

AS AMENDED

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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<b>A</b> For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 20 18	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ORLANDO HEALTH CENTRAL, INC. <b>D</b> Employer identification number 80-0764192 <b>E</b> Telephone number (407) 296-1000 <b>G</b> Gross receipts \$ 264,452,338. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website ▶ SEE SCHEDULE O <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation 2011 <b>M</b> State of legal domicile FL
<b>F</b> Name and address of principal officer MARK MARSH 10000 W. COLONIAL DRIVE OCOEE, FL 34761	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN ATMOSPHERE OF CARING.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7.
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	2,174.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	254.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	48,761.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	28,572.	104,352.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7)	213,005,255.	220,965,188.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,789,906.	3,993,298.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-671,203.	198,797.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,152,530.	225,261,635.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	108,466,675.	110,727,443.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11c, 11f-24e)	94,128,381.	95,865,620.
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	202,595,056.	206,593,063.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	15,557,474.	18,668,572.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	384,899,754.	425,425,418.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20.	172,290,677.	194,882,957.

**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

Date

MICHAEL MUELLER

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

MELANIE MCPEAK

8/14/19

P01346034

Firm's name ▶ ERNST &amp; YOUNG U S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 201 NORTH FRANKLIN ST, SUITE 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.

Form **990** (2017)

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**Part III** Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission  
ORLANDO HEALTH CENTRAL IS A TRUSTED LEADER INSPIRING HOPE THROUGH THE  
ADVANCEMENT OF HEALTH. OUR MISSION IS TO IMPROVE THE HEALTH OF OUR  
COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE SERVICES IN AN  
ATMOSPHERE OF CARING.
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ **X** 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 ☒ **X** 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 \$ 163,742,619 including grants of \$ \_\_\_\_\_) (Revenue \$ 195,427,095 )

ATTACHMENT 1

4b (Code \_\_\_\_\_) (Expenses \$ 14,696,976 including grants of \$ \_\_\_\_\_) (Revenue \$ 21,740,005 )

ATTACHMENT 2

4c (Code \_\_\_\_\_) (Expenses \$ 4,124,317 including grants of \$ \_\_\_\_\_) (Revenue \$ 3,798,088 )

PHYSICIANS SERVICES: ORLANDO HEALTH CENTRAL, INC. PROVIDES  
PHYSICIANS SERVICES THROUGH WEST ORANGE PHYSICIANS GROUP, LLC  
(WOPG), A MULTI-SPECIALTY PRACTICE, INCLUDING SERVICES RELATED TO  
INTERNAL MEDICINE, OBSTETRICS/GYNECOLOGY, GENERAL SURGERY, AND  
ENDOCRINOLOGY. WOPG SERVES AS AN INTEGRAL COMPONENT OF ORLANDO  
HEALTH CENTRAL, INC.'S INTEGRATED DELIVERY SYSTEM THROUGH THE  
PROVISION OF HEALTH CARE SERVICES TO THE COMMUNITY THEY SERVE.  
WOPG PROVIDED 23,989 PHYSICIAN VISITS FOR THE FISCAL YEAR 2018.

4d Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses **▶** 182,563,912.



**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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X



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

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



**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	162		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2,174		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders. . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		



## AS AMENDED

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ►

MICHAEL MUELLER 10000 W COLONIAL DRIVE OCOCHEE, FL 34761

407-296-1802



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHY ABER BOARD MEMBER	2.00 0.	X						0.	0.	0.
(2) ANN BLAKESLEE BOARD MEMBER, SECRETARY	2.00 0.	X		X				0.	0.	0.
(3) BECKY CHERNEY BOARD MEMBER	2.00 0.	X						0.	0.	0.
(4) SAMUEL DAVIS, JR. BOARD MEMBER	2.00 0.	X						0.	0.	0.
(5) JAMAL A. HAKIM, MD BOARD MEMBER	2.00 61.00	X						0.	1,421,936.	144,792.
(6) RANDY JUNE BOARD MEMBER, CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(7) MICHAEL MERCADO, MD BOARD MEMBER	2.00 0.	X						0.	0.	0.
(8) BERNADETTE SPONG BOARD MEMBER, VICE-CHAIR	2.00 59.00	X		X				0.	982,728.	119,668.
(9) JOSHUA HIGH BOARD MEMBER, TREASURER	2.00 1.00	X		X				0.	0.	0.
(10) JOHN REES BOARD MEMBER	2.00 0.	X						0.	0.	0.
(11) ERICK R. HAWKINS BOARD MEMBER	2.00 55.00	X						0.	788,063.	81,724.
(12) MICHAEL E. MUELLER HOSPITAL CFO	55.00 0.			X				0.	255,135.	56,374.
(13) MARK A. MARSH SVP, OH & PRES, HEALTH CENTRAL	55.00 1.00			X				0.	503,312.	93,252.
(14) JAMES RODIER CHIEF QUALITY OFFICER	55.00 0.			X				0.	308,718.	48,704.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRISTINA M. MCGUIRK CHIEF NURSING OFFICER (CNO)	55.00 0.			X				0.	182,924.	43,363.
(16) RICK SMITH COO, HEALTH CENTRAL	55.00 0.			X				0.	235,200.	40,891.
(17) FIRAS SIOUFI, MD NEUROLOGIST	55.00 0.					X		553,961.	0	25,655.
(18) TAWFIQ AL LAHAM, MD NEUROLOGIST	55.00 0.					X		298,050.	0.	5,678.
(19) ROBERT P. OLSON, MD ECC PHYSICIAN	55.00 0.					X		233,085.	0.	26,209.
(20) CARLOS TRILLO, MD SURGEON	55.00 0.					X		284,457.	0.	32,684.
(21) SHEREEN OLOUFA, MD OB/GYN PHYSICIAN	55.00 0.					X		649,950.	0.	21,492.
(22) JOHN RICHARD SCHOOLER BRD MEM, TREAS (TRM END 9/9/17)	0 55.00						X	0.	1,153,068.	82,143.
(23) GREGORY P. OHE FR PRES OHC (TRM END 6/1/16)	0. 55.00						X	0.	537,402.	79,273.
<b>1b Sub-total</b>								0.	4,259,892	544,514.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,019,503.	2,108,594	357,388.
<b>d Total (add lines 1b and 1c)</b>								2,019,503.	6,368,486.	901,902.

**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 **62**

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**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
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII.   

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	104,352			
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		104,352			
<b>Program Service Revenue</b>	<b>2a</b>	NET PATIENT SERVICE REVENUE	Business Code 621990	218,477,713	218,477,713		
	<b>b</b>	RELATED PARTY RENT	621990	2,225,178	2,225,178		
	<b>c</b>	ELECTRONIC HEALTH RECORD	621990	136,346	136,346		
	<b>d</b>	EHR & ACO INCOME	621990	72,687	72,687		
	<b>e</b>	ALL OTHER PROGRAM SERVICE REVENUE	621990	53,264	53,264		
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		220,965,188			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,561,228		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
<b>5</b>		Royalties . . . . . ▶		0			
<b>6a</b>		Gross rents . . . . .	(i) Real 1,514,003				
<b>b</b>		Less rental expenses . . . . .	(ii) Personal 2,818,950				
<b>c</b>		Rental income or (loss) . . . . .	-1,304,947				
<b>d</b>		Net rental income or (loss) . . . . . ▶		-1,304,947			-1,304,947
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities 38,240,323	(ii) Other 563,500			
<b>b</b>		Less cost or other basis and sales expenses . . . . .	36,059,682	312,071			
<b>c</b>		Gain or (loss) . . . . .	2,180,641	251,429			
<b>d</b>		Net gain or (loss) . . . . . ▶		2,432,070			2,432,070
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>		Net income or (loss) from fundraising events . . . . . ▶		0			
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>		Net income or (loss) from gaming activities . . . . . ▶		0			
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		0				
Miscellaneous Revenue			Business Code				
<b>11a</b>	CAFETERIA REVENUE	621990	1,503,744			1,503,744	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		1,503,744				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		225,261,635	220,965,188		4,192,095	



**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	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) . . . . .	0.			
7 Other salaries and wages . . . . .	86,858,711.	77,626,046.	9,232,665.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,782,058.	1,250,612.	531,446.	
9 Other employee benefits . . . . .	16,009,712.	14,307,956.	1,701,756.	
10 Payroll taxes . . . . .	6,076,962.	5,496,149.	580,813.	
11 Fees for services (non-employees)				
a Management . . . . .	114,701.		114,701.	
b Legal . . . . .	312,520.		312,520.	
c Accounting . . . . .	55,161.		55,161.	
d Lobbying . . . . .	8,557.		8,557.	
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	33,285.		33,285.	
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	7,184,268.	6,063,572.	1,120,696.	
12 Advertising and promotion . . . . .	499,528.	13,535.	485,993.	
13 Office expenses . . . . .	4,357,572.	3,735,831.	621,741.	
14 Information technology . . . . .	4,330,401.	468,404.	3,861,997.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	9,952,103.	9,790,351.	161,752.	
17 Travel . . . . .	975,417.	196,484.	778,933.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	3,809,217.	3,809,217.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	12,920,161.	12,800,154.	120,007.	
23 Insurance . . . . .	3,127,306.	3,127,306.		
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 . . . . .	31,599,932.	31,599,932.		
b PURCHASED SERVICES . . . . .	14,475,503.	10,418,077.	4,057,426.	
c PHYSICIAN GROUP OTHER EXP . . . . .	515,301.	281,957.	233,344.	
d FOOD SERVICES . . . . .	16,358.		16,358.	
e All other expenses . . . . .	1,578,329.	1,578,329.		
25 Total functional expenses Add lines 1 through 24e . . . . .	206,593,063.	182,563,912.	24,029,151.	
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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	4,271,505.	<b>1</b>	9,855,065.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	76,959,530.	<b>3</b>	52,922,298.
	<b>4</b> Accounts receivable, net	27,483,307.	<b>4</b>	30,381,513.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	1,077,117.	<b>8</b>	962,094.
	<b>9</b> Prepaid expenses and deferred charges	5,078,168.	<b>9</b>	6,837,233.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	323,046,243.		
	<b>b</b> Less accumulated depreciation.	60,178,785.	<b>10c</b>	262,867,458.
	<b>11</b> Investments - publicly traded securities	81,989,059.	<b>11</b>	61,599,757.
	<b>12</b> Investments - other securities See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets See Part IV, line 11	0.	<b>15</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	384,899,754.	<b>16</b>	425,425,418.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	27,802,854.	<b>17</b>	44,877,082.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	9,230.	<b>19</b>	64,009.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	143,967,817.	<b>23</b>	143,868,966.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	510,776.	<b>25</b>	6,072,900.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.	172,290,677.	<b>26</b>	194,882,957.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	212,609,077.	<b>27</b>	230,542,461.
	<b>28</b> Temporarily restricted net assets	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	212,609,077.	<b>33</b>	230,542,461.
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b>	384,899,754.	<b>34</b>	425,425,418.



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	225,261,635.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	206,593,063.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	18,668,572.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	212,609,077.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-630,820.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-104,368.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	230,542,461.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2017)



## AS AMENDED

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No 1545-0047

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

**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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

- 19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	



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

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

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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

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)			
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

  

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

**7** ☐ 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

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



**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.)



## AS AMENDED

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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 organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2017



**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			

☐ Yes ☐ No

**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017



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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		8,557
<b>j</b> Total. Add lines 1c through 1i.			8,557
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

OTHER POLITICAL ACTIVITIES

AMOUNTS REPORTED FROM VARIOUS HOSPITAL AND HEALTHCARE MEMBERSHIPS OF DUES

USED FOR LOBBYING ACTIVITIES TOTALING \$8,557.



