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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Orlando Health Inc

% BERNADETTE SPONG
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1414 KUHL AVENUE MP8

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

D Employer identification number

59-1726273

E Telephone number

(321) 841-5078

G Gross receipts \$ 4,157,548,923

F Name and address of principal officer:
BERNADETTE SPONG
1414 KUHL AVENUE
ORLANDO, FL 32806

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ORLANDOHEALTH.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION AS A COMMUNITY-OWNED ORGANIZATION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE.

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

3

4

5

6

7a

7b

3

4

5

6

7a

7b

10

8

17,589

3,240

5,322,071

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

12,069,943

74,576,796

2,688,292,235

2,797,097,655

52,387,517

90,185,784

4,024,012

3,658,075

2,756,773,707

2,965,518,310

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶6,165,648

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

5,849,882

2,350,386

0

0

0

0

1,180,816,605

1,255,572,274

2,247,806,005

2,340,978,105

508,967,702

624,540,205

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

4,483,329,867

5,410,558,611

1,975,323,168

2,526,245,828

2,508,006,699

2,884,312,783

Part II Signature Block

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

Sign Here

Signature of officer

2021-08-12

Date

BERNADETTE SPONG CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01346034

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 201 N FRANKLIN ST STE 2400

TAMPA, FL 33602

Phone no. (813) 225-4800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 1,935,447,885 including grants of \$ 2,350,386) (Revenue \$ 2,797,097,655)
See Additional Data

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

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

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

4e Total program service expenses ► 1,935,447,885

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	944
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 17,589			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes		
b If "Yes," enter the name of the foreign country: ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶BERNADETTE SPONG 1414 KUHLE AVENUE ORLANDO, FL 32806 (321) 841-5078

Part VII

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

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

☑

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID W STRONG PRESIDENT & CEO	60.0 5.0	X		X				3,449,892	0	428,315
(2) JAMAL A HAKIM MD CHIEF OPERATING OFFICER	60.0 5.0				X			1,872,472	0	215,546
(3) BERNADETTE SPONG CHIEF FINANCIAL OFFICER	55.0 10.0			X				1,533,506	0	185,205
(4) ERICK R HAWKINS SVP, STRATEGIC MANAGEMENT	55.0 5.0					X		1,225,773	0	143,076
(5) AURELIO DURAN MD FORMER BOARD MEMBER	0.0 55.0						X	0	1,280,351	34,174
(6) MARK E SAND MD Former Board Member	0.0 55.0						X	0	1,234,302	30,144
(7) MARK A JONES SVP, OH & PRESIDENT, ORMC	55.0 3.0				X			1,030,621	0	129,844
(8) SUNIL S DESAI MD SVP, OH & PRES, OHMG	10.0 55.0					X		988,514	0	161,701
(9) MILDRED DENISE BEAM Chief Legal Strategist	55.0 2.0					X		927,372	0	101,104
(10) JOHN W BOZARD SVP, OH & Pres, APMCF & OHF	25.0 30.0					X		429,826	429,826	52,836
(11) GREGORY P OHE SVP, AMBU SVCS, ORLANDO HEALTH	55.0 0.0					X		785,458	0	98,607
(12) KELLY NIERSTEDT SVP, OH & PRES, WPH	55.0 0.0				X			640,820	0	84,514
(13) THIBAUT VAN MARCKE DE LUMMEN SVP, OH & PRES, DPH	55.0 0.0				X			577,051	0	103,317
(14) MARY FARRELL MD Former Board Member	55.0 0.0						X	605,309	0	3,500
(15) DAVID F HUDDLESON VP, CHIEF COMPLIANCE & ETHICS	55.0 0.0						X	465,474	0	77,538
(16) CHARLES HEARD MD BOARD MEMBER, CHIEF OF STAFF	2.0 0.0	X						95,000	0	0
(17) AMY SAUNDERS BOARD MEMBER	2.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANFORD C SHUGART PHD	2.0	X		X				0	0	0
BOARD MEMBER, CHAIRMAN	0.0									
(19) BRIAN BESANCENEY	2.0	X		X				0	0	0
BOARD MEMBER, VICE CHAIR/SEC.	0.0									
(20) M KATHRYN GARRETT MD	2.0	X						0	0	0
BOARD MEMBER	2.0									
(21) MIKE PACKNETT	2.0	X						0	0	0
BOARD MEMBER	0.0									
(22) JOHN CAPPLEMAN MD	2.0	X		X				0	0	0
BOARD MEMBER, TREASURER	0.0									
(23) CAROLYN KARRAKER	2.0	X						0	0	0
BOARD MEMBER	0.0									
(24) JIM HYLER	2.0	X						0	0	0
BOARD MEMBER EFFECTIVE 11/2019	0.0									

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	14,627,088	2,944,479	1,849,421

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 873

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AVI FOODSYSTEMS INC, 2590 ELM RD NE WARREN, OH 44483	FOOD SERVICES	15,073,844
BARTON MALOW COMPANY, 26500 AMERICAN DR SOUTHFIELD, MI 48034	CONSTRUCTION SVCS	45,063,458
ROBINS MORTON GROUP, 400 SHADES CREEK PARKWAY STE 200 BIRMINGHAM, AL 35209	CONSTRUCTION SVCS	21,795,782
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	SOFTWARE SERVICES	14,318,377
MICROSOFT CORPORATION, ONE MICROSOFT WAY REDMOND, WA 98052	SOFTWARE SERVICES	12,521,806

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 514

Part VIII

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

				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a							
	b	Membership dues . . .	1b							
	c	Fundraising events . . .	1c	0						
	d	Related organizations	1d	6,262,231						
	e	Government grants (contributions)	1e	64,872,776						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,441,789						
	g	Noncash contributions included in lines 1a - 1f:\$	1g							
	h Total. Add lines 1a-1f ▶			74,576,796						
	Program Service Revenue	2a NET PATIENT SERVICE REVENUE		Business Code						
		622110	2,584,697,205	2,582,068,392	2,628,813	0				
b RETAIL PHARMACY		446110	81,814,820	80,925,251	889,569	0				
c LIP TIER 3 STATE REVENUE		622110	64,988,831	64,988,831	0	0				
d STATE OF FL TEACHING/IGT SAFETY NET PMTS		622110	13,277,050	13,277,050	0	0				
e All other program service revenue		900099	52,319,749	52,217,009	102,740	0				
f All other program service revenue.										
9 Total. Add lines 2a-2f. ▶			2,797,097,655							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶			26,591,360		559,966	26,031,394		
	4 Income from investment of tax-exempt bond proceeds ▶			262			262			
	5 Royalties ▶			0						
	6a	(i) Real	(ii) Personal							
		6a	8,941,505							
		b	Less: rental expenses					6b	5,827,038	
		c	Rental income or (loss)					6c	3,114,467	0
	d Net rental income or (loss) ▶			3,114,467		23,156	3,091,311			
	7a	(i) Securities	(ii) Other							
		7a	1,231,990,630					17,807,107		
		b	Less: cost or other basis and sales expenses					7b	1,182,111,433	4,092,142
		c	Gain or (loss)					7c	49,879,197	13,714,965
	d Net gain or (loss) ▶			63,594,162		618,147	62,976,015			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	0	0					
	b Less: direct expenses		8b	0						
	c Net income or (loss) from fundraising events . . . ▶									
	9a Gross income from gaming activities. See Part IV, line 19		9a	0	0					
	b Less: direct expenses		9b	0						
	c Net income or (loss) from gaming activities . . . ▶									
	10aGross sales of inventory, less returns and allowances . . .		10a	0	0					
	b Less: cost of goods sold . . .		10b	0						
c Net income or (loss) from sales of inventory . . . ▶										
Miscellaneous Revenue			Business Code							
11aPHYSICIANS ANSWERING SVCS		561421	349,280	0	349,280	0				
b SPONSORSHIP AGREEMENTS		900099	100,000	0	100,000	0				
c INFANT PICTURE CONTRACT		622110	50,400	0	50,400	0				
d All other revenue			43,928	0		43,928				
e Total. Add lines 11a-11d ▶			543,608							
12 Total revenue. See instructions ▶			2,965,518,310	2,793,476,533	5,322,071	92,142,911				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,350,386	2,350,386		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	9,250,967	1,825,978	7,424,989	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,203,311	611,745	591,566	0
7 Other salaries and wages	832,747,671	685,397,501	143,618,700	3,731,470
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,891,061	41,727,406	9,145,936	17,719
9 Other employee benefits	127,098,556	103,673,003	22,698,087	727,466
10 Payroll taxes	61,863,879	49,426,380	12,223,233	214,266
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	11,818,279	0	11,818,279	0
c Accounting	1,404,643	0	1,404,643	0
d Lobbying	478,365	478,365	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	548,581	0	548,581	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	152,302,464	105,003,133	47,266,259	33,072
12 Advertising and promotion	23,880,940	9,832,534	13,961,789	86,617
13 Office expenses	68,304,631	46,581,271	21,315,949	407,411
14 Information technology	73,500,638	26,825,561	46,529,984	145,093
15 Royalties	0	0	0	0
16 Occupancy	86,370,093	40,231,048	45,634,650	504,395
17 Travel	2,800,159	1,651,947	1,060,563	87,649
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,030,502	812,656	186,459	31,387
20 Interest	45,111,520	43,019,485	2,092,035	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	143,786,246	137,097,936	6,672,915	15,395
23 Insurance	24,692,801	24,629,445	63,356	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	479,280,384	479,280,384	0	0
b PATIENT MED ASSIST TRUST	68,783,412	68,783,412	0	0
c ELIGIBILITY FEES	33,137,090	33,137,090	0	0
d DISCHARGE SUPPORT	7,588,941	7,588,941	0	0
e All other expenses	30,752,585	25,482,278	5,106,599	163,708
25 Total functional expenses. Add lines 1 through 24e	2,340,978,105	1,935,447,885	399,364,572	6,165,648
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,632,380	1	119,766,067
	2	Savings and temporary cash investments		426,453,902	2	390,890,622
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		304,642,759	4	311,267,036
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		55,141,269	8	108,147,374
	9	Prepaid expenses and deferred charges		34,871,692	9	220,283,559
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,500,697,349		
	b	Less: accumulated depreciation	10b	1,973,238,353		
	11	Investments—publicly traded securities		1,863,578,284	11	1,941,059,399
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		26,592,926	14	304,175,008
	15	Other assets. See Part IV, line 11		396,694,332	15	487,510,550
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,483,329,867	16	5,410,558,611	
Liabilities	17	Accounts payable and accrued expenses		443,140,806	17	528,621,606
	18	Grants payable		0	18	0
	19	Deferred revenue		1,524,986	19	146,463,122
	20	Tax-exempt bond liabilities		1,227,289,338	20	1,338,493,391
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		27,477,529	23	62,260,912
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		275,890,509	25	450,406,797
	26	Total liabilities. Add lines 17 through 25		1,975,323,168	26	2,526,245,828
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		2,393,515,626	27	2,759,429,417
	28	Net assets with donor restrictions		114,491,073	28	124,883,366
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,508,006,699	32	2,884,312,783
33	Total liabilities and net assets/fund balances		4,483,329,867	33	5,410,558,611	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,965,518,310
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,340,978,105
3	Revenue less expenses. Subtract line 2 from line 1	3	624,540,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,508,006,699
5	Net unrealized gains (losses) on investments	5	33,718,077
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-281,952,198
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,884,312,783

