS OUR FLAGSHIP HOSPITAL, WHERE WE RECEIVE THE MOST OPIOID ABUSERS OUR S OUR SYSTEM THE OPIOID OUTREACH COORDINATOR STARTED IN NOVEMBER 2018 MATERNAL AND CHILD HEALTH OUR FOCUS ON ACCESS TO</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	<p>CARE WILL IMPACT WHAT ADDITIONAL SUPPORT WE PROVIDE REGARDING MATERNAL AND CHILD HEALTH WE WILL CONTINUE TO PROVIDE EXISTING PROGRAMS AND SERVICES AND WORK WITH COMMUNITY ORGANIZ ATIONS LIKE HEALTHY START AND MARCH OF DIMES WE HAVE ALSO PROVIDED GRANT FUNDING TO ORGAN IZATIONS AND TEAM MEMBERS THAT ARE ADDRESSING THE NEED OF MATERNAL AND CHILD HEALTH UNINS URED RATES OUR FOCUS ON ACCESS TO CARE MAY IMPACT THIS NEED WHILE WE DID NOT DIRECTLY SEL ECT THIS NEED, THE COMMUNITY EDUCATION AND OUTREACH WE PROVIDE HELPS SUPPORT THE NEED WE WILL CONTINUE TO SUPPORT ORGANIZATIONS AND EFFORTS THAT ADDRESS THE MATTER INCLUDING THE P ROMOTION OF OPEN ENROLLMENT HOUSING SECURITY AS A HEALTHCARE SYSTEM, WE DO NOT HAVE THE E XPERTISE OR RESOURCES TO EFFECTIVELY ADDRESS THIS NEED HOWEVER, WE CURRENTLY PROVIDE SUPP ORT WHERE APPROPRIATE AND WORK WITH COMMUNITY ORGANIZATIONS THAT FOCUS ON THIS NEED FOR E XAMPLE, WE SUPPORT SUCH ORGANIZATIONS LIKE THE COMMISSION ON HOMELESSNESS, COALITION FOR T HE HOMELESS, IDIGNITY, CAREERSOURCE, JOBS PARTNERSHIP AND LIFT ORLANDO FOOD SECURITY OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING FOOD SECUR ITY WE CURRENTLY WORK WITH COMMUNITY ORGANIZATIONS LIKE THE SECOND HARVEST FOOD BANK AND HEALTHY KIDS AND PARTICIPATE IN THE HEALTH AND HUNGER TASK FORCE WE ALSO HAVE PROVIDED GR ANT FUNDING TO SUPPORT THIS NEED DISABILITY/INJURY PREVENTION OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING THIS NEED WE CURRENTLY PROVIDE P ROGRAMS AND EDUCATION TO THE COMMUNITY ON THIS MATTER AND WORK WITH COMMUNITY ORGANIZATION S IN ADDITION, OUR TRAUMA TEAM PROVIDES OUTREACH IN THE COMMUNITY ON BLEEDING CONTROL AND FALLS PREVENTION POOR TRANSPORTATION IT IS OUR HOPE THAT OUR FOCUS ON ACCESS TO CARE WIL L ALSO HELP ADDRESS THE TRANSPORTATION ISSUES IN OUR COMMUNITY WE CURRENTLY PROVIDE ASSIS TANCE TO OUR UNDERSERVED PATIENTS THAT FACE TRANSPORTATION BARRIERS IN ADDITION, WE WORK WITH COMMUNITY ORGANIZATIONS LIKE SUNRAIL, LYNX AND SENIORS FIRST ON THIS MATTER CANCER - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING CANCE R WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR CANCER AND WORK WITH COMMUNITY ORGANIZAT IONS LIKE THE AMERICAN CANCER SOCIETY WE ALSO OFFER THE CANCER SUPPORT COMMUNITY (CSC) PR OGRAM AT ORLANDO HEALTH UF HEALTH CANCER CENTER THROUGH THE CSC PATIENTS, FAMILY MEMBERS AND CAREGIVERS RECEIVE SUPPORT FOR FREE THROUGH VARIOUS PROGRAMS IN ADDITION, IN FISCAL Y EAR 2018, WE PLACED 40 NEW SUNSCREEN DISPENSERS AND MAINTAIN 73 TOTAL THROUGHOUT CENTRAL F LORIDA FOR THE GENERAL PUBLIC THESE DISPENSERS WERE PROVIDED AT NO COST OBESITY - OUR FO CUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING OBESITY WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR OBESITY AND WORK WITH COMMUNITY ORGANIZATIONS LIKE HEBNI NUTRITION, THE AMERICAN HEART ASSOCIATION AND THE AMERICAN DIABETES ASSOCIATION SENIOR MOBILITY/FALLS - OUR</p>