**Part IV** Supplemental Information *(continued)*



## AS AMENDED

SCHEDULE D  
(Form 990)

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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.

Schedule D (Form 990) 2017

JSA

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition      **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research      **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on Part XIII ☐ Yes ☐ No

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

**a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %

**b** Permanent endowment ▶ \_\_\_\_\_ %

**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages 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:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		28,011,953.		28,011,953.
<b>b</b> Buildings		76,569,602.	18,877,192	60,692,410.
<b>c</b> Leasehold improvements		7,840,610.	3,120,747	4,719,863.
<b>d</b> Equipment		101,143,723.	36,581,251.	70,562,472.
<b>e</b> Other		100,480,355.	1,599,595.	98,880,760.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				262,867,458.



**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ►	

**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	
(2) LEASE DEPOSITS	67,805.
(3) CONSTRUCTION RETAINAGE	6,005,095.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

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 ☒ **X**



**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.

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

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, 2018 AND 2017.



## AS AMENDED

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
b If "Yes," was it a written policy? . . . . .	X	
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	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 225.0000 %		
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 . . . . .		X
<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"? . . . . .	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
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? . . . . .	X	
b If "Yes," did the organization make it available to the public? . . . . .	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			8,659,257.		8,659,257.	4.19
b Medicaid (from Worksheet 3, column a) . . . . .			27,758,381	11,519,871.	16,238,510.	7.86
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			36,417,638.	11,519,871.	24,897,767.	12.05
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j Total. Other Benefits . . . . .						
k Total. Add lines 7d and 7j. . . . .			36,417,638.	11,519,871.	24,897,767.	12.05



**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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			104,011.		104,011.	.05
9 Other						
10 Total			104,011.		104,011.	.05

**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	X	
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	54,135,000.	
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		
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	33,561,400.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	36,221,789.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-2,660,389.
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	X	
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	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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



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



**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): 1

**Community Health Needs Assessment**

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .
- 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 . . . . .
- 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)
  - a ☒ A definition of the community served by the hospital facility
  - b ☒ Demographics of the community
  - c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
  - d ☒ How data was obtained
  - e ☒ The significant health needs of the community
  - f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
  - g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
  - h ☒ The process for consulting with persons representing the community's interests
  - i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
  - j ☒ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 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 . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- 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 . . . . .
- 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)
  - a ☒ Hospital facility's website (list url) SEE SUPPLEMENTAL INFO
  - b ☒ Other website (list url) \_\_\_\_\_
  - c ☒ Made a paper copy available for public inspection without charge at the hospital facility
  - d ☐ Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2018
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
  - a If "Yes," (list url) \_\_\_\_\_
  - b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .
- 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)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b	X	
7	X	
8	X	
10		X
10b	X	
12a		X
12b		



**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225 0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
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 status		
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?	X	
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)	X	
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)	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFO</u>		
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)		

Schedule H (Form 990) 2017



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **A**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b>	<b>X</b>
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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



**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group A

	Yes	No
<b>22</b> 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		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> 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		
<b>c</b> <input type="checkbox"/> 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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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		X
<b>24</b> 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		X

Schedule H (Form 990) 2017



**Part V Facility Information** (continued)

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

PART V, SECTION A

HOSPITAL'S WEBSITE

[HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/HEALTH-CENTRAL-HOSPITAL](https://www.orlandohealth.com/facilities/health-central-hospital)

PART V, SECTION B, LINE 3J

AS PART OF THE SECONDARY DATA COLLECTION, HOSPITAL HOT SPOTTING DATA WAS ALSO INCLUDED IN OUR CHNA. PATIENT DATA FROM HOSPITALS REPRESENTED IN THE CHNA ALLOWED LOCATION ANALYSIS AND MAPPING OF LOCAL "HOT SPOTS" WITH HIGH NUMBERS OF UNINSURED VISITS OVER-UTILIZING THE HEALTHCARE SYSTEM. THE UNINSURED DATA WERE SPLIT INTO ADMITTING FACILITIES AND THEN FURTHER SEPARATED INTO INPATIENT AND EMERGENCY DEPARTMENT DISCHARGES.

PART V, SECTION B, LINE 3E

THE 2016 CHNA IS A FOUR-COUNTY ASSESSMENT COVERING LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES. SECONDARY AND PRIMARY DATA WERE COLLECTED AND ANALYZED THAT GENERATED COMMON THEMES FOR THE REGION, COUNTY, ZIP CODE AND NEIGHBORHOOD CENSUS TRACTS. SECONDARY DATA ABOUT HEALTH INDICATORS, HEALTHCARE UTILIZATION AND INSURANCE COVERAGE WAS GATHERED FROM RESOURCES INCLUDING THE U.S. CENSUS, FLORIDA COMMUNITY HEALTH ASSESSMENT RESOURCE TOOL SET (CHARTS), THE CENTERS FOR DISEASE CONTROL AND 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 CONSUMER SURVEY (1,698 RESPONSES), PROVIDER SURVEY (145 RESPONSES), IN-DEPTH INTERVIEWS WITH COMMUNITY STAKEHOLDERS (16) AND COMMUNITY CONVERSATIONS (6).



**Part V Facility Information** (continued)

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

BASED ON THE DATA, DOZENS OF THEMES WERE GENERATED. USING THE DATA, THE CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATIVE THAT COMMENCED THE 2016 CHNA SELECTED THE PRIORITIES OR THEMES FOR THE 2016 CHNA. THE COLLABORATIVE UTILIZED A DEMOCRATIC VOTING PROCESS TO SELECT 10-15 PRIORITIES FOR EACH COUNTY. THESE PRIORITIES WERE USED FOR EACH 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 IP ALSO INCLUDE BASIC DEMOGRAPHIC INFORMATION FOR EACH COUNTY, AS WELL AS HIGH-LEVEL OVERVIEWS OF THE FOUR ASSESSMENT COMPONENTS OF THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) MODEL: COMMUNITY HEALTH STATUS, COMMUNITY THEMES AND STRENGTHS, LOCAL PUBLIC HEALTH SYSTEMS AND FORCES OF CHANGE.

PART V, SECTION B, LINE 5

FOR OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, WE CONTRACTED IMPACT PARTNERS, LLC (IP). IP CONDUCTS COMMUNITY ENGAGEMENT/ASSESSMENT PROJECTS ACROSS THE UNITED STATES. RECOGNIZING EACH COMMUNITY IS UNIQUE, IP'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. IP WORKED TO BUILD ON TOP OF THE FIRST CHNA CONDUCTED IN 2013. DURING THE



**Part V. Facility Information** (continued)

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

CHNA PROCESS, INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY WAS TAKEN INTO ACCOUNT. PRIMARY DATA INCLUDED SURVEYS DISTRIBUTED TO BOTH PROVIDERS AND CONSUMERS, IN-DEPTH INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND COMMUNITY CONVERSATIONS WITHIN THE CENTRAL FLORIDA COMMUNITY. ON BEHALF OF THE HOSPITAL, IP WORKED WITH REPRESENTATIVES FROM ALL THE HOSPITALS AND HEALTH DEPARTMENTS THAT PARTICIPATED IN THE ASSESSMENT TO ENSURE PERSONS THAT PROVIDED INPUT WERE REPRESENTATIVE OF THE COMMUNITY. BROAD POPULATIONS INCLUDING THE ELDERLY, MEDICAL UNDERSERVED, MINORITY GROUPS, AND LOW-INCOME POPULATIONS WERE REPRESENTED.

THE CONSUMER SURVEY WAS DISTRIBUTED BOTH IN HARD COPY AND VIA SURVEY MONKEY WITH A TOTAL OF 1,698 RESPONSES. AFTER DATA SCREENING, 1,235 RESPONSES WERE ANALYZED. THE PROVIDER SURVEY WAS DISTRIBUTED ELECTRONICALLY AND INCLUDED RESPONSES FROM 145 PARTICIPANTS. THE QUESTIONS WERE MOSTLY OPEN-ENDED AND EXPLORED RESPONDENTS' VIEWS ON THE COMMUNITY'S DEFICITS GIVEN A HOLISTIC DEFINITION OF A HEALTHY COMMUNITY, ISSUES RELATED TO HEALTHCARE SERVICES AND FORCES OF CHANGE IN THE COMMUNITY. STAKEHOLDER IN-DEPTH INTERVIEWS WERE CONDUCTED WITH 17 COMMUNITY STAKEHOLDERS DURING THE FALL OF 2015. EACH INTERVIEW LASTED AN AVERAGE OF 65 MINUTES OF THE 17 STAKEHOLDERS 10 SELF-IDENTIFIED AS WHITE, TWO AS BLACK/AFRICAN AMERICAN, ONE AS BLACK, ONE AS BLACK HAITIAN, ONE AS LATINO AND TWO AS WHITE/LATINO. NINE OF THE STAKEHOLDERS ARE FEMALE AND EIGHT MALE. THE SECTORS REPRESENTED ARE ER PHYSICIAN, GOVERNMENT, FOOD SECURITY, HISPANIC HEALTH, DEPARTMENT OF CHILDREN &



**Part V Facility Information** (continued)

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

FAMILIES, HEALTHCARE, LAW ENFORCEMENT, FEDERALLY QUALIFIED HEALTH CENTER, HOMELESSNESS, BEHAVIORAL HEALTH, FAITH COMMUNITY, URBAN LEAGUE, SPECIALTY CARE, EDUCATION, COMMUNITY CONVENER, AGING, AND BUSINESS. BASIC INFORMATION ABOUT EACH STAKEHOLDER IS OUTLINED IN TABLE 5.1 OF THE CHNA. SIX COMMUNITY CONVERSATIONS TOOK PLACE WITH A TOTAL OF 102 PARTICIPANTS. MORE DETAILS REGARDING QUESTIONS ASKED AND PARTICIPANTS CAN BE FOUND ON PAGES 329 THROUGH 363 OF THE CHNA.

PART V, SECTION B, LINE 6A

ORLANDO HEALTH:

ARNOLD PALMER MEDICAL CENTER (ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES), ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH CENTRAL, ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORLANDO HEALTH UF HEALTH CANCER CENTER), ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL AND SOUTH LAKE HOSPITAL IN AFFILIATION WITH ORLANDO HEALTH.

FLORIDA HOSPITAL:

FLORIDA HOSPITAL ALTAMONTE, FLORIDA HOSPITAL APOPKA, FLORIDA HOSPITAL CELEBRATION HEALTH, FLORIDA HOSPITAL EAST ORLANDO, FLORIDA HOSPITAL FOR CHILDREN, FLORIDA HOSPITAL KISSIMMEE, FLORIDA HOSPITAL ORLANDO, FLORIDA HOSPITAL WATERMAN, WINTER PARK MEMORIAL HOSPITAL

ASPIRE HEALTH PARTNERS:

KENNEDY PLAZA, LAKESIDE PLACE APARTMENTS, PRINCETON PLAZA, RESIDENTIAL



**Part V Facility Information** (continued)

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

PLAZA

PART V, SECTION B, LINE 6B

FLORIDA DEPARTMENT OF HEALTH IN LAKE COUNTY

FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY

FLORIDA DEPARTMENT OF HEALTH IN OSCEOLA COUNTY

FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY

PART V, SECTION B, LINE 7A

[HTTP://WWW.ORLANDOHEALTH.COM/ABOUT-US/COMMUNITY-INVOVEMENT/COMMUNITY-BENE](http://www.orlandohealth.com/about-us/community-involvement/community-benefit)

FIT

PART V, SECTION B, LINE 11

ORLANDO HEALTH CENTRAL IS A SUBSIDIARY OF ORLANDO HEALTH AND FOR NEARLY

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, ORLANDO HEALTH CENTRAL IS CONSTANTLY EMPLOYING

EFFORTS TO IMPROVE HEALTH IN THE COMMUNITY AND INCREASE ACCESS TO CARE.