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

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

Form 990 (2019)

Form 990, Part III, Line 4a:

ORLANDO HEALTH IS ONE OF FLORIDA'S 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 (ORLANDO HEALTH ORMC) - ONE OF THE LARGEST TERTIARY FACILITIES IN THE REGION, ORMC IS ORLANDO HEALTH'S FLAGSHIP FACILITY AND HOME TO THE AREA'S ONLY LEVEL ONE TRAUMA CENTER. FOR OVER 100 YEARS, ORMC HAS PROVIDED THE MOST ADVANCED OPTIONS AVAILABLE FOR SURGICAL, MEDICAL, REHABILITATIVE AND EMERGENCY CARE. TODAY, THROUGH 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 AREA'S ONLY LEVEL ONE TRAUMA CENTER, ORMC IS HOME TO CENTRAL FLORIDA'S ONLY AIR AMBULANCE SERVICE AND IS ONE OF THE STATE'S 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 FLORIDA'S 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, A CONTINUUM OF UNIQUE, SPECIALIZED SERVICES IS 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 2020, OVER 16,000 CHILDREN AND FAMILIES WERE SERVED THROUGH THE CENTER'S 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 HOSPITAL'S 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 CANCER INSTITUTE - THE ESTABLISHMENT OF THE CANCER INSTITUTE BRINGS THE MOST EXPERIENCED CANCER DOCTORS TOGETHER WITH TOP CANCER RESEARCHERS TO PROVIDE UNIQUE TREATMENTS TAILORED TO EACH PATIENT'S NEEDS. HOME TO THE MARJORIE AND LEONARD WILLIAMS CENTER FOR PROTON THERAPY, THE CENTER IS FLORIDA'S FIRST - AND ONLY THE NATION'S 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 - 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, DR. P. PHILLIPS HOSPITAL OFFERS DIAGNOSTIC IMAGING, REHABILITATION AND SURGICAL SERVICES, INCLUDING VASCULAR, NEUROSURGERY, ONCOLOGY, ORTHOPEDICS AND THE DAVINCI ROBOTIC SURGICAL SYSTEM. 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, WOMEN'S HEALTH, BEHAVIORAL HEALTH, WOUND CARE AND HYPERBARIC MEDICINE, AND THERAPIES (PHYSICAL, OCCUPATIONAL AND SPEECH). THE FACILITY IS ALSO HOME TO ONE OF ORLANDO HEALTH'S THREE AIR CARE TEAM HELICOPTER BASES. ORLANDO HEALTH SOUTH LAKE HOSPITAL - SERVING THE WHOLE SOUTHERN REGION OF LAKE COUNTY, SOUTH LAKE HOSPITAL IS A FULLY ACCREDITED CHEST PAIN CENTER AND A BREAST IMAGING CENTER OF EXCELLENCE. SERVICES OFFERED INCLUDE CARDIAC, WOMEN'S 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 HEALTH'S THREE AIR CARE TEAM HELICOPTER BASES. ORLANDO HEALTH ST. CLOUD HOSPITAL - LOCATED IN OSCEOLA COUNTY, FLORIDA, ORLANDO HEALTH ST. CLOUD HOSPITAL IS A FULL-SERVICE, ACUTE CARE HOSPITAL THAT DELIVERS COMPREHENSIVE EMERGENCY, INPATIENT AND OUTPATIENT SERVICES, INCLUDING OUTPATIENT REHABILITATION SERVICES AND A WOUND HEALING & HYPERBARIC CENTER. AMONG THE MEDICAL AND SURGICAL SERVICES OFFERED ARE CARDIOLOGY, CRITICAL CARE, DIGESTIVE HEALTH, ENDOCRINOLOGY, INFECTIOUS DISEASE, NEUROLOGY, ORTHOPEDICS, RADIOLOGY, REHABILITATION, AND MINIMALLY INVASIVE AND ROBOTIC SURGICAL PROCEDURES. IN ADDITION TO A BROAD RANGE OF SERVICES, ORLANDO HEALTH ST. CLOUD PROVIDES MODERN FACILITIES, ADVANCED TECHNOLOGY AND A SKILLED TEAM OF CARE PROVIDERS. ORLANDO HEALTH IS PROUD TO OFFER THE REGION'S ONLY LEVEL ONE TRAUMA CENTER; THE AREA'S 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 FLORIDA'S LARGEST EMPLOYERS WITH OVER 22,000 EMPLOYEES AND OVER 4,000 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 SIX ACUTE CARE HOSPITALS, INCLUDING THREE SPECIALTY HOSPITALS AND NUMEROUS OUTPATIENT CENTERS. DURING THE FISCAL YEAR ENDING ON SEPTEMBER 30, 2020, WE HAD 455,628 DAYS OF INPATIENT CARE, 527,027 OUTPATIENT VISITS, 13,691 BIRTHS AND 257,571 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 SHEPHERD'S 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 HEALTH ORLANDO REGIONAL MEDICAL CENTER IS PROUD TO B

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

The organization is not a private foundation because it is: (For lines 1 through 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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a 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>		
4a		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI.</i>		
6		
7 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>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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 Part VI.</i>		
9b		
c 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 Part VI.</i>		
9c		
10a 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>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

Part V

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

1		<input type="checkbox"/> 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.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	Employer identification number 59-1726273
------------------------------------------------	----------------------------------------------

Part I-A

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

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		92,400
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		478,365
j	Total. Add lines 1c through 1i			570,765
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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 \$247,979. AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES USED FOR LOBBYING ACTIVITIES TOTALING \$230,387.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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	38,676,311	36,836,779	31,231,110	26,942,285	23,569,881
b Contributions	100,004	750,218	4,383,122	1,393,819	2,338,450
c Net investment earnings, gains, and losses	2,836,526	1,142,094	1,222,547	2,937,429	1,073,988
d Grants or scholarships					0
e Other expenditures for facilities and programs	5,953,480				0
f Administrative expenses	66,432	52,780		42,423	40,034
g End of year balance	35,592,929	38,676,311	36,836,779	31,231,110	26,942,285

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 ▶ 2.720 %

c

Temporarily restricted endowment ▶ 97.280 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		138,575,530		138,575,530
b Buildings		1,153,431,622	496,026,455	657,405,167
c Leasehold improvements		23,173,020		23,173,020
d Equipment		2,053,245,990	1,446,947,789	606,298,201
e Other		132,271,187	30,264,109	102,007,078
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,527,458,996

Schedule D (Form 990) 2019

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.) ▶	487,510,550

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	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	450,406,797

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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
DUE FROM AFFILIATES	348,051,509
CASH SURRENDER VALUE LIFE INS	64,801,508
INVESTMENT IN RELATED PARTIES	11,282,296
MED MAL RECOVERIES RECEIVABLE	3,208,773
DEPOSITS	1,959,228
CAP ACCUM/DEF COMP BEN	15,641,924
EXEC DEFERRED COMP 457B	38,579,894
GIFT ANNUITY TRUST	2,528,026
CONTRIB RECEIVED - FDN	547,730
PROPERTY MANAGEMENT	809,662
WORKERS COMP SURETY	100,000

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

1. (a) Description of Liability	(b) Book Value
PROFESSIONAL & GENERAL LIABILITY	148,715,058
SWAP LIABILITIES	50,213,829
LT LIAB CAP/ACCUM DEF COMP	15,641,924
LT LIAB EXEC DEF COMP 457B	38,579,894
ASSET RETIREMENT LIABILITY	1,824,664
LT DUE TO AFFILIATES	36,353,108
PHYSICIAN LOAN RESERVE	67,676
FEDERAL EXCISE TAX	956,221
LT CHARITABLE COMMITMENTS TO UNRELATED PARTIES	3,575,000
EPIC-ELLIE SOFTWARE LICENSE LIABILITIES	17,267,829

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

1. (a) Description of Liability	(b) Book Value
PROPERTY MANAGEMENT LIABILITIES	702,774
DEFERRED EMPLOYER PAYROLL TAXES	37,531,984
DEFERRED LEASE LIABILITY	92,363,860
OTHER LIABILITIES	6,612,976

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	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 OF ORLANDO HEALTH, INC. AND AFFILIATES IN ACCORDANCE WITH DONOR SPECIFICATIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE 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. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2020 AND 2019.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	1	1	Program services	CAPTIVE INSURANCE	59,719
3a Sub-total	1	1			59,719
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			59,719

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

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

- 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" on Form 990, Part IV, line 16.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

Part III can be duplicated if additional space is needed.