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 16b	<a href="https://www.orlandohealth.com/patients-and-visitors/patient-financial-resources/financial-assistance-program">https //www orlandohealth com/patients-and-visitors/patient-financial-reso urces/financial-assistance-program</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 16c	<a href="https://www.orlandohealth.com/patients-and-visitors/patient-financial-resources/financial-assistance-program">https //www orlandohealth com/patients-and-visitors/patient-financial-reso urces/financial-assistance-program</a>

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Orlando Health Inc

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
59-1726273

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 31

3 Enter total number of other organizations listed in the line 1 table . . . . . 4



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valencia College Foundation Inc 1768 Park Center Dr 4th Flr Orlando, FL 32835	23-7442785	501(c)(3)	500,000				SPONSORSHIP
Foundation for Seminole State College of Florida 1055 AAA Drive Suite 565 Heathrow, FL 32746	23-7033822	501(c)(3)	506,650				SponsorshIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace Medical Home Inc 51 Pennsylvania St Suite 465 Orlando, FL 32806	26-1817966	501(c)(3)	462,089				SponsorshIP
Florida State University Foundation 1115 W Call St Tallahassee, FL 32306	59-6152180	501(c)(3)	100,000				SponsorshIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orange County Public Schools 445 W Amelia St Orlando, FL 32804	59-6000771	Gov't	81,868				Sponsorship
University of Central Florida Foundation 12424 Research Pkwy Ste 250 Suite 105 Orlando, FL 32826	59-6211832	501(c)(3)	60,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shepherd's Hope Inc 4851 S Apopka Vineland Rd Suite 190 Orlando, FL 32819	59-3420727	501(c)(3)	53,360				Sponsorship
Florida Department of Health 400 W Airport Blvd Suite 115 Sanford, FL 32773	59-3502843	Gov't	25,350				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Cerebral Palsy of Central Florida 3305 S Orange Ave Suite 330 Orlando, FL 32806	59-0799925	501(c)(3)	25,042				Sponsorship
Central Florida Commission on Homelessness 111 N Orange Ave Ste 1800 Suite 565 Orlando, FL 32801	46-0994106	501(c)(3)	25,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT Orlando Inc 215 E Central Blvd Orlando, FL 32801	46-3607865	501(c)(3)	25,000				SPONSORSHIP
The Boggy Creek Gang Inc 30500 Brantley Branch Rd Suite 105 Eustis, FL 32736	59-3012889	501(c)(3)	25,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Heart of Florida United Way 1940 Traylor Blvd Suite 201 Orlando, FL 32804	59-0808854	501(c)(3)	24,150				Sponsorship
Central Florida Young Mens Christian AsSn 433 N Mills Ave Orlando, FL 32803	59-0624430	501(c)(3)	21,500				Sponsorship



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orlando Science Center Inc 777 E Princeton St Orlando, FL 32803	59-0896343	501(c)(3)	20,500				Sponsorship
Greater Orlando Children's Miracle Network 3160 Southgate Commerce Blvd Ste 6 Orlando, FL 32806	59-3452974	501(c)(3)	20,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Impower Inc 3157 N Alafaya Trl Orlando, FL 32826	65-0439778	501(c)(3)	18,500				Sponsorship
American Heart Association Inc 237 E Marks St Orlando, FL 32803	13-5613797	501(c)(3)	15,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of Central Florida Inc 2121 Camden Rd Orlando, FL 32803	59-0972112	501(c)(3)	15,000				Sponsorship
Seniors First Inc 5395 LB McLeod Rd Orlando, FL 32811	59-2759603	501(c)(3)	15,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Florida Foundation Inc 800 N Magnolia Ave Ste 1200 Suite 115 Orlando, FL 32803	59-3182886	501(c)(3)	15,000				Sponsorship
City of Orlando 400 S Orange Ave Orlando, FL 32802	59-6000396	Gov't	14,028				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Zebra Coalition Inc 911 N Mills Ave Orlando, FL 32803	27-1645847	501(c)(3)	13,000				SPONSORSHIP
Healthy Start Coalition of Orange County 1040 Woodcock Rd Ste 215 Orlando, FL 32803	59-3125675	501(c)(3)	12,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crohns & Colitis Foundation PO Box 701130 St Cloud, FL 34770	13-6193105	501(c)(3)	12,500				SPONSORHSIP
Adult Literacy League 345 W Michigan St 100 Orlando, FL 32806	23-7076600	501(c)(3)	11,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Home Society of Florida 1485 S Semoran Blvd Ste 1448 Winter Park, FL 32792	59-0192430	501(c)(3)	11,252				SPONSORSHIP
Orange County School Readiness Coalition PO Box 540387 Orlando, FL 32854	31-1759186	501(c)(3)	10,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Gift for Teaching Inc 6501 Magic Way Bldg 400C Orlando, FL 32809	59-3515162	501(c)(3)	10,000				SPONSORSHIP
Orlando Museum of Art 2416 N Mills Ave Orlando, FL 32803	59-0910352	501(c)(3)	10,000				SPONSORSHIP