FOLLOWING OUR PARTICIPATION IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) ORLANDO HEALTH CENTRAL TOOK INTO CONSIDERATION A NUMBER OF FACTORS

IN SELECTING HEALTH NEEDS TO ADDRESS. FACTORS INCLUDED BUT WERE NOT

LIMITED TO: INDIVIDUAL ORLANDO HEALTH CENTRAL AND ORLANDO HEALTH DATA;

COMMUNITY AND HOSPITAL ASSETS; ABILITY TO IMPACT AN ISSUE; CURRENT

COMMUNITY BENEFIT EFFORTS; COMMUNITY PARTNERSHIPS; AND OPPORTUNITIES FOR



**Part V Facility Information** (continued)

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

COLLABORATION. WE ALSO TOOK INTO CONSIDERATION THE COUNTY WHERE WE ARE LOCATED WHICH IS ORANGE COUNTY. BASED ON OUR PROCESS WE SELECTED ACCESS TO CARE AS OUR PRIORITY HEALTH NEED FROM THE 2016 CHNA.

IN FISCAL YEAR 2018 WITH OUR FOCUS ON ACCESS TO CARE, ORLANDO HEALTH CENTRAL DEVELOPED NEW AND ENHANCED ESTABLISHED COMMUNITY BENEFIT PROGRAMS THAT ADDRESS ACCESS TO CARE. ORLANDO HEALTH CENTRAL PROVIDED OVER \$24 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2018. IN SUPPORT OF OUR COMMUNITY BENEFIT EFFORTS, WE RECOGNIZE THE IMPORTANCE OF WORKING WITH COMMUNITY ORGANIZATIONS. IN FISCAL YEAR 2018, 20 GRANT PROPOSALS WERE SUPPORTED THROUGH THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM. MANY OF THESE GRANTS SERVED RESIDENTS FROM ORANGE COUNTY. DURING THE FISCAL YEAR, WE CONTINUED TO ACTIVELY COLLABORATE WITH LOCAL ORGANIZATIONS AND GROUPS TO MAKE A DIFFERENCE IN THE HEALTH AND QUALITY OF LIFE IN CENTRAL FLORIDA. IN 2018, ORLANDO HEALTH SUPPORTED 267 COMMUNITY ORGANIZATIONS.

WITH ACCESS TO CARE AS OUR PRIORITY, ORLANDO HEALTH CENTRAL DETERMINED THAT THE FOLLOWING ISSUES WOULD NOT BE EXPLICITLY INCLUDED IN OUR IMPLEMENTATION STRATEGY IN AN EFFORT TO MAXIMIZE RESOURCES AVAILABLE FOR ADDRESSING ACCESS TO CARE. HOWEVER, ORLANDO HEALTH CENTRAL DOES PROVIDE SUPPORT AND SERVICES FOR SEVERAL OF THE REMAINING HEALTH NEEDS. AT THE TIME OF PRIORITIZATION, WE TOOK INTO ACCOUNT THE LEVEL TO WHICH SOME OF THE NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA, ALONG WITH WHETHER THE IDENTIFIED NEED FALLS OUT OF THE SCOPE OF OUR EXPERTISE AND RESOURCES. FOR THE NEEDS WE DID NOT SELECT WE WILL CONTINUE TO PROVIDE



**Part V Facility Information** (continued)

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

SUPPORT AND SERVICES WHERE APPROPRIATE INCLUDING THROUGH THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM. IN ADDITION, MANY OF THE NEEDS LISTED BELOW WILL BE IMPACTED BY OUR FOCUS ON ACCESS TO CARE. WITH OUR EFFORTS BEING CONCENTRATED ON ACCESS TO CARE WE ARE ABLE TO SUPPORT OUR COMMUNITY IN MULTIPLE ARENAS INSTEAD OF BEING LIMITED TO ONE CONDITION OR NEED. THIS FLEXIBILITY WILL HELP US TO BETTER SERVE THE MOST UNDERSERVED AND VULNERABLE POPULATIONS IN OUR COMMUNITY.

ORANGE COUNTY HOSPITALS: (NEEDS THAT WON'T BE EXPLICITLY ADDRESSED)

- HEART DISEASE
- DIABETES
- STI/HIV
- SUBSTANCE ABUSE (HEROIN)
- MATERNAL AND CHILD HEALTH
- UNINSURED RATES
- HOUSING SECURITY
- FOOD SECURITY
- DISABILITY/INJURY PREVENTION
- POOR TRANSPORTATION
- CANCER
- OBESITY
- SENIOR MOBILITY/FALLS

HEART DISEASE - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING HEART DISEASE. WE CURRENTLY PROVIDE



**Part V Facility Information** (continued)

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

PROGRAMS AND SERVICES FOR HEART DISEASE AND WORK WITH COMMUNITY ORGANIZATIONS LIKE THE AMERICAN HEART ASSOCIATION. WE ALSO HAVE PROVIDED GRANT FUNDING TO ORGANIZATIONS THAT ARE ADDRESSING HEART DISEASE LIKE GRACE MEDICAL HOME.

DIABETES - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING DIABETES. WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR DIABETES AND WORK WITH COMMUNITY ORGANIZATIONS LIKE THE AMERICAN DIABETES ASSOCIATION AND THE UNIVERSITY OF FLORIDA HEALTH EXTENSION SERVICES. WE ALSO HAVE PROVIDED GRANT FUNDING TO ORGANIZATIONS THAT ARE ADDRESSING DIABETES.

STI/HIV - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE PROVIDE IN THE FUTURE REGARDING STI/HIV. WE WILL CONTINUE TO PROVIDE EXISTING SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS AND WORK WITH OUR INFECTIOUS DISEASE PHYSICIAN PRACTICE AND COMMUNITY ORGANIZATIONS TO ADDRESS THIS NEED.

SUBSTANCE ABUSE (HEROIN) - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE DO IN THE FUTURE REGARDING SUBSTANCE ABUSE. WE WILL CONTINUE TO PROVIDE EXISTING SERVICES FOR SUBSTANCE ABUSE AND WORK WITH COMMUNITY ORGANIZATIONS LIKE ASPIRE HEALTH PARTNERS. HOWEVER, FUNDING OPPORTUNITIES ARE VERY LIMITED IN THIS AREA. IN AUGUST 2017, OUR PARENT COMPANY, ORLANDO HEALTH, FORMED AN INTERNAL OPIOID TASK FORCE. THE TASK FORCE INCLUDES SENIOR LEADERSHIP AND CONSISTS OF THE FOLLOWING AREAS: EXTERNAL



**Part V Facility Information (continued)**

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

AFFAIRS AND COMMUNITY BENEFIT, GOVERNMENT AFFAIRS, NURSING, REGULATORY, COMPLIANCE, EMERGENCY MEDICINE, ORLANDO HEALTH PHYSICIAN GROUP, CARE MANAGEMENT, BEHAVIORAL HEALTH AND OPERATIONS. THE GROUP IS FOCUSED ON POLICY, EDUCATION AND PREVENTION AND TREATMENT. WE HAVE PROVIDED AND SUPPORTED SEVERAL EDUCATION EVENTS IN THE COMMUNITY WORKING ALONGSIDE COMMUNITY PARTNERS. EVENTS HAVE BEEN FOCUSED ON BOTH ADULTS AND ADOLESCENTS. IN FISCAL YEAR 2018, ORANGE COUNTY GOVERNMENT SECURED A SAMHSA GRANT THAT WILL FUND AN OPIOID OUTREACH COORDINATOR AT ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER. THIS IS THE FLAGSHIP HOSPITAL OF THE SYSTEM AND WHERE MOST OPIOID ABUSERS FROM ORANGE COUNTY SEEK TREATMENT. THE OPIOID OUTREACH COORDINATOR STARTED IN NOVEMBER 2018.

MATERNAL AND CHILD HEALTH - OUR FOCUS ON ACCESS TO CARE WILL IMPACT WHAT ADDITIONAL SUPPORT WE PROVIDE REGARDING MATERNAL AND CHILD HEALTH. WE WILL CONTINUE TO PROVIDE EXISTING PROGRAMS AND SERVICES AND WORK WITH COMMUNITY ORGANIZATIONS LIKE HEALTHY START AND MARCH OF DIMES. WE HAVE ALSO PROVIDED GRANT FUNDING TO ORGANIZATIONS AND TEAM MEMBERS THAT ARE ADDRESSING THE NEED OF MATERNAL AND CHILD HEALTH.

UNINSURED RATES - OUR FOCUS ON ACCESS TO CARE MAY IMPACT THIS NEED. WHILE WE DID NOT DIRECTLY SELECT THIS NEED, THE COMMUNITY EDUCATION AND OUTREACH WE PROVIDE HELPS SUPPORT THE NEED. WE WILL CONTINUE TO SUPPORT ORGANIZATIONS AND EFFORTS THAT ADDRESS THE MATTER INCLUDING THE PROMOTION OF OPEN ENROLLMENT.



**Part V Facility Information** (continued)

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

HOUSING SECURITY - AS A HEALTHCARE SYSTEM, WE DO NOT HAVE THE EXPERTISE OR RESOURCES TO EFFECTIVELY ADDRESS THIS NEED. HOWEVER, WE CURRENTLY PROVIDE SUPPORT WHERE APPROPRIATE AND WORK WITH COMMUNITY ORGANIZATIONS THAT FOCUS ON THIS NEED. FOR EXAMPLE, WE SUPPORT SUCH ORGANIZATIONS LIKE THE COMMISSION ON HOMELESSNESS, COALITION FOR THE HOMELESS, IDIGNITY, CAREERSOURCE, JOBS PARTNERSHIP AND LIFT ORLANDO.

FOOD SECURITY - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING FOOD SECURITY. WE CURRENTLY WORK WITH COMMUNITY ORGANIZATIONS LIKE THE SECOND HARVEST FOOD BANK AND HEALTHY KIDS AND PARTICIPATE IN THE HEALTH AND HUNGER TASK FORCE. WE ALSO HAVE PROVIDED GRANT FUNDING TO SUPPORT THIS NEED.

DISABILITY/INJURY PREVENTION - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING THIS NEED WE CURRENTLY PROVIDE PROGRAMS AND EDUCATION TO THE COMMUNITY ON THIS MATTER AND WORK WITH COMMUNITY ORGANIZATIONS. WE ALSO PARTNER WITH THE TRAUMA TEAM OUT OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER TO PROVIDE OUTREACH EDUCATION TO THE COMMUNITY ON BLEEDING CONTROL AND FALLS PREVENTION.

POOR TRANSPORTATION - IT IS OUR HOPE THAT OUR FOCUS ON ACCESS TO CARE WILL ALSO HELP ADDRESS THE TRANSPORTATION ISSUES IN OUR COMMUNITY. WE CURRENTLY PROVIDE ASSISTANCE TO OUR UNDERSERVED PATIENTS THAT FACE TRANSPORTATION BARRIERS. IN ADDITION, WE WORK WITH COMMUNITY ORGANIZATIONS LIKE SUNRAIL, LYNX AND SENIORS FIRST ON THIS MATTER.