[illegible]

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; don't 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; don't 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 H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 225 % 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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)			163,347,544	76,650,216	86,697,328	3.700 %
b Medicaid (from Worksheet 3, column a)			388,915,105	231,175,914	157,739,191	6.740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			769,659	545,525	224,134	0.010 %
d Total Financial Assistance and Means-Tested Government Programs			553,032,308	308,371,655	244,660,653	10.450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			27,205,536	931,097	26,274,439	1.120 %
f Health professions education (from Worksheet 5)			68,694,397	16,047,127	52,647,270	2.250 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			3,112,686	0	3,112,686	0.130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,017,740	0	2,017,740	0.090 %
j Total. Other Benefits			101,030,359	16,978,224	84,052,135	3.590 %
k Total. Add lines 7d and 7j			654,062,667	325,349,879	328,712,788	14.040 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,918		1,918	0 %
2 Economic development			35,640		35,640	0 %
3 Community support			81,205		81,205	0 %
4 Environmental improvements						
5 Leadership development and training for community members			9,676		9,676	0 %
6 Coalition building						
7 Community health improvement advocacy			6,679		6,679	0 %
8 Workforce development			47,961		47,961	0 %
9 Other						
10 Total			183,079		183,079	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	134,240,694	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	295,545,581
6 Enter Medicare allowable costs of care relating to payments on line 5	6	332,240,140
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-36,694,559
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 %
1				
2				
3				
4				
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6				
7				
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10				
11				
12				
13				

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

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

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

6

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

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

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

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SEC C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225. _____ % and FPG family income limit for eligibility for discounted care of 0. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SEC C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SEC C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SEC C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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
22		
23		No
24		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, 20a, 20b, 20c, 20d, 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? 43

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6B	YES, WHEN COMPLETE WILL POST ON THE OH WEBSITE. 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.
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 HEALTH'S COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COMMUNITY. WHEN A PARTICULAR PHYSICIAN SPECIALTY IS DEFICIENT IN THE COMMUNITY IN COMPARISON TO THE POPULATION, IT CAN LIMIT ACCESS TO HEALTHCARE SERVICES AND RESULT IN POOR HEALTH OUTCOMES. TO RECTIFY THOSE WORKFORCE SHORTAGES, ORLANDO HEALTH MAY HELP RECRUIT PHYSICIANS WHEN A NEED IS IDENTIFIED TO ESTABLISH, ENHANCE OR MAINTAIN A MEDICAL SERVICE IN THE AREA. TO DETERMINE NEED, ORLANDO HEALTH USES INDEPENDENT HEALTH PLANNING SERVICE ORGANIZATIONS; COMMUNITY NEEDS ASSESSMENT; AND INDEPENDENTLY MAINTAINED PHYSICIAN DATABASE SOFTWARE. THESE PHYSICIAN RECRUITMENT EFFORTS MEET THE COMMUNITY BENEFIT OBJECTIVE OF IMPROVING ACCESS TO HEALTH SERVICES, WHICH IN TURN IMPROVES PUBLIC HEALTH. ORLANDO HEALTH ASSISTED IN RECRUITING TWO NEW COMMUNITY-BASED PHYSICIANS TO COMBAT THE PHYSICIAN SHORTAGES IN OUR COMMUNITY DURING THE YEAR.</p>
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. CONSISTENT WITH THE SYSTEMS MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THEREFORE, THE SYSTEM HAS DETERMINED THAT IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND PATIENTS WITH OTHER UNINSURED BALANCES SUCH AS COPAYS AND DEDUCTIBLES. THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS EXPECTED TO BE COLLECTED BASED ON THE SYSTEMS COLLECTION HISTORY WITH THOSE PATIENTS IS RECORDED AS IMPLICIT PRICE CONCESSIONS, OR AS A DIRECT REDUCTION TO NET PATIENT REVENUE. SUBSEQUENT ADJUSTMENTS THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT OR PAYORS ABILITY TO PAY ARE RECOGNIZED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE IS RECORDED AS A COMPONENT OF OTHER OPERATING EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. BAD DEBT EXPENSE FOR THE YEAR ENDED SEPTEMBER 30, 2020 WAS NOT SIGNIFICANT FOR THE SYSTEM. (ORLANDO HEALTH, INC. AUDITED FINANCIAL STATEMENTS, PAGE 19)</p>

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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. HOWEVER, AS A NOT-FOR-PROFIT ORGANIZATION WE PROVIDE EMERGENCY AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS. DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL CONTINUE TO CARE FOR THE MEDICARE POPULATION AND ACCEPT THE MEDICARE REIMBURSEMENT RATE. CARING FOR THE MEDICARE PATIENT POPULATION FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THIS CLASS OF PATIENTS TYPICALLY HAS LOW AND/OR FIXED INCOMES. THE MEDICARE PATIENT POPULATION IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS NECESSITATES THAT NOT-FOR-PROFIT HOSPITALS USE OTHER FUNDS TO COVER THE DEFICIT. NOT-FOR-PROFIT HOSPITALS HAVE A RESPONSIBILITY TO WORK TOWARD IMPROVED HEALTH IN THE COMMUNITIES THEY SERVE AND CARING FOR THE MEDICARE PATIENTS, DESPITE THE SHORTFALL OF REIMBURSEMENT, IS A DIRECT COMMUNITY BENEFIT AND PROVIDES VALUE DIRECTLY TO THE COMMUNITIES SERVED.
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 DISCOUNTS AND CHARITY CARE PROGRAMS AVAILABLE UNDER THEIR DISCOUNT AND CHARITY CARE POLICIES. THIS DETERMINATION PROCESS IS COMPLETED BEFORE ANY PATIENT'S ACCOUNT PROCEEDS TO COLLECTION. ORLANDO HEALTH DOES NOT PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE.

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Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN 2019, ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH ORMC), ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH HEALTH CENTRAL HOSPITAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL, ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES AND ORLANDO HEALTH SOUTH LAKE HOSPITAL 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 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>
PART VI, LINE 3	<p>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.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>ORLANDO HEALTH CURRENTLY OPERATES SIX HOSPITALS IN CENTRAL FLORIDA WHICH HAS THOUSANDS OF RESIDENTS AND INTERNATIONAL VISITORS ANNUALLY. ORLANDO HEALTH HAS OVER 16,000 EMPLOYEES AND OVER 2,000 PHYSICIANS ON STAFF. AS A STATUTORY TEACHING HOSPITAL, WE OFFER GRADUATE MEDICAL EDUCATION WHERE WE ARE THE INSTITUTIONAL SPONSOR OF SEVEN RESIDENCY AND 22 FELLOWSHIP PROGRAMS. ORLANDO HEALTH FACILITIES ENCOMPASS 1,979 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF. ORLANDO HEALTH IS COMPOSED OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH ORMC), ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL AND ORLANDO HEALTH ST. CLOUD HOSPITAL. ORLANDO HEALTH ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER. THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE. ORLANDO HEALTH ORMC'S LEVEL ONE TRAUMA CENTER PROVIDES SPECIALIZED CARE FOR CRITICALLY INJURED OR CRITICALLY ILL PEOPLE WITHIN A 90-MILE RADIUS, AND OVER 257,000 PATIENTS VISITED OUR EMERGENCY DEPARTMENTS IN 2020. ORLANDO HEALTH ARNOLD PALMER 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 352 ADULT TRAUMA PATIENTS AND 99 PEDIATRIC TRAUMA PATIENTS IN 2020. ORLANDO HEALTH'S PRIMARY SERVICE AREA IS COMPRISED OF ORANGE, OSCEOLA, SEMINOLE, AND LAKE COUNTIES. THE MEDIAN HOUSEHOLD INCOME IN THESE COUNTIES IS \$63,432 WHEREAS THE AVERAGE HOUSEHOLD INCOME IS \$85,420. IN CENTRAL FLORIDA, 11.9 PERCENT OF HOUSEHOLDS ARE BELOW THE FEDERAL POVERTY GUIDELINE. THE PERCENT UNINSURED (AGE 0-64) FOR THE FOUR COUNTY AREA IS 14.5 PERCENT AND THERE ARE 11 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY. COMMUNITY OUTREACH ACTIVITIES INCLUDED THE SHIFT TO SOCIAL DISTANCING PROTOCOLS SUCH AS ONLINE SPEAKER'S BUREAU, ONLINE SUPPORT/EDUCATION GROUPS, ONLINE WELLNESS CLASSES, CLINICAL SCREENINGS THROUGH TELEHEALTH 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 (CONTINUED THROUGH JULY 2020) AND SPIRITUAL CARE.</p>
PART VI, LINE 5	<p>AS A NOT-FOR-PROFIT HEALTHCARE 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 2020, OUR TEAM MEMBERS AND PHYSICIANS PROVIDED OVER 1,100 VOLUNTEER HOURS. THESE HOURS WERE SPENT OUTSIDE OUR HEALTHCARE SYSTEM TO SUPPORT COMMUNITY PARTNERS AND THE NEEDS 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 DOES SERVE 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 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. SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH AND USED TO CARRY OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE.</p>

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Form and Line Reference	Explanation
PART VI, LINE 6	<p>ORLANDO HEALTH, INC. IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM THAT PROVIDES COMPREHENSIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED. AS AN INTEGRATED HEALTHCARE SYSTEM, ORLANDO HEALTH HAS SEVERAL AFFILIATED AND SUPPORT ORGANIZATIONS THAT ENSURE WE MEET THE COMMUNITY'S NEEDS. THROUGH THE INTEGRATED HEALTHCARE SYSTEM OF EIGHT HOSPITALS, FIVE FREESTANDING EMERGENCY ROOMS, AND VARIOUS OUTPATIENT FACILITIES, WITH OVER 22,000 EMPLOYEES AND OVER 4,000 PHYSICIANS ON MEDICAL STAFF, ORLANDO HEALTH DELIVERS A HIGH LEVEL OF QUALITY INPATIENT, OUTPATIENT AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA. ORLANDO HEALTH IS A DESIGNATED TEACHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION SPONSORING SEVEN RESIDENCY AND 22 FELLOWSHIP PROGRAMS. ORLANDO HEALTH FACILITIES ENCOMPASS 2,365 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES, AND EXCEPTIONAL STAFF. AS PREVIOUSLY MENTIONED, ORLANDO HEALTH, INC., IS COMPRISED OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH ORMC), ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL AND ORLANDO HEALTH ST. CLOUD HOSPITAL. ORLANDO HEALTH CENTRAL, INC. OPERATES ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL, WHICH PROVIDES HIGH-QUALITY INPATIENT, OUTPATIENT AND EMERGENCY CARE FOR RESIDENTS OF CENTRAL FLORIDA. SOUTH LAKE HOSPITAL, INC. OPERATES ORLANDO HEALTH SOUTH LAKE HOSPITAL, WHICH PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE FOR RESIDENTS OF CENTRAL FLORIDA. ORLANDO HEALTH MEDICAL GROUP, INC. SERVES AS A FUNDAMENTAL 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 WITH OVER 500 PHYSICIANS IN THE CENTRAL FLORIDA AREA. ORLANDO HEALTH CANCER INSTITUTE, NOW A PART OF ORLANDO HEALTH MEDICAL GROUP, INC., HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF CANCER PATIENTS IN CENTRAL FLORIDA. ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC., ORLANDO HEALTH CANCER INSTITUTE IS COMMITTED TO DELIVERING HIGH-QUALITY CARE FOR CANCER PATIENTS UTILIZING OUR EXTENSIVE EXPERIENCE AND VITAL RESOURCES, FROM THE INITIAL DIAGNOSIS THROUGH EVERY STAGE OF TREATMENT. ORLANDO PHYSICIAN NETWORK, INC. ALSO SERVES AS A FUNDAMENTAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF PRIMARY CARE PHYSICIAN SERVICES WITH OVER 100 PHYSICIANS IN THE CENTRAL FLORIDA AREA. ORLANDO HEALTH FOUNDATION, INC. IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTHCARE 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 COMMUNITIES. THROUGH ORLANDO HEALTH'S HEALTHCARE SYSTEM, WE PROVIDED APPROXIMATELY \$647 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS.</p>
PART VI, LINE 7	<p>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). OHI OPERATES EIGHT 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 & 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) 8. ORLANDO HEALTH ST. CLOUD HOSPITAL (SCH) 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 PROVIDES PATIENT-FACING EMPLOYEES WITH ANNUAL TRAINING TO ENSURE THAT THEY COULD IDENTIFY THE PHYSICAL LOCATIONS WITHIN THE HOSPITAL FACILITIES WHERE PATIENTS COULD OBTAIN PHYSICAL COPIES OF THESE DOCUMENTS. 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, SHEPHERD'S 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.</p>