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Live Like Bella Inc PO Box 161215 Miami, FL 33116	46-2965698	501(c)(3)	10,000				SPONSORSHIP
Leukemia & Lymphoma Society 3301 Maguire Blvd Ste 101 Orlando, FL 32803	13-5644916	501(c)(3)	7,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Greater Orlando 1800 Mercy Dr Ste 300 Orlando, FL 32808	59-2600149	501(c)(3)	7,500				SPONSORSHIP
University of Florida IFAS Extension 6021 S Conway Rd Orlando, FL 32812	59-6002052	Gov't	7,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO HEALTH MEDICAL GROUP INC 1414 KUHL AVE ORLANDO, FL 32806	59-3259553	501(c)(3)	117,940	0			PROGRAM SERVICE

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on 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).**

**2017**

**Open to Public Inspection**

Name of the organization  
Orlando Health Inc

Employer identification number  
59-1726273

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</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	<b>1b</b>									
<b>2</b> 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?	<b>2</b>									
<b>3</b> 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> Were any amounts reported on 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

For each individual whose compensation must be reported on 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.

See Additional Data Table

**Schedule J (Form 990) 2017**

**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
SCHEDULE J, PART I, LINE 1A	DURING FY18, OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES OF ORLANDO HEALTH, INC. WERE PERMITTED TO FLY FIRST-CLASS OR WERE PERMITTED TO USE A CHARTERED FLIGHT SERVICE WHEN OTHER FLIGHT ARRANGEMENTS WERE NOT AVAILABLE. THE TRAVEL WAS ENTIRELY BUSINESS RELATED AND THERE WAS NO TAXABLE COMPENSATION FOR ANY OF THESE INDIVIDUALS.
SCHEDULE J, PART I, LINE 3	RELATED ORGANIZATIONS ORLANDO HEALTH, INC. IS A COMMON PAYMASTER AND COMMON PAY AGENT FOR ORLANDO CANCER CENTER, INC. (EIN 59-3005020), ORLANDO HEALTH PHYSICIAN GROUP, INC. (EIN 59-3259553), ORLANDO HEALTH FOUNDATION, INC. (EIN 59-2244943), ORLANDO HEALTH CENTRAL, INC. (EIN 80-0764192) AND ORLANDO PHYSICIANS NETWORK, INC. (EIN 59-3110868) AND THEIR EMPLOYEES ARE INCLUDED ON THE ORLANDO HEALTH, INC. 941. THE ORLANDO HEALTH, INC. INDEPENDENT COMPENSATION COMMITTEE APPROVES ALL OFFICER COMPENSATION ARRANGEMENTS, WHICH REPORTS TO THE ORLANDO HEALTH BOARD OF DIRECTORS AND FOLLOWS IRS GUIDELINES.
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SEVERANCE PAYMENT, WHICH INCLUDED THE FOLLOWING DEPOSITS DURING CALENDAR YEAR 2017: NANCY DINON \$181,241; JOHN RICHARD SCHOOLER \$97,505.