**Part V Facility Information** (continued)

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

CANCER - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING CANCER. WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR CANCER AND WORK WITH COMMUNITY ORGANIZATIONS LIKE THE AMERICAN CANCER SOCIETY WE ALSO OFFER THE CANCER SUPPORT COMMUNITY (CSC) PROGRAM AT ORLANDO HEALTH UF HEALTH CANCER CENTER. THROUGH THE CSC PATIENTS, FAMILY MEMBERS AND CAREGIVERS RECEIVE SUPPORT FOR FREE THROUGH VARIOUS PROGRAMS. IN ADDITION, IN FISCAL YEAR 2018, ORLANDO HEALTH AND ORLANDO HEALTH CENTRAL PLACED 40 NEW SUNSCREEN DISPENSERS AND MAINTAIN 73 DISPENSERS THROUGHOUT CENTRAL FLORIDA FOR THE GENERAL PUBLIC. THESE DISPENSERS WERE PROVIDED AT NO COST.

OBESITY - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING OBESITY. WE CURRENTLY PROVIDE PROGRAMS AND SERVICES FOR OBESITY AND WORK WITH COMMUNITY ORGANIZATIONS LIKE HEBNI NUTRITION, THE AMERICAN HEART ASSOCIATION AND THE AMERICAN DIABETES ASSOCIATION

SENIOR MOBILITY/FALLS - OUR FOCUS ON ACCESS TO CARE WILL HELP SHAPE WHAT WE SUPPORT IN THE FUTURE REGARDING THIS NEED. WE CURRENTLY PROVIDE PROGRAMS AND EDUCATION TO THE COMMUNITY ON THIS MATTER AND WORK WITH COMMUNITY ORGANIZATIONS. AS MENTIONED PREVIOUSLY, WE PARTNER WITH OUR TRAUMA TEAM OUT OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER TO PROVIDE OUTREACH EDUCATION IN THE COMMUNITY ON BLEEDING CONTROL AND FALLS PREVENTION.



**Part V Facility Information** (continued)

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

CURRENTLY OUR 2019 CHNA IS UNDERWAY. WE CONTRACTED STRATEGY SOLUTIONS, INC. (SSI) AND WE ARE AGAIN DOING A JOINT ASSESSMENT WITH ORLANDO HEALTH, ADVENT HEALTH, ASPIRE HEALTH PARTNERS, AND THE FLORIDA DEPARTMENT OF HEALTH IN LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES. IN ADDITION, FOUR FEDERALLY QUALIFIED HEALTH CENTERS FROM ACROSS CENTRAL FLORIDA HAVE ALSO JOINED US IN OUR ASSESSMENT EFFORTS.

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. IN OCTOBER 2018, SSI BEGAN COLLECTING PRIMARY DATA THROUGH FOCUS GROUPS; STAKEHOLDER INTERVIEWS; KEY INFORMANT SURVEYS AND COMMUNITY SURVEYS. FROM DECEMBER 2018 THROUGH APRIL 2019, THE PRIMARY DATA COLLECTION WAS COMPLETED; DEMOGRAPHIC AND SECONDARY DATA WERE ANALYZED; HOSPITAL UTILIZATION DATA EXAMINED AND COMMUNITY ASSET RESOURCE DATA WERE GATHERED. DURING THE FIRST WEEK OF APRIL 2019, SSI CONDUCTED SEVERAL DATA WALKS FOR ORLANDO HEALTH AND THE OTHER ENTITIES PARTICIPATING IN THE 2019 CHNA. WE LOOK FORWARD TO SHARING THE 2019 CHNA RESULTS WITH OUR COMMUNITY.

PART V, SECTION B, LINE 13H

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



**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 16A

[HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESO](https://www.orlandohealth.com/patients-and-visitors/patient-financial-reso)

URCES/FINANCIAL-ASSISTANCE-PROGRAM

PART V, SECTION B, LINE 16B

[HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESO](https://www.orlandohealth.com/patients-and-visitors/patient-financial-reso)

URCES/FINANCIAL-ASSISTANCE-PROGRAM

PART V, SECTION B, LINE 16C

[HTTPS://WWW.ORLANDOHEALTH.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-RESO](https://www.orlandohealth.com/patients-and-visitors/patient-financial-reso)

URCES/FINANCIAL-ASSISTANCE-PROGRAM



**Part V Facility Information** *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

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

Schedule H (Form 990) 2017



**Part VI Supplemental Information**

Provide the following information

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

FORM 990, BOX J

ORGANIZATION'S WEBSITE

[HTTPS://WWW.ORLANDOHEALTH.COM/FACILITIES/HEALTH-CENTRAL-HOSPITAL](https://www.orlandohealth.com/facilities/health-central-hospital)

PART I, LINE 3C

ORLANDO HEALTH, INC. USES FEDERAL POVERTY GUIDELINES (FPG) AS A FACTOR FOR DETERMINING ELIGIBILITY FOR PROVIDING FREE CARE TO PATIENTS. IN AN EFFORT TO INCREASE FINANCIAL ASSISTANCE AVAILABILITY TO OUR PATIENTS, IN FY18, ORLANDO HEALTH, INC. HAS ADOPTED AN IMPROVED FINANCIAL ASSISTANCE POLICY IN WHICH THE FPG WAS INCREASED TO 225% FROM 200%. A PATIENT'S FAMILY OR HOUSEHOLD INCOME MUST BE LESS THAN OR EQUAL TO 225% OF FPG FOR THE PATIENT TO QUALIFY FOR FREE CARE. THIS ALLOWS ORLANDO HEALTH, INC. TO OFFER FREE CARE TO MORE PATIENTS WHO QUALIFY. AS A RESULT, ORLANDO HEALTH, INC.'S UPDATED FINANCIAL ASSISTANCE POLICY NO LONGER INCLUDES A PROVISION FOR DISCOUNTED MEDICAL CARE.

PART I, LINE 7G

NOT APPLICABLE; HEALTH CENTRAL DOES NOT INCLUDE COSTS ATTRIBUTABLE TO A



**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

PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

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.

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 II

THE PRIMARY PURPOSE OF ORLANDO HEALTH CENTRAL COMMUNITY BUILDING  
ACTIVITIES IS TO IMPROVE HEALTH IN THE CENTRAL FLORIDA COMMUNITY. ORLANDO  
HEALTH CENTRAL MAY RECRUIT OR ASSIST IN THE RECRUITMENT OF PHYSICIANS  
WHEN A NEED IS IDENTIFIED TO BRING A MEDICAL SERVICE OR PROVIDER TO THE  
AREA, TO MAINTAIN THE DELIVERY OF HEALTHCARE AS PHYSICIAN ATTRITION  
OCCURS DUE TO RETIREMENT, DISABILITY, RELOCATION OR OTHER PERTINENT



**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

REASONS. A COMMUNITY NEED MUST BE DETERMINED BEFORE ORLANDO HEALTH CENTRAL WILL ENGAGE IN THE RECRUITMENT OF A PHYSICIAN OR ASSIST IN THE RECRUITMENT OF A PHYSICIAN. RATIONALES THAT ORLANDO HEALTH CENTRAL USES TO DETERMINE COMMUNITY NEED INCLUDE INDEPENDENT HEALTH PLANNING SERVICE ORGANIZATIONS; COMMUNITY NEEDS ASSESSMENT AND INDEPENDENTLY MAINTAINED PHYSICIAN DATABASE SOFTWARE THAT ASSISTS IN IDENTIFYING COMMUNITY NEED. IT IS IMPORTANT TO ADDRESS THE PHYSICIAN WORKFORCE SHORTAGE ISSUES IN ORDER TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE CENTRAL FLORIDA COMMUNITY. IF A PARTICULAR PHYSICIAN SPECIALTY IS DEFICIENT IN THE COMMUNITY IN COMPARISON TO THE POPULATION THIS CAN OFTEN LEAD TO INEFFICIENT OR NO ACCESS OR LONG WAIT PERIODS TO ACCESS HEALTHCARE SERVICES WHICH OFTEN LEAD TO POOR HEALTH OUTCOMES. OUR PHYSICIAN RECRUITMENT EFFORTS MEET THE COMMUNITY BENEFIT OBJECTIVE OF IMPROVING ACCESS TO HEALTH SERVICES WHICH ENHANCES PUBLIC HEALTH. THESE ACTIVITIES PRIMARILY BENEFIT THE LOCAL COMMUNITY AND WERE NOT PROVIDED FOR MARKETING PURPOSES, NOR TO INCREASE REFERRALS OF PATIENTS TO ORLANDO HEALTH CENTRAL, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STANDARD OF CARE, NOR TO BENEFIT PERSONS AFFILIATED WITH ORLANDO HEALTH CENTRAL.



**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

RATHER, THE PRIMARY PURPOSE OF THE WORKFORCE DEVELOPMENT ACTIVITIES IS TO  
BENEFIT THE COMMUNITY BASED ON INDEPENDENT COMMUNITY NEED ANALYSES.  
ORLANDO HEALTH CENTRAL HAS ASSISTED IN THE RECRUITMENT OF THREE NEW  
COMMUNITY BASED PHYSICIANS TO SUPPORT THE PHYSICIAN SHORTAGES IN OUR  
COMMUNITY DURING THE YEAR.

PART III, LINE 2 AND LINE 4

BAD DEBT EXPENSE REFLECTED IN PART III, LINE 2 REPRESENTS COST OF CHARGES  
WRITTEN OFF AS UNCOLLECTIBLE. BOTH DISCOUNTS AND PAYMENTS TO ACCOUNTS  
WILL REDUCE THE BAD DEBT EXPENSE, SHOULD THE ACCOUNT BE REPORTED AS BAD  
DEBT. THAT IS TO SAY, DISCOUNTS APPLIED TO ACCOUNTS ARE NOT REVERSED  
PRIOR TO DECLARING, ADJUSTING AND/OR WRITING OFF ACCOUNTS AS BAD DEBT.  
ALL ACCOUNTS WHICH ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT ARE  
REVIEWED TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. IF  
SUFFICIENT DOCUMENTATION WAS NOT PROVIDED BY THE ACCOUNT HOLDER, ORLANDO  
HEALTH CENTRAL USES PREDICTIVE ANALYTICS TO DETERMINE IF THE FINANCIAL  
ASSISTANCE FOR ACCOUNTS ARE ADJUSTED TO, OR WRITTEN OFF TO, BAD DEBT.  
ORLANDO HEALTH CENTRAL USES DATA DERIVED FROM THIRD PARTIES WHICH



**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
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INCLUDE, BUT ARE NOT LIMITED TO DEMOGRAPHIC VERIFICATION, INCOME VERIFICATION, HOUSEHOLD SIZE VERIFICATION, PAYMENT HISTORY INFORMATION, PROPERTY OWNERSHIP INFORMATION, OCCUPATION INFORMATION, VEHICLE OWNERSHIP HISTORY AND VALUES AND HOME OWNERSHIP HISTORY AND VALUES. ONCE THIS DATA LOGIC IS APPLIED, IT BECOMES APPARENT IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE. IF THE ACCOUNT DOES QUALIFY, PREVIOUS UNINSURED DISCOUNTS, BAD DEBT ADJUSTMENTS AND/OR WRITE OFFS ARE REVERSED AND THE NEW BALANCE REFLECTED IS RECLASSIFIED AS FINANCIAL ASSISTANCE OR CHARITY, WHICH IS REDUCED TO COST.

THE PROVISION FOR BAD DEBTS, AS STATED IN THE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS, IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES. RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS.



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ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PERIODICALLY, MANAGEMENT PERFORMS A REVIEW AND ASSESSES THE ADEQUACY OF

THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF

EXPERIENCE BY PAYOR CATEGORY.

DATA RELATED TO PAYOR SOURCES OF REVENUE AND THE RESULTS OF THIS REVIEW

ARE THEN USED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE

RECEIVABLES AND PROVISION FOR BAD DEBTS. ADDITIONALLY, FOR RECEIVABLES

ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY

COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL

CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE

ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR BAD DEBTS (FOR

EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON

ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS

WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE

REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH

SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND



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PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY  
COVERAGE EXISTS FOR PART OF THE BILL), A SIGNIFICANT ALLOWANCE FOR  
DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE,  
WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE  
PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.

AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS  
ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN  
EXHAUSTED, IS CHARGED TO THE PROVISION FOR BAD DEBTS AND CREDITED TO THE  
ALLOWANCE FOR DOUBTFUL ACCOUNTS.

ALLOWANCES FOR DOUBTFUL ACCOUNTS INCREASED APPROXIMATELY \$88,393,000  
DURING THE YEAR ENDED SEPTEMBER 30, 2018, FROM \$160,404,000 AT SEPTEMBER  
30, 2017, TO \$248,797,000 AT SEPTEMBER 30, 2018. THE ALLOWANCE FOR  
DOUBTFUL ACCOUNTS INCLUDES APPROXIMATELY \$78,117,000 AND \$58,886,000 IN  
AMOUNTS DUE FROM THIRD-PARTY PAYORS, INCLUDING THE PATIENT RESPONSIBILITY  
PORTION INCLUDED IN THESE ACCOUNTS AT SEPTEMBER 30, 2018 AND 2017,  
RESPECTIVELY. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY HOSPITAL



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PATIENTS AS A PERCENT OF RELATED SELF-PAY ACCOUNTS RECEIVABLE WAS 96% AND 95% AT SEPTEMBER 30, 2018 AND 2017.

THE PROVISION FOR BAD DEBTS INCREASED FROM APPROXIMATELY \$144,060,000 FOR THE YEAR ENDED SEPTEMBER 30, 2017, TO \$421,614,000 FOR THE YEAR ENDED SEPTEMBER 30, 2018 WITH APPROXIMATELY \$107,412,000 ATTRIBUTED TO LAKELAND REGIONAL HEALTH SYSTEMS, INC. DURING THE YEAR ENDED SEPTEMBER 30, 2017, THE SYSTEM DETERMINED THERE WERE A SIGNIFICANT NUMBER OF PREVIOUSLY RESERVED PATIENT ACCOUNTS THAT QUALIFIED FOR CHARITY STATUS. DURING 2017 THE RELATED AMOUNTS WERE RECLASSIFIED FROM THE PROVISION FOR BAD DEBTS TO CHARITY CARE, RESULTING IN A REDUCTION TO THE PROVISION FOR BAD DEBT AND AN INCREASE IN CHARITY CARE. WHILE ACCOUNTS WERE RECLASSIFIED AGAIN IN THE YEAR ENDED SEPTEMBER 30, 2018 IT WAS NOT TO THE VOLUME THAT WAS EXPERIENCED IN THE YEAR ENDED SEPTEMBER 30, 2017. THEREFORE, THE PROVISION FOR BAD DEBTS IN THE YEAR ENDED SEPTEMBER 30, 2018 IS HIGHER DUE TO NOT HAVING THE OFFSET TRANSACTIONS AS IN THE YEAR ENDED SEPTEMBER 30, 2017. THIS CHANGE IS NOT EXPECTED TO HAVE AN IMPACT ON NET PATIENT SERVICE REVENUE LESS PROVISION FOR BAD DEBTS BECAUSE CHARITY SERVICES ARE



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NOT RECORDED AS REVENUE IN ADDITION, THE SELF PAY DISCOUNT WAS DECREASED  
FROM 65% TO 50% IN FISCAL YEAR 2018 WHICH LEAVES A LARGER BALANCE THAT  
CAN POTENTIALLY BE CLASSIFIED TO BAD DEBT EXPENSE.

PART III, LINE 8

THE COSTING METHODOLOGY USED TO REPORT THE AMOUNT REPORTED ON LINE 6 AS  
MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM  
MEDICARE WAS CALCULATED USING THE MEDICARE COST REPORT ORLANDO HEALTH  
CENTRAL DOES NOT CURRENTLY INCLUDE MEDICARE SHORTFALL AS A COMMUNITY  
BENEFIT. HOWEVER, AS A NOT-FOR-PROFIT ORGANIZATION WE PROVIDE EMERGENCY  
AND REQUIRED CARE TO ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS.  
DESPITE THE MEDICARE SHORTFALL, NOT-FOR-PROFIT HOSPITALS MUST AND WILL  
CONTINUE TO CARE FOR THE MEDICARE POPULATION AND ACCEPT THE MEDICARE  
REIMBURSEMENT RATE. CARING FOR THE MEDICARE PATIENT POPULATION FULFILLS A  
COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THIS CLASS OF PATIENTS  
TYPICALLY HAS LOW AND/OR FIXED INCOMES. THE MEDICARE PATIENT POPULATION  
IS LARGE AND THE LACK OF SUFFICIENT REIMBURSEMENT TO COVER THE COST OF  
PROVIDING CARE FOR THESE PATIENTS NECESSITATES THAT NOT-FOR-PROFIT



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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 CENTRAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE. ORLANDO HEALTH CENTRAL PERFORMS A THOROUGH EVALUATION OF THE PATIENT'S FINANCIAL STATUS TO ENSURE THE UTILIZATION OF ALL AVAILABLE DISCOUNTS AND CHARITY CARE PROGRAMS AVAILABLE UNDER THEIR DISCOUNT AND CHARITY CARE POLICIES. THIS DETERMINATION PROCESS IS COMPLETED BEFORE ANY PATIENT'S ACCOUNT IS REMITTED TO COLLECTION. IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE.



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PART VI, QUESTION 2

NEEDS ASSESSMENT

IN 2016, ORLANDO HEALTH CENTRAL, ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC), ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL, ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES AND SOUTH LAKE HOSPITAL IN AFFILIATION WITH ORLANDO HEALTH CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PRIOR TO THE ASSESSMENT, ORLANDO HEALTH CENTRAL ASSESSED THE SERVICES NEEDED AS PART OF OUR STRATEGY, PLANNING AND BUDGETING PROCESS AND DEVELOPED A PROCESS TO ENSURE THE ORGANIZATION IS RESPONSIVE TO COMMUNITY HEALTH NEEDS.

THROUGH OUR EDUCATION, RESEARCH AND PATIENT CARE PROGRAMS, AND THE ORLANDO HEALTH COMMUNITY GRANT PROGRAM, ORLANDO HEALTH CENTRAL MEETS THE NEEDS OF THE COMMUNITY. THE SPECIFIC NEEDS TARGETED BY THESE PROGRAMS HAVE BEEN IDENTIFIED BY THE EXPERIENCE OF COMMUNITY HOSPITAL LEADERSHIP, NEIGHBORHOOD OUTREACH AND THROUGH NEEDS ASSESSMENTS THAT IDENTIFIED HEALTH NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL ALONG WITH



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HOSPITAL DATA. AS A RESULT, ORLANDO HEALTH CENTRAL 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 CENTRAL 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 CENTRAL 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.



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PART VI, QUESTION 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

ORLANDO HEALTH CENTRAL FOLLOWS AN ESTABLISHED PROCESS TO INFORM ALL PATIENTS OF ITS CHARITY CARE AND UNINSURED DISCOUNT POLICIES. DURING PREADMISSION, AT REGISTRATION OR AT BEDSIDE, UNINSURED PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE POLICY AND OTHER FINANCIAL ASSISTANCE. FINANCIAL INFORMATION IS SECURED FOR ALL UNINSURED PATIENTS TO SCREEN FOR POSSIBLE ENROLLMENT IN FEDERAL, STATE, AND LOCAL PROGRAMS. ORLANDO HEALTH CENTRAL 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 CENTRAL THEN SCREENS THE PATIENT FOR CHARITY ELIGIBILITY. IT IS ORLANDO HEALTH CENTRAL'S OBJECTIVE TO PROVIDE CHARITY CARE TO OUR PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY.



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PART VI, QUESTION 4

COMMUNITY INFORMATION

ORLANDO HEALTH CENTRAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES. ORLANDO HEALTH CENTRAL HAS MORE THAN 1,944 EMPLOYEES AND 558 PHYSICIANS ON STAFF. ORLANDO HEALTH CENTRAL FACILITIES ENCOMPASS 211 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF. ORLANDO HEALTH CENTRAL FACILITIES RECEIVED 62,338 EMERGENCY DEPARTMENT VISITS, 23,989 OUTPATIENT VISITS AND 11,981 ADMISSIONS (INCLUDING NEWBORNS). ORLANDO HEALTH CENTRAL'S PRIMARY SERVICE AREA IS ORANGE COUNTY. THE MEDIAN HOUSEHOLD INCOME IN THIS COUNTY IS \$55,591 WHERE AS THE AVERAGE INCOME IS \$79,450. IN CENTRAL FLORIDA, 16.7 PERCENT OF HOUSEHOLDS IN CENTRAL FLORIDA ARE BELOW THE FEDERAL POVERTY GUIDELINE. THE PERCENT UNINSURED (AGE 0-64) FOR ORANGE COUNTY AREA IS 16.2 PERCENT AND THERE ARE SEVEN FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY. COMMUNITY OUTREACH ACTIVITIES INCLUDE SPEAKER'S BUREAU, SUPPORT/EDUCATION GROUPS, WELLNESS ACTIVITIES, HEALTH FAIRS, CLINICAL



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SCREENINGS AND ASSESSMENTS, MEDICAL EDUCATION, WOMEN, CHILDREN AND SENIOR  
HEALTH INITIATIVES, PUBLIC PROGRAM ENROLLMENT ASSISTANCE AND POST-ACUTE  
CARE FOR HOMELESS AND UNINSURED, SPONSORSHIPS, SCHOOL INITIATIVES,  
DONATED MEETING SPACE AND SPIRITUAL CARE.

PART VI, QUESTION 5

PROMOTION OF COMMUNITY HEALTH

ORLANDO HEALTH CENTRAL'S MISSION IS TO IMPROVE THE HEALTH OF THE WEST  
ORANGE COUNTY COMMUNITY BY PROVIDING SAFE, QUALITY HEALTHCARE IN A  
PATIENT-CENTERED ATMOSPHERE OF CARING AND COMPASSION USING  
STATE-OF-THE-ART DIAGNOSTICS AND TECHNOLOGY, AND A TEAM OF DEDICATED  
PHYSICIANS AND STAFF. ORLANDO HEALTH CENTRAL DEMONSTRATES A COMMITMENT TO  
PROMOTE HEALTH, WELL-BEING AND A CARING SPIRIT BY DIRECTING EMPLOYEE TIME  
AND TALENT TO SERVE ON COMMUNITY COLLABORATION BOARDS AND VOLUNTEERISM.  
IN FISCAL YEAR 2018, OUR TEAM MEMBERS AND PHYSICIANS THROUGH ORLANDO  
HEALTH HELPED TO PROVIDE OVER 1,246 VOLUNTEER HOURS. THESE HOURS WERE  
SPENT OUTSIDE OUR HEALTHCARE SYSTEM IN ORDER TO SUPPORT COMMUNITY  
PARTNERS AND THE NEEDS THEY ADDRESS IN OUR COMMUNITY. ORLANDO HEALTH



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CENTRAL 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 CENTRAL FOSTERS PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY. ORLANDO HEALTH CENTRAL ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTHCARE. THE KEY COMPONENT OF A NON-PROFIT ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS. ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS. ORLANDO HEALTH CENTRAL 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 CENTRAL AND ITS AFFILIATES. DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE AND THEY ARE NOT COMPENSATED FOR THEIR SERVICES ORLANDO HEALTH CENTRAL'S VOLUNTEER BOARD BALANCE FINANCIAL DECISIONS ON COMMUNITY CONCERNS AND SOCIAL RESPONSIBILITY. ORLANDO HEALTH CENTRAL