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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>6</u>		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
1	ORLANDO REGIONAL MEDICAL CENTER 1414 KUHLE AVENUE ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	X	X		X			X			A
2	DR P PHILLIPS HOSPITAL 9400 TURKEY LAKE ROAD ORLANDO, FL 32819 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	X	X					X			A
3	WINNIE PALMER HOSP FOR WOMEN & BABIES 83 W MILLER STREET ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	X	X		X			X		NEONATAL UNIT	A
4	ARNOLD PALMER HOSPITAL FOR CHILDREN 92 W MILLER ORLANDO, FL 32806 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	X		X	X			X			A
5	SOUTH SEMINOLE HOSPITAL 555 W SR 434 LONGWOOD, FL 32279 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	X	X					X			A

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? 6		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
6	ORLANDO HEALTH ST CLOUD HOSPITAL 2906 17TH ST ST CLOUD, FL 34769 SEE SUPPLEMENTAL INFORMATION FOR WEBSITE	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: HTTP://WWW.ORLANDOHEALTH.COM ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/ORLANDO-REGIONAL-MEDICAL-CENTER ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: HTTPS://WWW.WINNIEPALMERHOSPITAL.COM/ ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN: HTTPS://WWW.ARNOLDPALMERHOSPITAL.COM/ ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/DR-P-PHILLIPS-HOSPITAL ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/SOUTH-SEMINOLE-HOSPITAL ORLANDO HEALTH ST. CLOUD HOSPITAL: HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/ST-CLOUD-HOSPITAL

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 2019 CHNA IS A FOUR-COUNTY ASSESSMENT COVERING LAKE, ORANGE, OSCEOLA, AND SEMINOLE COUNTIES. SECONDARY AND PRIMARY DATA WERE COLLECTED AND ANALYZED, GENERATING 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 PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEMS (BRFSS) DATA, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY AND HOSPITAL CLAIMS DATA. PRIMARY DATA SOURCES INCLUDED A COMMUNITY SURVEY (2,708 RESPONSES), KEY INFORMANT SURVEY (172 RESPONSES), IN-DEPTH INTERVIEWS WITH COMMUNITY STAKEHOLDERS (34), INTERCEPT SURVEY (135 RESPONSES) AND FOCUS GROUPS (15 GROUPS WITH 235 TOTAL PARTICIPANTS). BASED ON THE DATA, DOZENS OF THEMES WERE GENERATED. USING THE DATA, THE CENTRAL FLORIDA COMMUNITY COLLABORATIVE THAT COMMENCED THE 2019 CHNA SELECTED THE PRIORITIES OR THEMES FOR THE 2019 CHNA. THE COLLABORATIVE UTILIZED AN ELECTRONIC EXERCISE USING OPTIONFINDER, AN AUDIENCE RESPONSE POLLING SYSTEM, TO SELECT 10 PRIORITY AREAS BY ORGANIZATION AND COUNTY. THESE PRIORITIES WERE USED FOR EACH HOSPITAL'S 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 SSI 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. PART V, SECTION B, LINE 3J AS PART OF THE SECONDARY DATA COLLECTION, HOSPITAL HOT SPOTTING DATA WAS ALSO INCLUDED IN OUR CHNA. SSI CONTINUED TO EXPAND THE WORK COMPLETED IN THE 2019 CHNA BY ZOOMING IN ON CENSUS TRACTS IN LOCAL HOT SPOTTING AREAS. 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 ALONG THESE IDENTIFIED CENSUS TRACTS.</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>FOR OUR 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, WE CONTRACTED STRATEGY SOLUTIONS, INC (SSI). SSI IS A CERTIFIED WBE (WOMAN BUSINESS ENTERPRISE) WITH A MISSION TO CREATE HEALTHY COMMUNITIES. SSI HAS BEEN CONDUCTING CHNAS SINCE 1993 WITH THEIR CLIENTS BEING RECOGNIZED FOR BEST PRACTICES. RECOGNIZING EACH COMMUNITY IS UNIQUE, SSI'S APPROACH TO BETTER UNDERSTANDING A COMMUNITY'S NEED IS ALIGNED WITH THE SOCIAL-ECOLOGICAL MODEL. THE MODEL IS A COMPREHENSIVE APPROACH TO HEALTH AND URBAN PLANNING THAT NOT ONLY ADDRESSES A COMMUNITY'S OR INDIVIDUAL'S RISK FACTORS, BUT ALSO THE NORMS, BELIEFS, AND SOCIAL AND ECONOMIC SYSTEMS THAT CREATE THE CONDITIONS FOR POOR COMMUNITY HEALTH OUTCOMES. SSI WORKED TO BUILD ON TOP OF THE PREVIOUS CHNA CONDUCTED IN 2016. 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 FOCUS GROUPS WITHIN THE CENTRAL FLORIDA COMMUNITY. ON BEHALF OF THE HOSPITAL, SSI WORKED WITH REPRESENTATIVES FROM ALL THE HOSPITALS, HEALTH DEPARTMENTS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) THAT PARTICIPATED IN THE ASSESSMENT TO ENSURE PERSONS WHO PROVIDED INPUT WERE REPRESENTATIVE OF THE COMMUNITY. BROAD POPULATIONS -- INCLUDING THE ELDERLY, MEDICAL UNDERSERVED, MINORITY GROUPS, AND LOW-INCOME POPULATIONS -- WERE REPRESENTED. THE COMMUNITY SURVEY WAS DISTRIBUTED BOTH IN HARD COPY AND VIA SURVEY MONKEY WITH A TOTAL OF 2,708 RESPONSES. A SUMMARY OF RESPONSES FROM THE COMMUNITY SURVEY CAN BE FOUND IN APPENDIX A OF THE CHNA. IN-DEPTH INTERVIEWS WERE CONDUCTED WITH 34 COMMUNITY STAKEHOLDERS DURING THE BEGINNING OF 2019. THE SECTORS REPRESENTED ARE DEPARTMENT OF HEALTH, FOOD SECURITY, DEPARTMENT OF CHILDREN & FAMILIES, HEALTHCARE, FEDERALLY QUALIFIED HEALTH CENTER, HOMELESSNESS, BEHAVIORAL HEALTH, SPECIALTY CARE, EDUCATION, AGING AND BUSINESS. INFORMATION ABOUT EACH STAKEHOLDER IS OUTLINED IN APPENDIX B OF THE CHNA. THE KEY INFORMANT SURVEY WAS DISTRIBUTED ELECTRONICALLY AND INCLUDED RESPONSES FROM 172 PARTICIPANTS. A SUMMARY OF RESPONSES FROM THE KEY INFORMANT SURVEYS CAN BE FOUND IN APPENDIX D OF THE CHNA. FIFTEEN FOCUS GROUPS TOOK PLACE WITH A TOTAL OF 235 PARTICIPANTS. MORE DETAILS REGARDING FOCUS GROUP PARTICIPANTS CAN BE FOUND IN APPENDIX C OF THE CHNA. INTERCEPT SURVEYS WERE CONDUCTED AS IN-PERSON INTERVIEWS WITH OPEN-ENDED QUESTIONS BY SSI CONSULTANTS IN FQHC WAITING ROOMS WITH A TOTAL OF 135 COMPLETED. AN INTERCEPT SURVEY IS A RESEARCH TOOL USED TO GATHER ONSITE FEEDBACK FROM AN IDENTIFIED POPULATION IN A LOCATION WHERE THERE IS A CAPTIVE AUDIENCE. A LIST OF INTERCEPT SURVEY DATES, LOCATIONS AND NUMBER OF RESIDENTS WHO COMPLETED THE SURVEY CAN BE FOUND IN APPENDIX E 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	ORLANDO HEALTH: ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH CANCER INSTITUTE), ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL AND ORLANDO HEALTH SOUTH LAKE HOSPITAL. ADVENTHEALTH: ADVENTHEALTH ALTAMONTE, ADVENTHEALTH APOPKA, ADVENTHEALTH CELEBRATION, ADVENTHEALTH EAST ORLANDO, ADVENTHEALTH FOR CHILDREN, ADVENTHEALTH KISSIMMEE, ADVENTHEALTH ORLANDO, ADVENTHEALTH WATERMAN, ADVENTHEALTH WINTER PARK 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	DEPARTMENT OF HEALTH: 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 FEDERALLY QUALIFIED HEALTH CENTERS: COMMUNITY HEALTH CENTERS, INC ORANGE BLOSSOM FAMILY HEALTH OSCEOLA COMMUNITY HEALTH SERVICES TRUE HEALTH PART V, SECTION B, LINE 7A HTTP://WWW.ORLANDOHEALTH.COM/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENE FIT