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL QUALIFIED RETIREMENT PLAN, WHICH INCLUDED THE FOLLOWING DEPOSITS DURING CALENDAR YEAR 2017 THAT WERE PREVIOUSLY DEFERRED: MARY FARRELL \$30,586; DAVID W. STRONG \$238,128; BERNADETTE SPONG \$100,112; MILDRED D. BEAM \$72,157; THIBAUT VAN MARCKE DU LUMMEN \$50,960; JAMAL A. HAKIM MD \$133,530; DAVID F. HUDDLESON \$34,772; MARK A. JONES \$72,424; KATHY A. SWANSON \$69,784; JOHN W. BOZARD \$20,358; JOHN RICHARD SCHOOLER \$51,062; KAREN L. FRENIER \$52,149; NANCY G. DINON \$24,150; ERICK R. HAWKINS \$63,843; AURELIO DURAN \$169,890. DEFERRAL DISTRIBUTIONS MADE TO THE FOLLOWING: MILDRED D. BEAM \$70,163; JAMAL A. HAKIM \$233,541; DAVID F. HUDDLESON \$24,460; MARK A. JONES \$49,593; KATHY A. SWANSON \$60,484; JOHN RICHARD SCHOOLER \$161,956; KAREN L. FRENIER \$54,544; NANCY G. DINON \$176,561; D. WAYNE JENKINS \$554,652; AURELIO DURAN \$214,501.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Aurelio Duran MD Board member	(i)	0	0	0	0	0	0	0
	(ii)	222,191	507,803	784,843	181,152	23,715	1,719,704	214,501
1David W Strong President & CEO	(i)	1,162,105	761,521	1,932	249,390	28,173	2,203,121	0
	(ii)	0	0	0	0	0	0	0
2Bernadette Spong CFO	(i)	668,244	308,307	6,177	111,374	8,294	1,102,396	0
	(ii)	0	0	0	0	0	0	0
3Mildred Denise Beam Chief Legal Strategist	(i)	446,575	212,708	72,173	75,469	16,789	823,714	70,163
	(ii)	0	0	0	0	0	0	0
4Thibaut Van Marcke De Lummen SVP, OH & Pres, DPH	(i)	330,171	124,284	1,251	59,562	28,223	543,491	0
	(ii)	0	0	0	0	0	0	0
5Jamal A Hakim MD Chief Operating Officer	(i)	810,834	372,382	238,720	144,792	0	1,566,728	233,541
	(ii)	0	0	0	0	0	0	0
6David F Huddleson VP, Chief Compliance & Ethics	(i)	262,985	127,207	30,753	46,034	19,050	486,029	24,460
	(ii)	0	0	0	0	0	0	0
7Mark A Jones SVP, OH & President, ORMC	(i)	466,328	181,298	54,208	83,686	20,203	805,723	49,593
	(ii)	0	0	0	0	0	0	0
8Kathy A Swanson until 318 SVP, OH & Pres, APMC	(i)	433,077	217,212	66,121	81,046	22,325	819,781	60,484
	(ii)	0	0	0	0	0	0	0
9John W Bozard SVP, OH & Pres, APMCF & OHF	(i)	245,152	117,850	47,206	15,810	9,652	435,670	0
	(ii)	245,152	117,850	47,206	15,810	9,652	435,670	0
10John Richard Schooler VP, CIO (Until 10/17)	(i)	478,581	207,139	467,348	62,215	19,928	1,235,211	161,956
	(ii)	0	0	0	0	0	0	0
11Erick R Hawkins SVP, Strategic Management	(i)	531,997	241,985	14,081	73,430	8,294	869,787	0
	(ii)	0	0	0	0	0	0	0
12Mary Farrell MD Chief Pediatrician, APH	(i)	450,899	75,682	23,176	33,898	0	583,655	0
	(ii)	0	0	0	0	0	0	0
13Karen L Frenier VP, OH & CHRO	(i)	335,428	151,986	96,884	60,202	24,272	668,772	54,544
	(ii)	0	0	0	0	0	0	0
14Mark E Sand MD Former Board Member	(i)	0	0	0	0	0	0	0
	(ii)	547,415	629,341	35,722	11,262	19,115	1,242,855	0
15D Wayne Jenkins Fmr SVP, OH, & Pres, OHPP	(i)	0	0	554,652	0	0	554,652	554,652
	(ii)	0	0	0	0	0	0	0
16Nancy G Dinon Fmr VP, Human Resources	(i)	421,277	0	179,755	31,590	26,771	659,393	176,561
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
59-1726273