**Part VI** Supplemental Information

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OPERATES AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN CENTRAL FLORIDA. ORLANDO HEALTH CENTRAL'S CREDENTIALING PROCESS IS GUIDED BY POLICIES AND PROCEDURES THAT STANDARDIZE THE PROCESS. THIS PRESCRIBED CREDENTIALING PROCESS ENSURES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS. SURPLUS FUNDS ARE RETAINED BY ORLANDO HEALTH CENTRAL AND USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES. SURPLUS FUNDS FOR ORLANDO HEALTH CENTRAL AND ITS AFFILIATES ARE REINVESTED AND USED IN CARRYING OUT THE MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND COMMUNITIES WE SERVE

PART VI, QUESTION 6

AFFILIATED HEALTH CARE SYSTEM

ORLANDO HEALTH CENTRAL, INC. IS PART OF AN INTEGRATED HEALTH SYSTEM FOR WHICH WE ARE ABLE TO PROVIDE COMPREHENSIVE SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OUR COMMUNITY SERVED. AS AN INTEGRATED HEALTH SYSTEM, ORLANDO HEALTH CENTRAL HAS SEVERAL AFFILIATED ORGANIZATIONS TO ENSURE WE MEET THE COMMUNITY'S NEEDS. THE PARENT OF THE CORPORATION,



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ORLANDO HEALTH, INC. (OHI), IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THROUGH ITS INTEGRATED HEALTH SYSTEM OF SIX HOSPITALS AND VARIOUS OUTPATIENT FACILITIES, WITH MORE THAN 16,000 EMPLOYEES AND OVER 2,000 PHYSICIANS ON STAFF, OHI PROVIDES A HIGH LEVEL OF QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF CENTRAL FLORIDA. OHI IS A DESIGNATED TEACHING HOSPITAL OFFERING GRADUATE MEDICAL EDUCATION SPONSORING SEVEN RESIDENCY AND 19 FELLOWSHIP PROGRAMS. OHI FACILITIES ENCOMPASS 2,026 FULLY CERTIFIED BEDS, ADVANCED MEDICAL TREATMENTS AND PROCEDURES AND HIGHLY QUALIFIED STAFF.

OHI IS COMPRISED OF ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC), ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN, ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES, ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL, AND ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL. ORMC IS HOME TO THE REGION'S ONLY LEVEL ONE TRAUMA CENTER. THIS STATE-VERIFIED CENTER IS CAPABLE OF DELIVERING THE HIGHEST LEVEL OF EXPERTISE AND CARE IN THE SHORTEST TIME POSSIBLE.



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ORLANDO HEALTH UF HEALTH CANCER CENTER HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE CARE OF OUR CANCER PATIENTS. ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER WITH ORLANDO HEALTH, INC., OUR COMMITMENT TO THE TREATMENT OF OUR CANCER FOR OUR COMMUNITY IS BACKED BY EXPERTISE AND RESOURCES TO DELIVER HIGH-QUALITY PATIENT CARE FROM DIAGNOSIS THROUGH TREATMENT AND CONTINUING THROUGH THE END OF LIFE.

ORLANDO HEALTH PHYSICIAN GROUP, INC. SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING AN INTEGRATED DELIVERY SYSTEM OF, SPECIALTY PHYSICIAN SERVICES.

ORLANDO PHYSICIANS NETWORK, INC. ALSO SERVES AS AN INTEGRAL COMPONENT OF ORLANDO HEALTH'S HEALTH SYSTEM BY PROVIDING PRIMARY CARE PHYSICIAN SERVICES TO OUR PATIENTS AND COMMUNITY SERVED.

ORLANDO HEALTH FOUNDATION, INC. IS THE PHILANTHROPIC HEART OF ORLANDO HEALTH'S INTEGRATED HEALTH SYSTEM AND HAS BEEN INSTRUMENTAL IN RAISING



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FUNDS FOR CAPITAL IMPROVEMENTS AND RENOVATIONS TO OUR HOSPITALS,  
SUPPORTING PROGRAMS AND THE ACQUISITION OF LIFE-SAVING EQUIPMENT FOR OUR  
AFFILIATES.

THROUGH ORLANDO HEALTH'S AFFILIATED HEALTH CARE SYSTEM, WE PROVIDED  
APPROXIMATELY \$571 MILLION IN SUPPORT OF COMMUNITY HEALTH NEEDS.

PART VI, QUESTION 7

STATE FILING OF COMMUNITY BENEFIT REPORT

NONE

SECTION 501(R) RISK ASSESSMENT

ORLANDO HEALTH, INC. (OHI) CONDUCTED AN EXTENSIVE REVIEW OF ITS POLICIES  
AND PROCEDURES TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF IRC SECTION  
501(R). MINOR OMISSIONS WERE IDENTIFIED IN FY 2018 AS PART OF THIS  
REVIEW, AND OHI BELIEVES THE OMISSIONS ARE MINOR AND EITHER INADVERTENT  
OR DUE TO REASONABLE CAUSE, AS DESCRIBED IN REV. PROC. 2015-21. OHI HAS  
DECIDED, IN THE INTEREST OF TRANSPARENCY, TO PROVIDE THIS DISCLOSURE AS



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PART OF ITS FORM 990 FILING PURSUANT TO SECTION 7 OF REV. PROC. 2015-21.

OHI OPERATES SEVEN HOSPITAL FACILITIES FOR WHICH IT MUST SATISFY THE REQUIREMENTS OF SECTION 501(R) THE REVIEW THAT OHI UNDERTOOK ADDRESSED SECTION 501(R) COMPLIANCE AT EACH OF THE FOLLOWING HOSPITAL FACILITIES:

- 1) ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC)
- 2) ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN (APH)
- 3) ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR WOMEN & BABIES (WPH)
- 4) ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL (SSH)
- 5) ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL (HCH)
- 6) ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL (DPH)
- 7) ORLANDO HEALTH SOUTH LAKE HOSPITAL (SLH)

OHI MAKES PHYSICAL COPIES OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND FINANCIAL ASSISTANCE POLICY (FAP) AVAILABLE TO THE PUBLIC AT EACH OF THE OHI'S HOSPITALS AS REQUIRED BY SECTION 501(R). OHI'S REVIEW INDICATED THAT OHI SHOULD PROVIDE CERTAIN PATIENT-FACING EMPLOYEES WITH ADDITIONAL TRAINING TO ENSURE THAT THEY COULD IDENTIFY THE PHYSICAL LOCATIONS WITHIN



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THE HOSPITAL FACILITIES WHERE PATIENTS COULD OBTAIN PHYSICAL COPIES OF THESE DOCUMENTS. ALL OHI'S PATIENT-FACING NON-CLINICAL STAFF COLLECTING PAYMENTS FROM PATIENTS WILL RECEIVE THIS ADDITIONAL TRAINING DURING FY19. AN ONLINE LEARNING MODULE WILL ALSO BE DEVELOPED AND WILL BE ASSIGNED ANNUALLY TO APPROPRIATE OHI PERSONNEL AS WELL AS NEW HIRES IN APPLICABLE AREAS. IN ADDITION, OHI PERSONNEL THAT GREET PATIENTS AND VISITORS WILL CONTINUE TO BE EDUCATED ON WHERE COPIES OF THE TWO MOST RECENTLY CONDUCTED CHNAS ARE LOCATED AND HOW TO SHARE THIS INFORMATION WITH PATIENTS AND VISITORS.

OHI DETERMINED AS PART OF ITS SECTION 501(R) REVIEW TO ENHANCE PUBLIC AWARENESS OF ITS FAP AND THE FINANCIAL ASSISTANCE AVAILABLE TO DISADVANTAGED MEMBERS OF ITS COMMUNITY ACCORDINGLY, OHI DISSEMINATED INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE AT OHI HOSPITAL FACILITIES TO COMMUNITY PARTNERS IN EACH OF THE FOLLOWING CATEGORIES: FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), MEDICAL HOMES AND OTHER NONPROFIT ORGANIZATIONS THAT SERVE LOW INCOME POPULATIONS. THE COMMUNITY PARTNERS IDENTIFIED IN EACH GROUP RESPECTIVELY ARE: GRACE MEDICAL HOME,



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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



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INPUT ON IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS WILL ALSO BE INCLUDED IN THE 2019 CHNA. MOREOVER, OHI WILL INCLUDE AN EVALUATION IN THE 2019 CHNA OF THE IMPACT OF ANY ACTIONS THAT WERE TAKEN, SINCE OHI FINISHED CONDUCTING ITS IMMEDIATELY PRECEDING CHNA, TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN EACH HOSPITAL FACILITY'S PRIOR CHNA. FINALLY, OHI WILL CONTINUE TO LIST ALL PARTNERS THAT IT PLANS TO WORK WITH IN ADDRESSING SIGNIFICANT COMMUNITY HEALTH NEEDS (I.E., LOCAL HEALTH DEPARTMENTS, OTHER HOSPITALS, NON-PROFITS, GOVERNMENT AGENCIES AND ADVOCACY GROUPS) THAT ARE KNOWN AT THE TIME OF IMPLEMENTATION.

IN JULY 2019, OHI DISCOVERED THAT LINKS TO TRANSLATIONS OF ITS FAP INTO SPANISH, PORTUGUESE, AND HAITIAN-CREOLE HAD INADVERTENTLY BEEN REMOVED FROM ITS FINANCIAL ASSISTANCE PROGRAM WEB PAGE. UPON DISCOVERY, OHI ACTED DILIGENTLY TO RESTORE THESE LINKS PRIOR TO THE END OF JULY 2019.

OHI CHANGED ITS PROCEDURES IN JULY 2019 TO PROVIDE A PLAIN LANGUAGE SUMMARY OF ITS FAP AT INTAKE OR DISCHARGE TO ALL PATIENTS. IN JULY 2018, OHI UPDATED THE 501(R) PHYSICIAN LISTING ON ITS WEBSITE (AS REFERENCED IN



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AND LINKED TO FROM OHI'S FAP) TO INCLUDE ALL NON-EMPLOYED PROVIDERS.