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 OVER 100 YEARS, ORLANDO HEALTH HAS BEEN SERVING THE CENTRAL FLORIDA REGION. DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE; O RLANDO HEALTH IS CONSTANTLY EMPLOYING EFFORTS TO IMPROVE HEALTH IN THE COMMUNITY AND INCRE ASE ACCESS TO CARE. FOLLOWING OUR PARTICIPATION IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSM ENT (CHNA) ORLANDO HEALTH TOOK INTO CONSIDERATION A NUMBER OF FACTORS IN SELECTING HEALTH NEEDS TO ADDRESS. FACTORS INCLUDED: INDIVIDUAL ORLANDO HEALTH DATA; COMMUNITY AND HOSPITAL ASSETS; ABILITY TO IMPACT AN ISSUE; CURRENT COMMUNITY BENEFIT EFFORTS; COMMUNITY PARTNERS HIPS; AND OPPORTUNITIES FOR COLLABORATION. WE ALSO TOOK INTO CONSIDERATION THE COUNTY WHERE EACH HOSPITAL IS LOCATED. ORANGE COUNTY IS THE LOCATION OF ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO H EALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL AND ORLANDO HEALT H ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH CANCER INSTITUTE). MEANWHILE ORLANDO HEA LTH SOUTH SEMINOLE HOSPITAL IS IN SEMINOLE COUNTY AND ORLANDO HEALTH SOUTH LAKE HOSPITAL I S LOCATED IN LAKE COUNTY. BASED ON OUR PROCESS, WE SELECTED ACCESS TO CARE AS OUR PRIORITY HEALTH NEED FROM THE 2019 CHNA. WITH OUR FOCUS IN FISCAL YEAR 2020 ON ACCESS TO CARE, ORL ANDO HEALTH DEVELOPED NEW AND ENHANCED COMMUNITY BENEFIT PROGRAMS IMPROVING ACCESS TO CARE . ORLANDO HEALTH PROVIDED OVER \$328 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2020. IN S UPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH COMMU NITY ORGANIZATIONS. IN FISCAL YEAR 2020, WE SUPPORTED 23 GRANT PROPOSALS THROUGH THE ORLAN DO HEALTH COMMUNITY GRANT PROGRAM, AND WE CONTINUED TO ACTIVELY COLLABORATE WITH LOCAL ORG ANIZATIONS AND GROUPS TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY OF LIFE IN CENTRAL FL ORIDA. IN 2020, WE SUPPORTED 279 COMMUNITY ORGANIZATIONS. ORLANDO HEALTH HAS PROVIDED 8,66 4 BOARD MEMBER, COMMITTEE MEMBER AND ADVISORY BOARD MEMBER HOURS. THE OCCURRENCE OF COVID- 19 RESULTED IN SOME PROGRAMMATIC DELAYS IN EARLY 2020 AS MANY OF OUR COMMUNITY PARTNERS SC ALED BACK OR WERE CLOSED DUE TO THE PANDEMIC HEALTH MANDATES. DESPITE THESE CHALLENGES, MO ST OF OUR GRANT RECIPIENTS SHIFTED TO ONLINE PLATFORMS WHEN ABLE OR REQUESTED EXTENSIONS F OR PROGRAMMATIC AND REPORTING DEADLINES. EXAMPLES FROM KEY INITIATIVES ARE INCLUDED TO ILL USTRATE THE TYPES OF SUCCESSES THESE PROGRAMS YIELD. 1. THROUGH THE ORLANDO HEALTH COMMUNI TY GRANT PROGRAM, ORLANDO HEALTH TEAMS CONTINUED TO WORK WITH SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA TO IDENTIFY PATIENTS WHO WERE FOOD INSECURE AND ELIGIBLE FOR A HEALTHY FOO D BOX EACH WEEK. THE PATIENTS IDENTIFIED THROUGH THIS PROGRAM ARE HIGH HOSPITAL UTILIZERS WITH CHRONIC ILLNESSES SUCH AS HEART DISEASE. THE PATIENT IS ASKED A SERIES OF QUESTIONS A ND IF DETERMINED TO BE FOOD INSECURE, THEY RECEIVE A VOUCHER FOR A BOX OF HEALTHY FOODS FR OM A DESIGNATED SECOND HARVEST</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>PANTRY. THE FOOD IS LOW SODIUM, WHOLE GRAIN AND INCLUDES FRESH VEGETABLES AND MEATS ALONG WITH A RECIPE BOOK ON HOW TO COOK MEALS FROM THE FOODS IN THE BOX. THE PATIENT CAN PICK UP FOOD ONCE A WEEK AT A PARTICIPATING PANTRY. THESE PATIENTS GENERALLY ARE RESIDENTS WHO ARE UNDERSERVED, UNDERINSURED AND LOWER INCOME. DURING 2020, THE HEALTHY FOOD BOX PROGRAM DISTRIBUTED 328 HEALTHY FOOD BOXES TO 34 UNIQUE PATIENTS. 2. ADDITIONALLY, ORLANDO HEALTH PARTNERED WITH SECOND HARVEST FOOD BANK THROUGH THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM BY SUPPORTING A TRANSPORTATION GRANT. THIS PROGRAM WAS DESIGNED TO DELIVER HEALTHY FOOD BOXES TO PARTICIPANTS WITH HIGH TRANSPORTATION BARRIERS BY HIRING VOLUNTEER DRIVERS TO IMPROVE ACCESS TO HEALTHY FOOD. THE PROGRAM WAS TEMPORARILY DELAYED DUE TO COVID-19. ORLANDO HEALTH AND SECOND HARVEST FOOD BANK STRATEGICALLY REPURPOSED THE MONEY FOR THEIR BRING HOPE HOME PROGRAM IN PARTNERSHIP WITH THE HOWARD PHILLIPS CENTER, WHICH DELIVERED HEALTHY FOOD BOXES TO 90 FAMILIES IN NEED. TO DATE 60 FAMILIES HAVE RECEIVED FRESH FOOD FROM THIS PROGRAM. 3. THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM ALSO PARTNERED WITH IDEAS FOR US TO PROVIDE AGRICULTURAL RESOURCES AND EDUCATION TO THE JONES HIGH SCHOOL AGRICULTURAL PROGRAM. THE PROGRAM EDUCATES HIGH SCHOOL STUDENTS IN URBAN AGRICULTURE WHILE ALSO RENOVATING THE EXISTING FOOD FOREST AT THE SCHOOL. DUE TO COVID-19, THE EDUCATION FOR THIS PROGRAM SHIFTED FROM IN-PERSON LEARNING TO ONLINE LEARNING, UTILIZING POWERPOINT LESSONS AND RECORDED VIDEOS. DESPITE A CHALLENGING YEAR DUE TO THE PANDEMIC, THE PROGRAM STILL DELIVERED 10 VIDEO EDUCATION LESSONS IN THE AGRICULTURAL CURRICULUM AT JONES HIGH SCHOOL. THERE WERE A COMBINED 24 HORTICULTURE VIRTUAL LESSONS. AS A RESULT, 230 STUDENTS PARTICIPATED IN THESE CLASSES DURING THE SCHOOL YEAR 2020-2021. FUTURE GROWTH OF THE PROGRAM, ONCE SCHOOL IS BACK TO IN-PERSON LEARNING, WILL INCLUDE ESTABLISHING AN AFTER-SCHOOL PROGRAM FEATURING A POP-UP FARMERS MARKET ON CAMPUS AND OPERATED BY STUDENTS. 4. ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN CONTINUES TO SPONSOR A TEACHING GARDEN AND NUTRITION PROGRAM AT ORANGE CENTER ELEMENTARY IN THE UNDERSERVED COMMUNITY OF PARRAMORE. THE IN-PERSON PORTION OF THIS PROGRAM HAS BEEN PLACED ON HOLD DUE TO COVID-19. WHEN IT IS SAFE TO DO SO, STUDENTS AND TEACHERS WILL TEND TO THE GARDEN, WILL HARVEST RIPE VEGETABLES TO USE IN SCHOOL COOKING CLASSES, AND TAKE HOME TO THEIR FAMILIES OR SELL TO COMMUNITY MEMBERS. CURRENTLY, DIETITIANS FROM ORLANDO HEALTH ARNOLD PALMER VIRTUALLY VISIT THE SCHOOL TO TEACH STUDENTS ABOUT NUTRITION AND TO HELP IMPROVE LIFESTYLE CHOICES. CONFRONTING THE OPIOID CRISIS: IN RESPONSE TO THE OVERWHELMING NUMBER OF CENTRAL FLORIDA RESIDENTS DYING FROM DRUG OVERDOSES, ORLANDO HEALTH CONTINUES TO SUPPORT THE OPIOID OUTREACH COORDINATOR ESTABLISHED IN THE FALL OF 2018. IN 2017, ORANGE COUNTY HAD BEEN AMONG FLORIDA'S TOP 10 COUNTIES WITH THE HIGHEST NUMBER OF DEATHS CAUSED BY OPIOIDS SUCH AS Fentanyl.</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>NTANYL ANALOGS, OXYCODONE, ALPRAZOLAM AND METHADONE, AS WELL AS ACCIDENTAL DEATHS CAUSED B Y PRESCRIPTION DRUGS. COVID-19 ONLY INCREASED THE RATE AS DATA FROM THE FLORIDA DEPARTMENT OF HEALTH SUGGESTS THAT ALL DRUG OVERDOSE DEATHS ARE PROVISIONALLY ON THE RISE FROM 43 PE RCENT IN 2019 WITH A PROJECTED TREND ANALYSIS OF MORE THAN 60 PERCENT IN 2020. ASSIGNED TO THE ED AT ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER, THE OPIOID OUTREACH COORDINATOR IS A LICENSED CLINICAL SOCIAL WORKER WHO WORKS WITH THE CARE MANAGEMENT TEAM. WHEN A PATI ENT PRESENTS WITH A SUSPECTED SUBSTANCE USE OVERDOSE OR A CONDITION RELATED TO SUBSTANCE U SE, THE COORDINATOR IS CALLED IN TO PERFORM AN ASSESSMENT. AFTER THE ASSESSMENT IS COMPLET ED, THE PATIENT AND THE COORDINATOR DISCUSS OPTIONS FOR TREATMENT AND REFERRALS TO TREATME NT FACILITIES. FOR PATIENTS DIAGNOSED WITH A SUBSTANCE USE DISORDER, THE COORDINATOR WORKS WITH SPECIALISTS FROM A BEHAVIORAL HEALTH PARTNER THAT CAN OFFER EXTENDED INPATIENT CARE. THE NAVIGATOR ALSO CAN PROVIDE ADDITIONAL RESOURCES AND FOLLOW-UP SUPPORT FOR PATIENTS AN D THEIR FAMILIES TO ENSURE SUCCESS. DURING COVID-19, AS RATES OF OVERDOSES INCREASED, THE OPIOID OUTREACH COORDINATOR IN PARTNERSHIP WITH OUR CARE MANAGEMENT TEAM IN THE ED HAS CON TINUED TO SERVE MEMBERS OF OUR COMMUNITY BATTLING SUBSTANCE USE DISORDER. THE PROGRAM HAS GROWN WITH SUPPORT OF TWO NEW GRANTS FROM CVS HEALTH AND FLORIDA BLUE. PRELIMINARY DATA SU GGESTS THAT THE OPIOID OUTREACH COORDINATORS EFFORTS HAVE REDUCED INPATIENT ADMISSIONS BY 2,853 VISITS. SERVING VULNERABLE PREGNANT WOMEN: MATERNAL AND INFANT HEALTH ARE A SIGNIFIC ANT FOCUS FOR ORLANDO HEALTH DUE TO THE LONG-TERM EFFECTS ON INDIVIDUALS WHO ARE VULNERABL E TO COMPLICATIONS SUCH AS GESTATIONAL DIABETES OR LOW BIRTH RATES. SUPPORTING PROGRAMS AN D SERVICES THAT IMPROVE THE HEALTH OF MOTHERS AND INFANTS HAS SHOWN TO HAVE A POSITIVE, LA STING HEALTH TRAJECTORY. THIS IS TRUE FOR THE IMMEDIATE LIFESPAN OF AN INDIVIDUAL AND FOR THE FUTURE GENERATION OF FAMILIES RECEIVING SUCH PROGRAMS AND SERVICES. ORLANDO HEALTH'S H IGH-RISK OBSTETRICS & GYNECOLOGY RESIDENT PRACTICE OFFERS SUPPORTIVE CARE FOR VULNERABLE P REGNANT WOMEN, BEFORE AND AFTER THEY DELIVER. LOCATED AT ORLANDO HEALTH WINNIE PALMER HOSP ITAL FOR WOMEN & BABIES, THE PRACTICE IS A WELL-KNOWN RESOURCE FOR CENTRAL FLORIDA WOMEN W HO OTHERWISE MAY NOT HAVE ANY OBSTETRIC CARE. IN FISCAL YEAR 2020, ORLANDO HEALTH FUNDING THROUGH THE EXTERNAL AFFAIRS DEPARTMENT LAUNCHED THE HEALTH BEFORE BIRTH PROGRAM WITH SECO ND HARVEST FOOD BANK. THE PROGRAM PROVIDES PREGNANT WOMEN FROM THE CLINIC WHO ARE FOOD INS ECURE WITH 44 WEEKS OF FOOD, NUTRITION EDUCATION AND CASE MANAGEMENT SERVICES FROM A REGIS TERED DIETITIAN. GENERAL PRENATAL NUTRITION IS COVERED AND EDUCATION IS TAILORED TO MEET T HE PATIENTS PERSONAL NUTRITION NEEDS. THE GOALS OF THIS PROGRAM ARE TO REDUCE GESTATIONAL DIABETES AND REDUCE MATERNAL STRESS. THIS PILOT PROGRAM PROVIDES FOLLOW-UP EFFORTS ONE YEA R AFTER DISCHARGE FOR BABIES A</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	HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM