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Orange County Health Facilities Authority	52-1378595	6845035L5	05-15-2008	155,816,665	Convert Series 2005A, 2006A1 & A2	X			X		X
B Orange County Health Facilities Authority	52-1378595	6845035US	06-18-2008	179,360,000	Refund Series 1999A, 1999B & 1999C		X		X		X
C ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595	64850LAY1	12-16-2009	244,229,719	RFD SRS 1999D, 1999E, 2004 & 2008D		X		X		X
D Orange County Health Facilities Authority	52-1378595		09-15-2011	83,175,000	Refund Series 2007A-1 & A-2 Bonds		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired . . . . .				18,125,000		130,825,000		82,975,000		0	
2	Amount of bonds legally defeased . . . . .				136,550,000		0		0		0	
3	Total proceeds of issue . . . . .				155,816,665		179,360,000		244,229,719		83,175,000	
4	Gross proceeds in reserve funds . . . . .				0		0		0		0	
5	Capitalized interest from proceeds . . . . .				0		0		0		0	
6	Proceeds in refunding escrows . . . . .				155,816,665		0		0		0	
7	Issuance costs from proceeds . . . . .				0		1,573,177		3,220,489		309,605	
8	Credit enhancement from proceeds . . . . .				0		1,053,969		0		0	
9	Working capital expenditures from proceeds . . . . .				0		0		0		0	
10	Capital expenditures from proceeds . . . . .				0		0		0		0	
11	Other spent proceeds . . . . .				0		176,732,854		241,009,230		82,865,395	
12	Other unspent proceeds . . . . .				0		0		0		0	
13	Year of substantial completion . . . . .				2008		2008		2009		2011	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .				X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .					X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X		X	

Part III

Private Business Use

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



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 040 %		0 740 %		1 030 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 040 %		0 740 %		1 030 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 %		0 %		0 %		0 %	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X			X	X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X	X	
<b>b</b> Name of provider . . . . .	0		MORGAN STANLEYDEXIA		0		MORGAN STANLEY	
<b>c</b> Term of hedge . . . . .			1310 %				28 %	
<b>d</b> Was the hedge superintegrated? . . . . .				X				X
<b>e</b> Was the hedge terminated? . . . . .				X				X

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	HOSPITAL REVENUE BONDS, SERIES 2008A&B TO CONVERT SERIES 2005A (ISSUE DATE 05/26/05) AND SERIES 2006A1&A2 (ISSUE DATE 1/25/06) TO FIXED INTEREST RATE PORTION OF 2008A&B WERE ADVANCE REFUNDED BY 2016A SERIES ISSUED 04/27/2016 REMAINDER OF 2008A&B WERE ADVANCE REFUNDED BY 2018 SERIES (TAXABLE) ISSUED 02/06/2018 HOSPITAL REVENUE BONDS, SERIES 2008D, E, F, AND G TOGETHER WITH THE DEBT SERVICE RESERVE FUNDS FROM THE 1999ABC BONDS, THE PROCEEDS WERE USED TO REFUND THE 1999ABC BONDS (ISSUE DATE 9/22/99), PAY COSTS OF ISSUANCE, AND PAY THE TERMINATION VALUE OF INTEREST RATE SWAP AGREEMENTS THAT HEDGED THE VARIABLE RATE EXPOSURE OF THE 1999ABC BONDS SERIES 2009 HOSPITAL REVENUE BOND TO REFUND THE SERIES 1999D&E (ISSUE DATE 9/22/99), SERIES 2004 (ISSUE DATE 12/16/04), AND SERIES 2008D, F & G (ISSUE DATE 6/18/2008) AND TO FUND THE TERMINATION OF RELATED INTEREST RATE SWAPS ON THE REFUNDED BONDS SERIES 2011 HOSPITAL REVENUE BONDS - PROCEEDS USED TO REFUND THE SERIES 2007A-1 AND A-2 BONDS SERIES 2012A & 2012B REVENUE BONDS - ESTABLISH A PROJECT FUND FOR THE ORLANDO GERIONAL MEDICAL CENTER REDESIGN AND DEVELOPMENT PROJECT AND PAY OFF A CONSTRUCTION LOAN RELATED TO MEDICAL OFFICE AND OUTPATIENT SERVICES BUILDING SERIES 2016A REVENUE REFUNDING BONDS - CURRENT REFUND 2006B BONDS, ADVANCE REFUND PORTION OF 2008A & B BONDS AND ADVANCE REFUND 2008C BONDS AND PAY THE COSTS OF ISSUANCE OF THE 2016A BONDS SERIES 2016B REVENUE BONDS - REFINANCE ON A TAX-EXEMPT BASIS THE TAX-EXEMPT PORTION OF HEALTH CENTRAL 2012 PURCHASE MONEY PROMISSORY NOTE AND PAY THE COSTS OF ISSUANCE OF THE 2016B BONDS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	LAST DATE REBATE COMPUTATION WAS PERFORMED FOR ARBITRAGE SERIES 2008A CONVERT SERIES 2005A, 2006A1& A2 2/6/2018 (FINAL) SERIES 2008B CONVERT SERIES 2005A, 2006A1& A2 2/6/2018 (FINAL) SERIES 2008E REFUND SERIES 1999A, 1999B & 1999C 2/5/2018 SERIES 2009 REFUND SRS 1999D, 1999E, 2004 & 2008D 1/14/2014 SERIES 2011 REFUND SERIES 2007A-1 & A-2 BONDS 2/5/2013 SERIES 2012 ORMC REDEVELOPMENT PROJECT 5/23/2017