## AS AMENDED

SCHEDULE J  
(Form 990)

## Compensation Information

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

## Part I Questions Regarding Compensation

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 type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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? . . . . .
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 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? . . . . .
- b Any related organization? . . . . .
- 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? . . . . .
- b Any related organization? . . . . .
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017



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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMAL A. HAKIM, MD BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 810,834	372,382.	238,720.	144,792.	0.	1,566,728.	233,541.
2 BERNADETTE SPONG BOARD MEMBER, VICE-CHAIR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 668,244.	308,307.	6,177.	111,374.	8,294.	1,102,396.	0.
3 ERICK R. HAWKINS BOARD MEMBER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 531,997.	241,985.	14,081.	73,430.	8,294.	869,787.	0.
4 MICHAEL E. MUELLER HOSPITAL CFO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 212,487.	27,017.	15,631.	23,879.	32,495.	311,509.	15,417.
5 MARK A. MARSH SVP, OH & PRES. HEALTH CENTRAL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 368,533	133,874.	905.	67,579.	25,673	596,564.	0.
6 JAMES RODIER CHIEF QUALITY OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 273,105.	33,785.	1,828.	30,290.	18,414.	357,422.	0.
7 CHRISTINA M. MCGUIRK CHIEF NURSING OFFICER (CNO)	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 154,968.	18,964.	8,992.	17,978.	25,385.	226,287.	8,786.
8 RICK SMITH COO, HEALTH CENTRAL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 195,687.	24,189.	15,324.	23,493.	17,398.	276,091.	14,541.
9 FIRAS SIOUFI, MD NEUROLOGIST	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 396,879.	156,741.	341.	0.	25,655.	579,616.	0.
10 TAWFIQ AL LAHAM, MD NEUROLOGIST	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 296,106.	1,728.	216.	0.	5,678.	303,728.	0.
11 ROBERT P. OLSON, MD ECC PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 217,755.	15,085.	245.	7,209.	19,000.	259,294.	0.
12 CARLOS TRILLO, MD SURGEON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 283,262.	0.	1,195.	24,000.	8,684.	317,141.	0.
13 SHEREEN OLOUFA, MD OB/GYN PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 295,556.	353,797.	597.	18,000.	3,492.	671,442.	0.
14 GREGORY P. OHE FR PRES OHC (TRM END 6/1/16)	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 342,052.	161,323.	34,027.	51,180.	28,093.	616,675.	25,099.
15 JOHN RICHARD SCHOOLER BRD MEM, TREAS (TRM END 9/9/17)	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 478,581.	207,139.	467,348.	62,215.	19,928.	1,235,211.	161,956
16							

Schedule J (Form 990) 2017



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3

RELATED ORGANIZATION

ORLANDO HEALTH, INC. IS A COMMON PAYMASTER AND COMMON PAY AGENT FOR

ORLANDO CANCER CENTER, INC. (EIN: 59-3005020), ORLANDO HEALTH PHYSICIAN

GROUP, INC. (EIN: 59-3259553), ORLANDO HEALTH FOUNDATION, INC. (EIN:

59-2244943), ORLANDO HEALTH CENTRAL, INC. (EIN: 80-0764192) AND ORLANDO

PHYSICIANS NETWORK, INC. (EIN: 59-3110868) AND THEIR EMPLOYEES ARE

INCLUDED ON THE ORLANDO HEALTH, INC. FORM 941. THE ORLANDO HEALTH, INC.

INDEPENDENT COMPENSATION COMMITTEE APPROVES ALL OFFICER COMPENSATION

ARRANGEMENTS, WHICH REPORTS TO THE ORLANDO HEALTH BOARD OF DIRECTORS AND

FOLLOWS IRS GUIDELINES.

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SEVERANCE PAYMENT, WHICH

INCLUDED THE FOLLOWING DEPOSIT DURING CALENDAR YEAR 2018:

JOHN RICHARD SCHOOLER \$97,505

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL QUALIFIED



AS AMENDED

ORLANDO HEALTH CENTRAL, INC.

80-0764192

Schedule J (Form 990) 2017

Page 3

**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.

RETIREMENT PLAN, WHICH INCLUDED THE FOLLOWING DEPOSITS DURING CALENDAR

YEAR 2017 THAT WERE PREVIOUSLY DEFERRED:

JAMAL A. HAKIM MD \$133,530

JOHN RICHARD SCHOOLER \$51,062

BERNADETTE SPONG \$100,112

MARK A. MARSH \$59,017

MICHAEL E. MUELLER \$14,420

JAMES RODIER \$19,028

CHRISTINA M. MCGUIRK \$9,831

RICK SMITH \$13,558

GREGORY P. OHE \$39,918

ERICK R. HAWKINS \$63,843

DEFERRAL DISTRIBUTIONS MADE TO THE FOLLOWING:

JAMAL A. HAKIM MD \$233,541

JOHN RICHARD SCHOOLER \$161,956

MICHAEL E. MUELLER \$15,417

CHRISTINA M. MCGUIRK \$8,786

JSA

7E1505 1 000

6689M2 C784



AS AMENDED

ORLANDO HEALTH CENTRAL, INC.

80-0764192

Schedule J (Form 990) 2017

Page 3

**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

GREGORY P. OHE \$25,099

RICK SMITH \$14,541



**SCHEDULE L**  
**(Form 990 or 990-EZ)****Transactions With Interested Persons**

OMB No 1545-0047

**2017****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAKE APOPKA NATURAL GAS DISTRICT	OHC DIR S DAVIS CEO	439,674	GAS SERVICES		Y
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**BUSINESS TRANSACTIONS**

SAMUEL DAVIS, JR., BOARD MEMBER OF ORLANDO HEALTH CENTRAL, INC., IS ALSO THE CEO OF LAKE APOPKA NATURAL GAS DISTRICT. LAKE APOPKA NATURAL GAS DISTRICT IS CONTRACTED TO PROVIDE GAS UTILITY SERVICES TO THE HOSPITAL. THE HOSPITAL ENGAGES THE LAKE APOPKA NATURAL GAS DISTRICT AT ARMS-LENGTH TRANSACTIONS AT FAIR MARKET VALUE.



# AS AMENDED

## 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.

OMB No 1545-0047

2017

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

FORM 990, PURPOSE OF AMENDED RETURN

TO AMEND THE RETURN TO INCLUDE THE AUDITED FINANCIAL STATEMENTS, IN FULL,  
AS REQUIRED BY SCHEDULE H. THE PREVIOUSLY FILED VERSION DID NOT INCLUDE  
THE AUDITED STATEMENTS.

FORM 990, BOX J

ORGANIZATION'S WEBSITE

[HTTPS://WWW ORLANDOHEALTH COM/FACILITIES/HEALTH-CENTRAL-HOSPITAL](https://www.orlandohealth.com/facilities/health-central-hospital)

FORM 990, PART VI, LINE 1A

EXECUTIVE COMMITTEE

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON OF THE BOARD OF  
DIRECTORS, THE VICE CHAIRPERSON OF THE BOARD OF DIRECTORS, THE PRESIDENT,  
THE SECRETARY, THE TREASURER, AND THE IMMEDIATE PAST CHAIRPERSON OF THE  
BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT  
ALL REGULAR BUSINESS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE  
CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO  
LIMITATIONS SET FORTH IN THE BYLAWS AND ANY LIMITATIONS OTHERWISE IMPOSED  
BY THE BOARD OF DIRECTORS AND WITH THE FURTHER UNDERSTANDING THAT ALL  
MATTERS OF MAJOR IMPORTANCE TO THE CORPORATION WILL BE REFERRED TO THE  
BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL ALSO SERVE AS THE  
COMPENSATION COMMITTEE. AT LEAST ONE ORLANDO HEALTH, INC. DIRECTOR SHALL  
SERVE ON THE EXECUTIVE COMMITTEE.



AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page 2

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

FORM 990, PART VI, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS

BERNADETTE SPONG, JAMAL HAKIM MD, AND ERICK HAWKINS HAD A BUSINESS  
RELATIONSHIP AS BOARD MEMBERS OF FOR PROFIT COMPANIES WHOLLY OWNED BY  
ORLANDO HEALTH, INC.

FORM 990, PART VI, LINE 6

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

THE SOLE VOTING MEMBER OF ORLANDO HEALTH CENTRAL, INC. IS ORLANDO HEALTH  
INC., FEIN: 59-1726273.

FORM 990, PART VI, LINE 7A

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

ORLANDO HEALTH, INC., THE TAX EXEMPT PARENT ORGANIZATION, ELECTS AND  
APPROVES ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 7B

DECISIONS SUBJECT TO APPROVAL

ORLANDO HEALTH CENTRAL, INC. BOARD ELECTS MEMBERS WHO ARE THEN APPROVED  
BY THE PARENT ORGANIZATION ORLANDO HEALTH, INC. (OHI) BOARD. THE OHI  
BOARD ALSO APPROVES THE FOLLOWING ACTIONS OF THE ORLANDO HEALTH CENTRAL  
BOARD:

- CHANGES OR AMENDMENTS TO HEALTH CENTRAL'S ARTICLES OF INCORPORATION OR  
BYLAWS.
- THE BUDGET OF HEALTH CENTRAL FOR THE HOSPITAL AND OTHER HEALTH CARE  
FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL.
- POLICIES OR PROPOSALS ESTABLISHING THE STRATEGIC DIRECTION OF HEALTH



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization

Employer identification number

ORLANDO HEALTH CENTRAL, INC.

80-0764192

CENTRAL.

- THE STRATEGIC PLAN OF HEALTH CENTRAL.
- THE CONSISTENCY OF THE QUALITY ASSESSMENT, RISK MANAGEMENT, IMPROVEMENT AND UTILIZATION PROGRAMS FOR THE HOSPITAL AND FACILITIES, AND SERVICES OPERATED BY HEALTH CENTRAL, WITH SYSTEM-WIDE QUALITY AND SERVICE INITIATIVES.
- MATERIAL CHANGES IN SERVICES OFFERED BY HEALTH CENTRAL.
- PLANS OF THE DIRECTORS TO COORDINATE THE POLICIES AND ACTIVITIES OF THE HOSPITAL AND HEALTH CENTRAL.
- PLANS OF THE DIRECTORS TO PROVIDE OVERSIGHT FOR REGULATORY COMPLIANCE (JOINT COMMISSION, AHCA, CMS, ETC.) FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL.
- PLANS OF THE DIRECTORS TO ENSURE QUALITY OF CARE; ENSURE THAT EVERY PATIENT IS UNDER THE CARE OF A MEMBER OF THE HOSPITAL'S MEDICAL STAFF.
- OPERATIONAL OBJECTIVES FOR THE HOSPITAL AND OTHER HEALTH CARE FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL.
- ANY PLANS OF THE DIRECTORS FOR SERVING AS COMMUNITY LIAISON
- ANY PLANS OF THE DIRECTORS FOR INTERACTING WITH AND ACCESS TO LEADERSHIP OF OHI.
- ANY PLANS OF THE DIRECTORS FOR ESTABLISHING EFFECTIVE COMMUNICATION LINES AMONG THE BOARD, ADMINISTRATION AND MEDICAL STAFF.- EVALUATION OF THE PRESIDENT'S PERFORMANCE.
- THE APPOINTMENT, REMOVAL, AND DETERMINATION OF THE COMPENSATION OF THE PRESIDENT.
- ALL OPERATING AND CAPITAL EXPENDITURES, INCLUDING, BUT NOT LIMITED TO,



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization

Employer identification number

ORLANDO HEALTH CENTRAL, INC.

80-0764192

CAPITAL LEASES, IN EXCESS OF \$5.0 MILLION FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL.

- ANY PLANS TO DIRECT THE PLACEMENT OF FUNDS AND CAPITAL, LOANS, AND TRANSFERS OF FUNDS OR OTHER ASSETS FOR THE HOSPITAL AND FACILITIES AND SERVICES OPERATED BY HEALTH CENTRAL, IF THE AMOUNT OF SUCH FUNDS, CAPITAL LOANS, AND OTHER ASSETS EXCEED FIVE MILLION DOLLARS (\$5,000,000)
- ANY PROPOSED DONATIONS, CONTRIBUTIONS, AND GIFTS TO CHARITIES AND COMMUNITY ORGANIZATIONS BY HEALTH CENTRAL OVER \$100,000 IN THE AGGREGATE PER FISCAL YEAR
- ANY PROPOSED INVESTMENT POLICY OR AMENDMENT TO SUCH INVESTMENT POLICY FOR HEALTH CENTRAL'S FUNDS.