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 16b	HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM

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 16c	HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 ORLANDO HEALTH UF HEALTH CANCER CENTER 1400 SOUTH ORANGE AVENUE ORLANDO, FL 32806	INPATIENT AND OUTPATIENT CANCER CENTER
1 ORLANDO REG MED CTR-AMBULATORY CARE CTR 22 W UNDERWOOD AVENUE ORLANDO, FL 32806	OUTPATIENT SURGERY/DIAGNOSTICS
2 ORLANDO HEALTH HEART INSTITUTE 1222 South Orange Avenue ORLANDO, FL 32806	OUTPATIENT DIAGNOSTIC CENTER
3 ORLANDO HEALTH ER & MED PAV - OSCEOLA 1001 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34744	FREESTANDING ER & MED PAVILION
4 ORLANDO HEALTH HEART INSTITUTE 7236 Stonerock Circle ORLANDO, FL 32819	OUTPATIENT DIAGNOSTIC CENTER
5 ORLANDO HEALTH UF HEALTH CANCER CENTER 7472 DOCS GROVE CIRCLE ORLANDO, FL 32819	OUTPATIENT CANCER CARE
6 ORLANDO HEALTH UF HEALTH CANCER CENTER 210 RINEHART ROAD LAKE MARY, FL 32746	OUTPATIENT CANCER CARE
7 ORLANDO HEALTH HEART INSTITUTE 10000 W COLONIAL DRIVE SUITE 484 OCOE, FL 34761	OUTPATIENT DIAGNOSTIC CENTER
8 ORLANDO HEALTH HEART INSTITUTE 100 NORTH DEAN ROAD SUITE 202 ORLANDO, FL 32825	OUTPATIENT DIAGNOSTIC CENTER
9 ORLANDO HEALTH HEART INSTITUTE 521 W STATE ROAD 434 SUITE 308 LONGWOOD, FL 32750	OUTPATIENT DIAGNOSTIC CENTER
10 ARNOLD PALMER HSPTL FOR CHILDREN 925 S ORANGE AVENUE ORLANDO, FL 32806	OUTPATIENT PEDIATRIC REHAB
11 THE HEART CTR AT ARNOLD PALMER HSPTL 1222 S ORANGE AVENUE ORLANDO, FL 32806	OUTPATIENT DIAGNOSTIC CENTER
12 ORLANDO HEALTH WOUND HEALING CENTER 55 WEST GORE STREET ORLANDO, FL 32806	OUTPATIENT WOUND CARE
13 ORLANDO HEALTH REHABILITATION INSTITUTE 1222 S ORANGE AVE ORLANDO, FL 32806	OUTPATIENT REHABILITATION
14 ORLANDO HEALTH WOMEN'S IMAGING CENTER 22 W UNDERWOOD STREET ORLANDO, FL 32806	OUTPATIENT IMAGING CENTER

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)
16 ORLANDO HEALTH AUDIOLOGY SERVICES 50 STURTEVANT STREET ORLANDO, FL 32806	OUTPATIENT AUDIOLOGY SERVICES
1 ORLANDO HEALTH UF HEALTH CANCER CENTER 105 WEST MILLER STREET ORLANDO, FL 32806	ORLANDO CANCER CARE
2 ORLANDO HEALTH REHABILITATION SERVICES 521 W STATE ROAD 434 SUITE 204 LONGWOOD, FL 32750	OUTPATIENT REHABILITATION
3 ORLANDO HEALTH WOUND HEALING CENTER 7339 STONEROCK CIRCLE ORLANDO, FL 32819	OUTPATIENT WOUND CARE
4 SOUTH SEMINOLE WOUND CARE CENTER 515 W STATE ROAD 434 SUITE 101 LONGWOOD, FL 32750	OUTPATIENT WOUND CARE
5 ORLANDO HEALTH REHABILITATION INSTITUTE 100 W GORE ST STE 104 ORLANDO, FL 32806	OUTPATIENT REHABILITATION
6 OH OUTPATIENT REHAB - DR PHILLIPS HSPTL 7000 DR PHILLIPS BOULEVARD ORLANDO, FL 32819	OUTPATIENT SERVICES
7 OH OUTPATIENT REHAB - DR PHILLIPS HSPTL 7350 SANDLAKE COMMONS BLVD SUITE 1 ORLANDO, FL 32819	OUTPATIENT REHABILITATION
8 ARNOLD PALMER HSPTL - OUTPATIENT REHAB 1555 HOWELL BRANCH DRIVE SUITE B1 WINTER PARK, FL 32819	OUTPATIENT PEDIATRIC
9 ORLANDO HEALTH HEART INSTITUTE 2080 Oakley Seaver Dr Clermont, FL 34711	OUTPATIENT DIATNOSTIC CENTER
10 ORLANDO HEALTH INFUSION CENTER 1414 KUHLE AVENUE ORLANDO, FL 32806	OUTPATIENT INFUSION CENTER
11 SOUTH SEMINOLE HSPTL WOMEN'S IMAGING CTR 521 W STATE ROAD 434 SUITE 101 LONGWOOD, FL 32750	OUTPATIENT DIAGNOSTIC CENTER
12 ARNOLD PALMER HSPTL OUTPATIENT INFUSION 60 W GORE STREET ORLANDO, FL 32806	OUTPATIENT INFUSION CENTER
13 ORLANDO HEALTH UF HEALTH CANCER CENTER 1361 CITRUS TOWER BOULEVARD STE 10 CLERMONT, FL 34711	OUTPATIENT CANCER CARE
14 ORLANDO HEALTH HEART INSTITUTE 60 W Gore St Orlando, FL 32806	OUTPATIENT DIAGNOSTIC CENTER

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)
31 OH EMERGENCY ROOM AND MEDICAL PAVILION 380 RINEHART ROAD LAKE MARY, FL 32746	FREESTANDING ER AND MEDICAL
1 ORLANDO HEALTH UF HEALTH CANCER CENTER 22 W UNDERWOOD STREET ORLANDO, FL 32806	OUTPATIENT CANCER CARE
2 ORLANDO HEALTH PRE-ADMISSION CENTER 7448 DOCS GROVE CIRCLE SUITE 108 ORLANDO, FL 32819	HOSPITAL PRE-ADMISSION TESTING
3 OH HEART INSTITUTE CARDIAC REHAB 392 RINEHART ROAD SUITE 2050 LAKE MARY, FL 32746	CARDIAC REHABILITATION
4 ORLANDO HEALTH UF HEALTH CANCER CENTER 50 STURTEVANT STREET ORLANDO, FL 32806	OUTPATIENT CANCER CARE
5 ARNOLD PALMER HOSPITAL OUTPATIENT CENTER 50 WEST STURTEVANT STREET ORLANDO, FL 32806	OUTPATIENT PEDIATRIC SERVICES
6 Orlando Health Imaging Centers 398 E Altamonte Dr Altamonte Springs, FL 32701	Outpatient Imaging Center
7 Orlando Health Imaging Centers 7243 Della Dr Suite C Orlando, FL 32819	Outpatient Imaging Center
8 Orlando Health Imaging Centers 392 Rinehart Rd Suite 1300 Lake Mary, FL 32746	Outpatient Imaging Center
9 Orlando Health Imaging Centers 5151 Winter Garden Vineland Rd Ste Windermere, FL 34786	Outpatient Imaging Center
10 Orlando Health Imaging Centers 1111 Fairbanks Ave Winter Park, FL 32789	Outpatient Imaging Center
11 Orlando Health Imaging Centers 1800 S Orange Ave Orlando, FL 32806	Outpatient Imaging Center
12 Orlando Health Imaging Centers 10889 W Colonial Dr Ocoee, FL 34761	Outpatient Imaging Center

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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 0