Schedule K  
(Form 990)

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
59-1726273

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Orange County Health Facilities Authority	52-1378595	68450LCDS	05-23-2012	190,757,522	ORMC Redevelopment Project		X		X		X
B Orange County Health Facilities Authority	52-1378595	68450LER2	04-27-2016	276,195,917	Rfd 2006B, Rfd 2008A-C, Refi HC		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	190,757,522		276,195,917					
4	Gross proceeds in reserve funds . . . . .	0		0					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	0		136,747,879					
7	Issuance costs from proceeds . . . . .	1,981,410		2,250,398					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	155,500,000		70,645,200					
11	Other spent proceeds . . . . .	33,276,112		66,552,440					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2015		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X					
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X					
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 850 %		0 120 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 850 %		0 120 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 %		0 %					
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Orlando Health Inc

Employer identification number  
59-1726273

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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) MARY FARRELL	SEE PART V	1,585,017	CONTRACTED FPA, LLC		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, COLUMN B	MARY FARRELL, MD, FORMER BOARD MEMBER OF ORLANDO HEALTH, INC , IS ALSO EMPLOYED AND AN OFFICER OF FLORIDA PEDIATRIC ASSOCIATES, LLC, WHICH IS CONTRACTED TO PERFORM PEDIATRIC CRITICAL CARE SERVICES FOR THE HOSPITAL THE HOSPITAL ENGAGES FLORIDA PEDIATRIC ASSOCIATES, LLC AT ARMS-LENGTH TRANSACTIONS AT FAIR MARKET VALUE



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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

**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

**2017**

**Open to Public  
Inspection**

**Employer identification number**

59-1726273

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE VICE CHAIRMAN OF THE BOARD OF DIRECTORS, THE PRESIDENT/CEO, THE SECRETARY, THE TREASURER, AND THE IMMEDIATE PAST CHAIRMAN OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO LIMITATIONS SET FORTH IN THE BYLAWS AND ANY LIMITATIONS OTHERWISE IMPOSED BY THE BOARD OF DIRECTORS AND WITH THE FURTHER UNDERSTANDING THAT ALL MATTERS OF MAJOR IMPORTANCE TO THE CORPORATION WILL BE REFERRED TO THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL ALSO SERVE AS THE COMPENSATION COMMITTEE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS RELATIONSHIPS BERNADETTE SPONG, JAMAL HAKIM MD, JOHN CAPPLEMAN, KATHY SWANSON AND MARK JONES HAD A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF FOR PROFIT COMPANIES WHOLLY OWNED BY ORLANDO HEALTH, INC

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS A GROUP OF 40 MEMBERS OF THE COMMUNITY W AS ESTABLISHED WHEN ORLANDO HEALTH WAS CREATED THIS SELF-PERPETUATING GROUP ELECTS THE GO VERNING BODY OF ORLANDO HEALTH THIS GROUP DOES NOT APPROVE DECISIONS OF THE GOVERNING BOD Y, NOR DOES IT RECEIVE A SHARE OF THE INCOME OR NET ASSETS OF ORLANDO HEALTH

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	MEMBERS OF STOCKHOLDERS WHO MAY ELECT THE GROUP OF 40 MEMBERS DESCRIBED ABOVE ELECTS THE GOVERNING BODY OF ORLANDO HEALTH, INC

