

2939316301116 1

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2018**For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 2019Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input checked="" type="checkbox"/> Check box if name changed and see instructions )		<b>D</b> Employer identification number (Employees' trust see instructions)	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>Print or Type</b> ORLANDO HEALTH MEDICAL GROUP, INC. Number, street, and room or suite no. If a P.O. box, see instructions 1414 KUHLE AVENUE, MP8 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32806		59-3259553 <b>E</b> Unrelated business activity code (See instructions) 621990	
<b>C</b> Book value of all assets at end of year 67,142,600.		<b>F</b> Group exemption number (See instructions) ▶		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ HEALTH CARE SERVICES If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 1

**J** The books are in care of ▶ BERNADETTE SPONG Telephone number ▶ 321-841-5078

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7) . . . . .			
3 Gross profit Subtract line 2 from line 1c . . . . .			
4a Capital gain net income (attach Schedule D) . . . . .			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .			
c Capital loss deduction for trusts . . . . .			
5 Income (loss) from a partnership or an S corporation (attach statement) . . . . .			
6 Rent income (Schedule C) . . . . .			
7 Unrelated debt-financed income (Schedule E) . . . . .			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .			
9 Investment income of a section 501(c)(7), (9) or (17) organization (Schedule G) . . . . .			
10 Exploited exempt activity income (Schedule I) . . . . .			
11 Advertising income (Schedule J) . . . . .			
12 Other income (See instructions, attach schedule) . . . . .	288,255.	ATCH 2	288,255.
13 Total. Combine lines 3 through 12 . . . . .	288,255.		288,255.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15 Salaries and wages . . . . .	15	228,609.
16 Repairs and maintenance . . . . .	16	
17 Bad debts . . . . .	17	
18 Interest (attach schedule) (see instructions) . . . . .	18	
19 Taxes and licenses . . . . .	19	
20 Charitable contributions (See instructions for limitation rules) . . . . .	20	
21 Depreciation (attach Form 4562) . . . . .	21	
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a	22b
23 Depletion . . . . .	23	
24 Contributions to deferred compensation plans . . . . .	24	
25 Employee benefit programs . . . . .	25	
26 Excess exempt expenses (Schedule I) . . . . .	26	
27 Excess readership costs (Schedule J) . . . . .	27	
28 Other deductions (attach schedule) . . . . .	28	5,635.
29 Total deductions. Add lines 14 through 28 . . . . .	29	234,244.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	30	54,011.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	31	
32 Unrelated business taxable income Subtract line 31 from line 30 . . . . .	32	54,011.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

8X2740 1.000 JSA 6687MZ C784

V 18-8.6F

60015336-OTH1

PAGE 51

SCANNED JUL 06 2021

0423214614 MAY 11 2021

4

9.1

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	54,011.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	12,900.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	41,111.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	40,111.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	8,423.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	8,423.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
45b	Other credits (see instructions).	45b	
45c	General business credit. Attach Form 3800 (see instructions).	45c	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
45e	Total credits. Add lines 45a through 45d.	45e	
46	Subtract line 45e from line 44.	46	8,423.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	8,423.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018.	50a	16,126.
50b	2018 estimated tax payments.	50b	6,500.
50c	Tax deposited with Form 8868.	50c	
50d	Foreign organizations. Tax paid or withheld at source (see instructions).	50d	
50e	Backup withholding (see instructions).	50e	
50f	Credit for small employer health insurance premiums (attach Form 8941).	50f	
50g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other. Total	50g	
51	Total payments. Add lines 50a through 50g.	51	22,626.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	14,203.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 14,203. Refunded <input type="checkbox"/>	55	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes	No
			X
58	Enter the amount of tax-exempt interest received or accrued during the tax year.	\$	

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

BERNADETTE SPONG

Signature of officer

Date

Title

CFO 8/6/20

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

MELANIE MCPEAK

Preparer's signature

Melanie M. Peak

Date

08/06/2020

Check ☐ if self-employed

PTIN

P01346034

Firm's name

ERNST &amp; YOUNG U.S. LLP

Firm's EIN

34-6565596

Firm's address

201 N. FRANKLIN ST, STE 2400, TAMPA, FL 33602

Phone no

813-225-4950

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				
Total dividends-received deductions included in column 8				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b> .....				

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2. Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals .....	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals . . . . . ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form **990-T** (2018)

ORLANDO HEALTH MEDICAL GROUP, INC.

59-3259553

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

ORLANDO HEALTH, INC.  
59-1726273

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME  
JOINT VENTURE PHYSICIANS

288,255.

PART I - LINE 12 - OTHER INCOME

288,255.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

BENEFITS

5,635.

PART II - LINE 28 - OTHER DEDUCTIONS

5,635.

ORLANDO HEALTH MEDICAL GROUP, INC.

EIN: 59-3259553

FYE: 9/30/2019

FORM 990-T, NOL CARRYFORWARD SCHEDULE

	NOL CARRYFORWARDS	CARRYOVER AMOUNT	AMOUNT UTILIZED	AMOUNT AVAILABLE FOR CARRYOVER
FYE	September 30, 2016	4,827	(4,827)	-
FYE	September 30, 2017	275	(275)	-
FYE	September 30, 2018	7,798	(7,798)	-
FYE	September 30, 2019			-
	CARRYFORWARD TO 9/30/20	12,900	(12,900)	-

ATTACHMENT 4

ORLANDO HEALTH MEDICAL GROUP, INC.

EIN: 59-3259553

FYE: 9/30/2019

FORM 990-T, AMT NOL CARRYFORWARD SCHEDULE

	NOL CARRYFORWARDS	CARRYOVER AMOUNT	AMOUNT UTILIZED	AMOUNT AVAILABLE FOR CARRYOVER
FYE	September 30, 2016	4,827		4,827
FYE	September 30, 2017	275		275
FYE	September 30, 2018	7,798		7,798
FYE	September 30, 2019			-
	CARRYFORWARD TO 9/30/20	12,900	-	12,900

ATTACHMENT 5