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. THE GRANTS ARE MONITORED TO ENSURE THE ORGANIZATION'S MISSION IS ALIGNED WITH ORLANDO HEALTH'S, MEETING A SOCIAL AND COMMUNITY NEED IN THE AREAS OF HEALTH, SOCIAL SERVICES, ARTS AND EDUCATION.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Orlando, FL 32835	23-7442785	501(c)(3)	525,000				Sponsorship
Fdn for Seminole State College of FI Inc 1055 AAA Drive Heathrow, FL 32746	23-7033822	501(c)(3)	500,000				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
Grace Medical Home Inc 51 Pennsylvania St Orlando, FL 32806	26-1817966	501(c)(3)	137,128				Sponsorship
Health Care Center for the Homeless Inc 232 N Orange Blossom Trl Orlando, FL 32805	59-3185020	501(c)(3)	131,905				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
American Heart Association Inc 237 E Marks St Orlando, FL 32803	13-5613797	501(c)(3)	116,666				Sponsorship
Orange County Public Schools 445 W Amelia St Orlando, FL 32804	59-6000771	Gov't	103,163				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
Florida State University Foundation Inc 1115 W Call St Tallahassee, FL 32306	59-6152180	501(c)(3)	100,000				Sponsorship
Orlando Health Medical Group Inc 1414 Kuhl Ave Orlando, FL 32806	59-3259553	501(c)(3)	96,010				Program Services

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
Florida Department of Health 400 W Airport Blvd Sanford, FL 32773	59-3502843	Gov't	81,388				Sponsorship
Second Harvest Food Bank of Central Florida Inc 411 Mercy Drive Orlando, FL 32805	59-2142315	501(c)(3)	50,206				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
Midwives Organized to Help Est Self Rel 5700 E Irlo Bsn Mem Hwy St Cloud, FL 34771	81-3430717	501(c)(3)	50,000				Sponsorship
LGBT Plus Center Orlando Inc 946 N Mills Ave Orlando, FL 32803	59-1884445	501(c)(3)	50,000				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
Commonsense Childbirth Inc 213 S Dillard St Winter Garden, FL 34787	59-3479821	501(c)(3)	49,920				Sponsorship
Hebni Nutrition Consultants Inc 2009 W Central Blvd Orlando, FL 32805	59-3258397	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 2043 Jacobs Pl Orlando, FL 32805	46-3607865	501(c)(3)	25,000				Sponsorship
Make-A-Wish Central and Northern Fl Inc 1020 N Orlando Ave Maitland, FL 32751	59-3235806	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
The Boggy Creek Gang Inc 30500 Brantley Branch Rd Eustis, FL 32736	59-3012889	501(c)(3)	25,000				Sponsorship
Libbys Legacy Breast Cancer Foundation 1718 S Orange Ave Orlando, FL 32806	11-3812766	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 Inc 1940 Cannery Way Orlando, FL 32804	59-0808854	501(c)(3)	25,000				Sponsorship
School District of Osceola County FL 817 Bill Beck Blvd Kissimmee, FL 34744	59-6000779	Gov't	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
United Cerebral Palsy of Central Florida 4780 Data Ct Orlando, FL 32817	59-0799925	501(c)(3)	23,500				Sponsorship
Central Florida Young Mens Christian Assocn 433 N Mills Ave Orlando, FL 32803	59-0624430	501(c)(3)	22,500				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
Down Syndrome Foundation of Florida PO Box 533462 Orlando, FL 32853	27-2436041	501(c)(3)	20,000				Sponsorship
The Local Health Cncl of E Central Fl Inc 5931 Brick Ct Winter Park, FL 32792	59-2227752	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
Orlando Health Foundation Inc 3160 Southgate Comm Blvd Orlando, FL 32806	59-2244943	501(c)(3)	18,500				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
Seminole Cty Coalition for School Readiness Inc 280 Hunt Park Cove Longwood, FL 32750	59-3664594	501(c)(3)	13,000				Sponsorship
A Gift for Teaching Inc 6501 Magic Way Bldg 400C Orlando, FL 32809	59-3515162	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
Hope Community Center Inc 1016 North Park Ave Apopka, FL 32712	56-2551312	501(c)(3)	8,000				Sponsorship
Adult Literacy League Inc 345 W Michigan St Suite 100 Orlando, FL 32806	23-7076600	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
School District of Lake County FL 201 W Burleigh Blvd Tavares, FL 32778	59-6000694	Gov't	6,000				Sponsorship

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Orlando Health Inc		Employer identification number 59-1726273

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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		
4 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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 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.		7	No
8 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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 FY2020, 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 AT THE REQUEST OF ORLANDO HEALTH. THE TRAVEL WAS ENTIRELY BUSINESS RELATED FOR OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES.
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 MEDICAL GROUP, INC. (EIN: 59-3259553), ORLANDO HEALTH FOUNDATION, INC. (EIN: 59-2244943), ORLANDO HEALTH CENTRAL, INC. (EIN: 80-0764192), SOUTH LAKE HOSPITAL, INC. (EIN: 59-3322533), OSCEOLASC, LLC (EIN: 20-3728235), ST. CLOUD PHYSICIAN MANAGEMENT, LLC (EIN: 20-4223288), 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 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL QUALIFIED RETIREMENT PLAN, WHICH INCLUDED THE FOLLOWING DEPOSITS DURING CALENDAR YEAR 2019 THAT WERE PREVIOUSLY DEFERRED. DEFERRAL DEPOSITS: DAVID W. STRONG \$390,320 JAMAL A. HAKIM MD \$180,397 BERNADETTE SPONG \$150,206 ERICK R. HAWKINS \$109,036 MARK A. JONES \$98,196 SUNIL S. DESAI MD \$120,614 MILDRED D. BEAM \$81,266 JOHN W. BOZARD \$21,213 GREGORY P. OHE \$67,743 KELLY NIERSTEDT \$74,524 THIBAUT VAN MARCKE DU LUMMEN \$63,782 DAVID F. HUDDLESON \$42,561 DEFERRAL DISTRIBUTIONS MADE TO THE FOLLOWING: DAVID W. STRONG \$270,723 JAMAL A. HAKIM MD \$181,923 BERNADETTE SPONG \$106,656 ERICK HAWKINS \$79,030 MARK A. JONES \$59,253 MILDRED D. BEAM \$252,012 GREGORY P. OHE \$26,898 THIBAUT VAN MARCKE DE LUMMEN \$31,791 MARY FARRELL MD \$36,565 DAVID F. HUDDLESON \$36,950

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				
1DAVID W STRONG PRESIDENT & CEO	(i)	1,332,535	1,842,655	274,702	402,220	26,095	3,878,207	270,723
	(ii)	0	0	0	0	0	0	0
1JAMAL A HAKIM MD CHIEF OPERATING OFFICER	(i)	854,986	830,484	187,002	192,297	23,249	2,088,018	181,923
	(ii)	0	0	0	0	0	0	0
2BERNADETTE SPONG CHIEF FINANCIAL OFFICER	(i)	720,139	700,118	113,249	162,106	23,099	1,718,711	106,656
	(ii)	0	0	0	0	0	0	0
3ERICK R HAWKINS SVP, STRATEGIC MANAGEMENT	(i)	576,100	560,094	89,579	120,936	22,140	1,368,849	79,030
	(ii)	0	0	0	0	0	0	0
4AURELIO DURAN MD FORMER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	390,111	797,524	92,716	5,808	28,366	1,314,525	0
5MARK E SAND MD Former Board Member	(i)	0	0	0	0	0	0	0
	(ii)	547,627	619,383	67,292	11,900	18,244	1,264,446	0
6MARK A JONES SVP, OH & PRESIDENT, ORMC	(i)	508,442	458,165	64,014	110,096	19,748	1,160,465	59,253
	(ii)	0	0	0	0	0	0	0
7SUNIL S DESAI MD SVP, OH & PRES, OHMG	(i)	660,650	321,484	6,380	132,513	29,188	1,150,215	0
	(ii)	0	0	0	0	0	0	0
8MILDRED DENISE BEAM Chief Legal Strategist	(i)	453,165	220,241	253,966	84,766	16,338	1,028,476	252,012
	(ii)	0	0	0	0	0	0	0
9JOHN W BOZARD SVP, OH & Pres, APMCF & OHF	(i)	252,700	123,075	54,051	16,557	9,861	456,244	0
	(ii)	252,700	123,075	54,051	16,557	9,861	456,244	0
10GREGORY P OHE SVP, AMBU SVCS, ORLANDO HEALTH	(i)	377,730	371,787	35,941	74,968	23,639	884,065	26,898
	(ii)	0	0	0	0	0	0	0
11KELLY NIERSTEDT SVP, OH & PRES, WPH	(i)	430,979	207,588	2,253	81,326	3,188	725,334	0
	(ii)	0	0	0	0	0	0	0
12THIBAUT VAN MARCKE DE LUMMEN SVP, OH & PRES, DPH	(i)	371,471	172,563	33,017	75,682	27,635	680,368	31,791
	(ii)	0	0	0	0	0	0	0
13MARY FARRELL MD Former Board Member	(i)	459,801	73,508	72,000	3,500	0	608,809	36,565
	(ii)	0	0	0	0	0	0	0
14DAVID F HUDDLESON VP, CHIEF COMPLIANCE & ETHICS	(i)	282,497	139,150	43,827	54,289	23,249	543,012	36,950
	(ii)	0	0	0	0	0	0	0

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 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	6845035U5	06-18-2008	179,360,000	REFUND SERIES 1999A, 1999B & 1999C		X		X		X
B Orange County Health Facilities Authority	52-1378595	68450LGA7	07-03-2019	157,946,198	REFUND SERIES 2009		X		X		X
C ORANGE COUNTY HEALTH FACILITIES AUTHORITY	52-1378595		09-15-2011	83,175,000	REFUND SERIES 2007A-1 & A-2 BONDS		X		X		X
D Orange County Health Facilities Authority	52-1378595	68450LCDS	05-23-2012	190,757,522	ORMC REDEVELOPMENT PROJECT		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	136,315,000		16,205,000		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	179,362,824		157,947,311		83,175,000		190,971,375	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,573,177		0		309,605		1,981,410	
8	Credit enhancement from proceeds	1,053,969		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		155,500,000	
11	Other spent proceeds	176,732,854		157,947,311		82,865,395		33,276,112	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2008		2019		2011		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.040 %		0.700 %		1.030 %		0.850 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %		0 %		0 %	
6	Total of lines 4 and 5	0.040 %		0.700 %		1.030 %		0.850 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X			X
b	Name of provider	MORGAN STANLEYGOLDM		0		MORGAN STANLEY		0	
c	Term of hedge	1310 %				28 %			
d	Was the hedge superintegrated?		X				X		
e	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											
----- 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?				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
				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 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 2011 HOSPITAL REVENUE BONDS - PROCEEDS USED TO REFUND THE SERIES 2007A-1 AND A-2 BONDS. SERIES 2012A & 2012B REVENUE BONDS - ESTABLISH A PROJECT FUND FOR THE ORLANDO REGIONAL MEDICAL CENTER REDESIGN AND DEVELOPMENT PROJECT AND PAY OFF A CONSTRUCTION LOAN RELATED TO MEDICAL OFFICE AND OUTPATIENT SERVICES BUILDING. 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. Series 2019B Hospital Revenue Refunding Bonds Forward Delivery - Advance Refund 2009 Bonds and pay the costs of issuance of the 2019B Bonds