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW PROCESS THE CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY R EQUIRED CHANGES THAT WERE MADE TO THE FORM 990 THE FINAL FORM 990 WAS THEN PROVIDED TO AL L MEMBERS OF THE BOARD TO REVIEW ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CH ANGES REQUIRED OF THE REVIEW WERE MADE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY MENTORING AND ENFORCEMENT THE 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 FOR ALL RELATED ORGANIZATIONS BOARD MEMBERS ROUTINELY ANNOUNCE CONFLICTS AT BOARD MEETINGS AND LEAVE THE ROOM FOR THE DISCUSSION AND THE VOTE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	<p>OFFICERS AND POSITIONS FOR WHICH COMPENSATION PROCESS WAS USED THE EXECUTIVE COMPENSATION PROCESS AT ORLANDO HEALTH IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT BOARD MEMBERS THE Y FOLLOW A BOARD APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THIS PROC ESS APPLIES TO THE CEO, ALL OFFICERS AND WAS IMPLEMENTED PRIOR TO OCTOBER 1, 2006 THE CHA RTER EMPOWERS THE COMPENSATION COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED T O REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, PROMOTE RETENTION OF KEY MANAGEMENT TALENT AND ENSURE THAT COMPENSATION AND BENEFITS DO NO T EXCEED MARKET NORMS ORLANDO HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARK ET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVE RY SYSTEMS TO FULFILL THEIR RESPONSIBILITY TO LOOK AT RELEVANT MARKET DATA, AND BECAUSE O F THE SCALE AND COMPLEXITY OF THE ORGANIZATION, THE COMMITTEE REVIEWS INFORMATION FROM MUL TIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDI NG ON-GOING ADMINISTRATION OF THE PROGRAM ORLANDO HEALTH PROVIDES COMPENSATION TO ITS SEN IOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND EXECUTIVE BENE FITS THE COMPENSATION COMMITTEE IS COMPRISED OF 5 INDEPENDENT MEMBERS OF THE BOARD THE C OMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT, WHICH THEY DO THE COMPENSATION COMMITTEE'S INDEPENDENT COMPENSATION CONSULTANT AND COUNSEL OPINE TO THE COM PENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPE NSATION IS ESTABLISHED MEET APPLICABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC THESE DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST IN AC CORDANCE WITH FEDERAL TAX LAW PUBLIC INSPECTION REQUIREMENTS



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES AFFILIATED EQUITY TRANSFERS \$(135,046,000) CONTRIBUTIONS - BOOK/TAX DIFFERENCES \$( 9,782,039) OTHER CHANGES AND EXTRAORDINARY ITEMS \$(734,179) ===== TOTAL \$(145,562,218)

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493225016219	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization Orlando Health Inc				Employer identification number 59-1726273	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> POLK STARLIGHT SLEEP LABS LLC 3003 SOUTH FLORIDA AVENUE STE 203 LAKELAND, FL 33803 20-2108795	TESTING FACILITY	FL	LRHS	RELATED	0	0		No	0		No	51 000 %
<b>(2)</b> LIFT ORLANDO IMPACT INVESTMENT FUND LLC 2043 JACOBS PLACE ORLANDO, FL 32805 81-4062133	REAL ESTATE	FL	OHI	EXCLUDED	-20,382	2,756,809		No	0		No	51 375 %

**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
<b>(1)</b> HEALTHNET SERVICES INC & SUBS 1414 KUHLE AVENUE ORLANDO, FL 32806 59-2246203	MEDICAL SVCS	FL	OHI	C CORP	-18,106,615	129,407,718	100 000 %	Yes	
<b>(2)</b> ORANGE INDEMNITY LTD PO BOX 1159 KY CJ 98-0516252	CAPTIVE INS	CJ	OHI	C CORP	75,000	1,968,204	100 000 %	Yes	
<b>(3)</b> COMMUNITY HEALTH OF FLORIDA INC 1414 KUHLE AVENUE ORLANDO, FL 32806 46-3171911	INSURANCE LIC	FL	OHI	C CORP	0	0	50 100 %	Yes	
<b>(4)</b> LAKELAND REGIONAL HEALTH VENTURES INC 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650902	MEDICAL SVCS	FL	LRHS	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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .	Yes	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**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

See Additional Data Table

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

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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III, LINES 1 AND 2	POLK STARLIGHT SLEEP LABS, LLC EIN 20-2108795 ADDRESS 3003 S FLORIDA AVENUE, LAKE LAND, FL 33803 LIFT ORLANDO IMPACT INVESTMENT FUND, LLC EIN 81-4062133 ADDRESS 2043 JACOBS PLACE, ORLANDO, FL 32805 SCHEDULE R, PART VII SUPPLEMENTAL INFORMATION THE AMOUNTS REPORTED ON SCHEDULE R, PART V, LINE 2, TRANSACTION TYPE O REPRESENT SALARIES AND EMPLOYMENT COSTS OF EMPLOYEES THAT PROVIDE SERVICES TO MULTIPLE ORGANIZATIONS AFFILIATED WITH ORLANDO HEALTH, INC