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	LAST DATE REBATE COMPUTATION WAS PERFORMED FOR ARBITRAGE SERIES 2008E REFUND SERIES 1999A, 1999B & 1999C 12/31/2017 SERIES 2011 REFUND SERIES 2007A-1 & A-2 BONDS 2/5/2013 SERIES 2012 ORMC REDEVELOPMENT PROJECT 5/23/2015

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 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	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	830,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	276,199,046							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	136,747,879							
7	Issuance costs from proceeds	2,250,398							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	70,645,200							
11	Other spent proceeds	66,552,440							
12	Other unspent proceeds	0							
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.120 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0.120 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	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						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the 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	1,126,752	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)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
Orlando Health Inc

Employer identification number

59-1726273

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE CHIEF OF STAFF IS A NON-VOTING MEMBER OF THE BOARD OF DIRECTORS. IN ADDITION, THE BOD DELEGATES SOME AUTHORITY TO AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE VICE CHAIRMAN OF THE BOARD OF DIRECTORS, TH E PRESIDENT/CEO, THE SECRETARY, THE TREASURER, AND THE CHAIRMAN OF THE QUALITY COMMITTEE. 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 B OARD, SUBJECT TO LIMITATIONS SET FORTH IN THESE BYLAWS AND ANY LIMITATIONS OTHERWISE IMPOS ED 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 CO MMITTEE SHALL PERFORM THE FOLLOWING GOVERNANCE AND EXECUTIVE COMPENSATION DUTIES: 1. THE E XECUTIVE COMMITTEE SHALL CONSIDER AND RECOMMEND CANDIDATES FOR VACANCIES ON THE BOARD OF D IRECTORS FOR FULL OR PARTIAL TERMS. RECOMMENDATIONS FOR ELECTION AS DIRECTORS SHALL BE CON SIDERED BY THE BOARD OF DIRECTORS, BUT THE BOARD OF DIRECTORS SHALL NOT BE BOUND BY ANY SU CH RECOMMENDATION. 2. THE CORPORATE BYLAWS SHALL BE REVIEWED BY THE EXECUTIVE COMMITTEE FR OM TIME TO TIME AND REVISED AS NECESSARY BY APPROPRIATE ACTION OF THE BOARD OF DIRECTORS A ND DATED TO INDICATE THE TIME OF REVIEW. 3. THE EXECUTIVE COMMITTEE SHALL REVIEW EXECUTIVE COMPENSATION MATTERS AND POLICIES WITH THE PRESIDENT/CEO ANNUALLY. THE EXECUTIVE COMMITTEE SHALL PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD AND INCLUDED IN ITS CHAR TER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS RELATIONSHIPS BERNADETTE SPONG, JAMAL HAKIM MD, JOHN CAPPLEMAN 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 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. THEY FOLLOW A BOARD APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY. THIS PROCESS APPLIES TO THE CEO, ALL OFFICERS AND WAS IMPLEMENTED PRIOR TO OCTOBER 1, 2006. THE CHARTER 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 TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, PROMOTE RETENTION OF KEY MANAGEMENT TALENT AND ENSURE THAT COMPENSATION AND BENEFITS DO NOT EXCEED MARKET NORMS. ORLANDO HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. TO FULFILL THEIR RESPONSIBILITY TO LOOK AT RELEVANT MARKET DATA, AND BECAUSE OF THE SCALE AND COMPLEXITY OF THE ORGANIZATION, THE COMMITTEE REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA. THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ON-GOING ADMINISTRATION OF THE PROGRAM. ORLANDO HEALTH PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND EXECUTIVE BENEFITS. THE COMPENSATION COMMITTEE IS COMPRISED OF 5 INDEPENDENT MEMBERS OF THE BOARD. THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT, WHICH THEY DO. THE COMPENSATION COMMITTEE'S INDEPENDENT COMPENSATION CONSULTANT AND COUNSEL OPINE TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF THE COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET 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 ACCORDANCE 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 \$(292,006,000) CO NTRIBUTIONS - BOOK/TAX DIFFERENCES \$ 2,116,523 OTHER CHANGES AND EXTRAORDINARY ITEMS \$ 1,1 71,104 ADJUSTMENT FOR ACQUISITION TIMING -BOOK/TAX \$ 6,766,175 ===== TOTAL \$(281,9 52,198)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Orlando Health Inc

Employer identification number
59-1726273

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OSCEOLASC LLC 2906 17TH STREET ST CLOUD, FL 34769 20-3728235	HEALTHCARE	FL	18,735,335	202,881,232	OHI
(2) OHRI LLC 1414 KUHLE AVENUE ORLANDO, FL 32806 47-2067699	IMAGING SVCS	FL	4,379,697	11,236,615	OHI

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	
(1) LIFT ORLANDO IMPACT INVESTMENT FUND LLC 2043 JACOBS PLACE ORLANDO, FL 32805 81-4062133	REAL ESTATE	FL	OHI	EXCLUDED	25,266	2,779,115		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
(1) HEALTHNET SERVICES INC & SUBS 1414 KUHL AVENUE ORLANDO, FL 32806 59-2246203	MEDICAL SVCS	FL	OHI	C CORP	62,794,789	60,524,516	100.000 %	Yes	
(2) ORANGE INDEMNITY LTD PO BOX 1159 KY CJ 98-0516252	CAPTIVE INS	CJ	OHI	C CORP	18,292	1,882,240	100.000 %	Yes	
(3) COMMUNITY HEALTH OF FLORIDA INC 1414 KUHL AVENUE ORLANDO, FL 32806 46-3171911	INSURANCE LIC	FL	OHI	C CORP	0	0	50.100 %	Yes	
(4) ORLANDO CANCER CENTER INC 1414 KUHL AVENUE ORLANDO, FL 32806 59-3005020	MEDICAL SVCS	FL	OHI	C CORP	719,343	76,996,147	100.000 %	Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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, LINE 1	LIFT ORLANDO IMPACT INVESTMENT FUND, LLC EIN: 81-4062133 ADDRESS: 2043 JACOBS PLACE, ORLANDO, FL 32805

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	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 OCOE, FL 34761 80-0764192	HEALTHCARE	FL	501(c)(3)	3	OHI	Yes	
1414 KUHLE AVENUE ORLANDO, FL 32806 59-3110868	SUPPORT OH	FL	501(c)(3)	12a	OHI	Yes	
10000 W COLONIAL DRIVE OCOE, FL 34761 59-3269402	PHY SUPRT SRV	FL	501(c)(3)	12a	OHC	Yes	
10000 W COLONIAL DRIVE OCOE, 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 KUHLE AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPPT SRV	FL	501(c)(3)	12A	OHI	Yes	
1900 DON WIKCHAM DRIVE CLERMONT, FL 34711 59-3322533	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	
1414 KUHLE AVENUE ORLANDO, FL 32806 84-5074208	HEALTHCARE	FL	501(C)(3)	3	OHI	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTHNET SERVICES INC	I	58,431	FMV
HEALTHNET SERVICES INC	O	351,005	FMV
HEALTHNET SERVICES INC	Q	4,857,373	FMV
HEALTHNET SERVICES INC	R	51,239,000	FMV
OHRI LLC	J	347,037	FMV
OHRI LLC	Q	108,817	FMV
ORANGE INDEMNITY LTD	M	59,719	FMV
ORLANDO CANCER CENTER INC	Q	97,058	FMV
ORLANDO HEALTH CENTRAL INC	K	97,066	FMV
ORLANDO HEALTH CENTRAL INC	L	221,579	FMV
ORLANDO HEALTH CENTRAL INC	O	29,309,247	FMV
ORLANDO HEALTH CENTRAL INC	Q	16,836,839	FMV
ORLANDO HEALTH FOUNDATION INC	C	6,262,231	FMV
ORLANDO HEALTH FOUNDATION INC	N	1,474,727	FMV
ORLANDO HEALTH FOUNDATION INC	O	4,690,921	FMV
ORLANDO HEALTH FOUNDATION INC	Q	1,662,861	FMV
ORLANDO HEALTH MEDICAL GROUP INC	B	96,010	FMV
ORLANDO HEALTH MEDICAL GROUP INC	J	14,057,928	FMV
ORLANDO HEALTH MEDICAL GROUP INC	L	3,642,701	FMV
ORLANDO HEALTH MEDICAL GROUP INC	O	418,599,852	FMV
ORLANDO HEALTH MEDICAL GROUP INC	Q	62,862,458	FMV
ORLANDO HEALTH MEDICAL GROUP INC	R	207,500,000	FMV
ORLANDO HEALTH PHYSICIAN PARTNERS INC	R	100,000	FMV
ORLANDO PHYSICIANS NETWORK INC	J	1,302,728	FMV
ORLANDO PHYSICIANS NETWORK INC	O	9,044,314	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 PHYSICIANS NETWORK INC	Q	2,957,564	FMV
ORLANDO PHYSICIANS NETWORK INC	R	6,850,000	FMV
PHYSICIAN ASSOCIATES LLC	J	5,366,169	FMV
PHYSICIAN ASSOCIATES LLC	L	485,368	FMV
PHYSICIAN ASSOCIATES LLC	O	996,871	FMV
PHYSICIAN ASSOCIATES LLC	Q	28,534,097	FMV
PHYSICIAN ASSOCIATES LLC	R	8,019,000	FMV
SOUTH LAKE HOSPITAL INC	L	1,508,600	FMV
SOUTH LAKE HOSPITAL INC	O	68,407,752	FMV
SOUTH LAKE HOSPITAL INC	Q	11,831,044	FMV