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-2244943	SUPPORT OH	FL	501(c)(3)	7	OHI	Yes	
10000 W COLONIAL DRIVE OCOEE, FL 34761 80-0764192	HEALTHCARE	FL	501(c)(3)	3	OHI	Yes	
1400 S ORANGE AVENUE ORLANDO, FL 32806 59-3005020	CANCER CENTER	FL	501(c)(3)	12a	OHI	Yes	
1414 KUHL AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(c)(3)	12a	OHI	Yes	
10000 W COLONIAL DRIVE OCOEE, FL 34761 59-3269402	SUPPORT OHC	FL	501(c)(3)	12a	OHC	Yes	
10000 W COLONIAL DRIVE OCOEE, FL 32806 59-2091206	SUPPORT OHC	FL	501(c)(3)	7	OHF	Yes	
3160 SOUTHGATE COMMERCE BLVD ORLANDO, FL 32806 59-3452974	SUPPORT OHF	FL	501(c)(3)	7	OHF	Yes	
1414 KUHL AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPPT SRV	FL	501(c)(3)	12A	OHI	Yes	
1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 23-7134974	FUNDRAISING	FL	501(c)(3)	12A	LRHS	Yes	
1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650456	HEALTHCARE	FL	501(c)(3)	3	LRHS	Yes	
1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650464	SUPPORT OTHER	FL	501(c)(3)	12A	OHI	Yes	



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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ORLANDO HEALTH FOUNDATION INC	c	14,509,251	FMV
ORLANDO HEALTH CENTRAL INC	i	2,420,573	FMV
ORLANDO HEALTH MEDICAL GROUP INC	j	9,749,623	FMV
ORLANDO HEALTH CENTRAL INC	k	2,305,474	FMV
ORLANDO HEALTH CENTRAL INC	l	4,091,101	FMV
HEALTHNET SERVICES INC	l	55,077	FMV
ORLANDO HEALTH MEDICAL GROUP INC	l	2,076,932	FMV
ORANGE INDEMNITY LTD	m	75,000	FMV
ORLANDO HEALTH FOUNDATION INC	n	1,934,048	FMV
ORLANDO HEALTH FOUNDATION INC	o	4,908,396	FMV
ORLANDO HEALTH CENTRAL INC	o	73,336,241	FMV
ORLANDO HEALTH MEDICAL GROUP INC	o	311,125,268	FMV
ORLANDO PHYSICIANS NETWORK INC	o	3,887,694	FMV
ORLANDO HEALTH CENTRAL INC	q	12,283,920	FMV
ORLANDO HEALTH MEDICAL GROUP INC	q	43,634,521	FMV
ORLANDO PHYSICIANS NETWORK INC	q	814,233	FMV
ORLANDO HEALTH FOUNDATION INC	q	1,752,513	FMV
PHYSICIAN ASSOCIATES LLC	q	38,352,891	FMV
OHRI LLC	q	119,150	FMV
ORLANDO HEALTH MEDICAL GROUP INC	r	125,000,000	FMV
ORLANDO PHYSICIANS NETWORK INC	r	1,575,000	FMV
ORLANDO HEALTH PHYSICIAN PARTNERS INC	r	1,000,000	FMV
ORLANDO HEALTH CENTRAL INC	r	1,434,728	FMV
PHYSICIAN ASSOCIATES LLC	r	834,000	FMV
HEALTHNET SERVICES INC	r	7,470,000	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ORLANDO HEALTH CENTRAL INC	s	709,559	FMV
OHRI LLC	r	4,700,000	FMV
PHYSICIAN ASSOCIATES LLC	j	4,819,053	FMV
OHRI LLC	j	272,597	FMV
ORLANDO HEALTH CENTRAL INC	p	559,237	FMV
ORLANDO PHYSICIANS NETWORK INC	j	585,149	FMV
ORLANDO HEALTH MEDICAL GROUP INC	b	117,940	FMV
LAKELAND REGIONAL MEDICAL CENTER	j	992,742	FMV
LAKELAND REGIONAL PHYSICIAN GROUP	j	3,132,188	FMV
LAKELAND REGIONAL MEDICAL CENTER	q	5,100,263	FMV
LAKELAND REGIONAL PHYSICIAN GROUP	q	1,938,842	FMV
HEALTHNET SERVICES INC	q	434,447	FMV
ORLANDO SURGERY CENTER LLC	r	1,936,000	FMV