FORM 990, PART VI, LINE 11B

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990

THE CFO AND THE FINANCE DEPARTMENT REVIEWED THE FORM 990 AND ANY REQUIRED CHANGES WERE MADE TO THE FORM 990. THE FINAL FORM 990 WAS THEN PROVIDED TO ALL MEMBERS OF THE BOARD TO REVIEW. ANY QUESTIONS ABOUT THE CONTENT WERE ANSWERED AND ANY CHANGES REQUIRED OF THE REVIEW WERE MADE.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

THE PARENT ORGANIZATION, ORLANDO HEALTH, INC., 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



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

## DISCUSSION AND THE VOTE.

FORM 990, PART VI, LINE 15A

OFFICERS AND POSITIONS FOR WHICH COMPENSATION PROCESS WAS USED

OFFICERS OF ORLANDO HEALTH CENTRAL, INC. ARE EMPLOYEES OF AND RECEIVE

COMPENSATION FROM PARENT, ORLANDO HEALTH, INC., WHICH HAS AN INDEPENDENT

COMPENSATION COMMITTEE THAT REPORTS TO THE ORLANDO HEALTH BOARD OF

DIRECTORS AND UTILIZES THE GUIDELINES CONSISTENT WITH THE IRS GUIDELINES

ON INDEPENDENT ANALYSIS AND DOCUMENTATION OF COMPENSATION. THE PROCESS IS

USED FOR ALL OFFICERS, EXECUTIVE DIRECTORS AND DIRECTORS AND WAS

IMPLEMENTED AT ORLANDO HEALTH CENTRAL UPON ITS CREATION. ALL OFFICER AND

KEY EMPLOYEE COMPENSATION FOR THE HEALTH SYSTEM IS GOVERNED BY ORLANDO

HEALTH, AS DESCRIBED ABOVE, RATHER THAN BY INDIVIDUAL ORGANIZATIONS.

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

EQUITY CONTRIBUTION FROM PARENT	(\$104,352)
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OTHER CHANGES AND EXTRAORDINARY ITEMS	(\$16)
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TOTAL	(\$104,368)
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# AS AMENDED

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Page **2**

Name of the organization

Employer identification number

ORLANDO HEALTH CENTRAL, INC.

80-0764192

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ORLANDO HEALTH CENTRAL, INC , DBA, HEALTH CENTRAL PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY HEALTHCARE TO THE PEOPLE OF WEST ORANGE COUNTY THROUGH ITS HOSPITAL AND VARIOUS OUTPATIENT FACILITIES. PREVIOUSLY OWNED AND OPERATED UNDER THE WEST ORANGE HEALTHCARE DISTRICT, WE HAVE SERVED THE WEST ORANGE COUNTY'S SURGICAL, MATERNITY AND GENERAL HEALTHCARE NEEDS SINCE 1952. IN AN EFFORT TO ACHIEVE ITS OBJECTIVE OF BEING A STATE-OF-THE-ART, FULL-SERVICE HOSPITAL THAT WILL MEET THE FUTURE NEEDS OF ITS COMMUNITY AND BECOME A FACILITY OF CHOICE FOR AREA RESIDENTS IN OCOEE, THE WEST ORANGE HEALTHCARE DISTRICT TRANSITIONED THE HOSPITAL CARE TO HEALTH CENTRAL. HEALTH CENTRAL DELIVERS COMPREHENSIVE HEALTHCARE SERVICES IN ITS 440,000-SQUARE-FOOT, INTEGRATED MEDICAL MALL WHICH INCLUDES A 211-BED JCAHO ACCREDITED ACUTE CARE HOSPITAL AND PHYSICIAN OFFICES, AS WELL AS A 60-BED EMERGENCY CENTER. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, HEALTH CENTRAL FACILITIES PROVIDED 52,028 DAYS OF INPATIENT CARE, 23,989 OUTPATIENT VISITS, AND 62,338 EMERGENCY DEPARTMENT VISITS IN ACCORDANCE WITH ITS MISSION, HEALTH CENTRAL PROVIDED EXTENSIVE CARE TO PATIENTS WHO MEET ITS CHARITY CARE GUIDELINES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. HEALTH CENTRAL ALSO OFFERS COMMUNITY EDUCATION, SCHOOL INITIATIVES AND SUPPORT GROUPS. AS A NOT-FOR-PROFIT HEALTHCARE PROVIDER, THE CULTURE OF CARING AT HEALTH CENTRAL TOUCHES THE LIVES OF MANY THROUGHOUT THE GREATER WEST ORANGE COUNTY AREA. HEALTH CENTRAL'S PHYSICIANS, EMPLOYEES



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

ATTACHMENT 1 (CONT'D)

AND VOLUNTEERS KNOW THAT HEALTHCARE EXTENDS BEYOND THE WALLS OF THE HOSPITAL. OUR DEDICATED MEDICAL PROFESSIONALS AND VOLUNTEERS OFTEN CONTRIBUTE TO THE COMMUNITY OUTSIDE THE ORGANIZATION, EDUCATING THEIR NEIGHBORS AND PROVIDING MEDICAL CARE TO OTHERS IN THE REGION. HEALTH CENTRAL DEMONSTRATES A COMMITMENT TO PROMOTING HEALTH, WELL-BEING AND A CARING SPIRIT THROUGHOUT THE COMMUNITY BY ORGANIZING AND PROVIDING SERVICES RANGING FROM WELLNESS EVENTS AND SCREENINGS, TO FLU SHOTS AND HIGH SCHOOL PHYSICALS. THESE ACTIVITIES BRING LITTLE OR NO PAYMENT TO OUR HOSPITAL, BUT ARE SUSTAINED BECAUSE THEY ARE VALUABLE TO OUR REGION AND SUPPORT OUR MISSION.

---COMMUNITY PROGRAMS AND SERVICES---

COMMUNITY OUTREACH

SUPPORT / EDUCATION GROUPS

COMMUNITY WELLNESS

COMMUNITY HEALTH FAIRS

PASTORAL OUTREACH & SPIRITUAL CARE

---VALUE TO THE COMMUNITY---

FISCAL YEAR 2018: BY OFFERING THE BEST QUALITY OF CARE, RESPONDING TO COMMUNITY NEEDS AND CONCENTRATING RESOURCES IN AREAS THAT TRULY MAKE A DIFFERENCE, HEALTH CENTRAL MAINTAINS A RICH TRADITION OF PROVIDING A BENEFIT TO THE COMMUNITY. OUR COMMUNITY BENEFIT EFFORT IS A MEASURED APPROACH TO MEETING IDENTIFIED COMMUNITY



# AS AMENDED

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Name of the organization

Employer identification number

ORLANDO HEALTH CENTRAL, INC.

80-0764192

ATTACHMENT 1 (CONT'D)

HEALTH NEEDS, PARTICULARLY IN THE VULNERABLE, UNINSURED AND UNDERSERVED COMMUNITIES. AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, HEALTH CENTRAL IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE. HEALTH CENTRAL IS, COMMITTED TO CHARITY CARE, WHICH IS THE PROVISION OF MEDICAL ATTENTION AND SERVICES TO THE REGION'S MOST VULNERABLE AND UNINSURED, REGARDLESS OF A PATIENT'S ABILITY TO PAY, A PATIENT'S INSUFFICIENT HEALTH INSURANCE COVERAGE, OR THE EXISTENCE OF ANY GOVERNMENT-SPONSORED PROGRAMS COVERING THE FULL COST OF, SERVICES.

IN FISCAL YEAR 2018, HEALTH CENTRAL PROVIDED \$8,659,257 IN CHARITY CARE, AND \$16,238,510 IN MEDICAID SHORTFALLS COMMUNITY EDUCATION: HEALTH CENTRAL UNIVERSITY IS DEDICATED TO FURTHERING THE HEALTH RELATED EDUCATION OF THE COMMUNITY. CLASSES ARE AVAILABLE TO AREA RESIDENTS AS WELL AS CONTINUING EDUCATION FOR OUR HEALTHCARE PROFESSIONALS.

HEALTH CENTRAL UNIVERSITY CONSISTS OF SIX ACADEMIES: COMMUNITY HEALTH, CLINICAL EXCELLENCE, HEALTH CENTRAL WAY, LEADERSHIP DEVELOPMENT, PHYSICIAN EXCELLENCE, AND PROFESSIONAL DEVELOPMENT EACH ACADEMY IS GOVERNED BY AN ADVISORY COUNCIL WHOSE MEMBERS ARE RESPONSIBLE FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF ALL THE COURSES OFFERED AT HEALTH CENTRAL UNIVERSITY. HEALTH CENTRAL UNIVERSITY PROVIDES DIABETES EDUCATION TO THE COMMUNITY BY OFFERING THE HEALTH CENTRAL DIABETES CENTER, ACCREDITED BY THE



## AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page 2

Name of the organization

Employer identification number

ORLANDO HEALTH CENTRAL, INC

80-0764192

ATTACHMENT 1 (CONT'D)

AMERICAN DIABETIC ASSOCIATION. IT STRIVES TO BRING EDUCATION, WELLNESS AND FITNESS TO DIABETICS. IT IS A COMPREHENSIVE PROGRAM, WHICH HELPS THOSE WHO ARE PRE-DIABETICS, NEWLY DIAGNOSED, GESTATIONAL DIABETES OR THOSE WHO JUST NEED HELP WITH BLOOD GLUCOSE CONTROL. CLASSES ARE IN A GROUP SETTING. INDIVIDUAL TIMES CAN BE SCHEDULED AS NEEDED. THE EDUCATION OFFERED BY HEALTH CENTRAL UNIVERSITY IS HELD IN VARIOUS LOCATIONS ON THE HOSPITAL CAMPUS. HEALTH CENTRAL UNIVERSITY IS GOVERNED BY AN ADVISORY BOARD COMPOSED OF REPRESENTATIVES FROM EACH OF THE ADVISORY COUNCILS, REPRESENTATIVES FROM ORLANDO HEALTH CENTRAL'S BOARD OF DIRECTORS, VALENCIA COMMUNITY COLLEGE, UNIVERSITY OF CENTRAL FLORIDA, DEVRY UNIVERSITY, VITAS, AN MD CHAMPION AND HOSPITAL ADMINISTRATION.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ORLANDO HEALTH CENTRAL, INC. PROVIDES LONG-TERM NURSING CARE TO OUR COMMUNITY THROUGH HEALTH CENTRAL PARK, A 228 BED FACILITY. HEALTH CENTRAL PARK CONSISTS OF 5 NEIGHBORHOODS (NURSING WINGS) INCLUDING A POST ACUTE CARE FOR SHORT TERM REHAB WITH 46 BEDS WITH AN AVERAGE LENGTH OF STAY OF 29 DAYS; A GATED COMMUNITY, WHICH SPECIALIZES IN PROVIDING PROGRAMS AND SERVICES FOR ALZHEIMER'S/DEMENTIA TYPE RESIDENTS FOR 49 RESIDENTS; AND AN ADDITIONAL THREE NEIGHBORHOODS PROVIDING CARE TO LONG-TERM-CARE RESIDENTS



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

ATTACHMENT 2 (CONT'D)

WE PROVIDE RESIDENT CENTERED CARE. WE ARE RESTRAINT FREE AND PROVIDE EXCELLENT OUTCOMES IN WOUND CARE AND WEIGHT MANAGEMENT. WE ALSO PROVIDE IV THERAPY, HYPERTENSION MANAGEMENT, MEDICATION MANAGEMENT, DIABETIC MANAGEMENT, DEMENTIA CARE, RESTORATIVE NURSING CARE AND PALLIATIVE CARE.

HEALTH CENTRAL PARK PROVIDES FULL THERAPY SERVICES 7 DAYS A WEEK, 8 HOURS A DAY. OUR THERAPY PATIENTS HAVE EXCELLENT OUTCOMES AND AFTER DISCHARGE USUALLY CONTINUE THEIR THERAPY AS OUTPATIENTS. ON ANY GIVEN DAY WE HAVE ABOUT 65 TO 70 PATIENTS IN THERAPY. OUR MAIN PROGRAM IS OUR ORTHOPEDIC PROGRAM OF EXCELLENCE. THE LENGTH OF STAY FOR OUR KNEE PATIENTS IS 22 DAYS, OUR HIP PATIENTS AVERAGE 28 DAYS; AND WE HAVE ABOUT 22 ORTHOPEDIC PATIENTS AND 78 NON-ORTHOPEDIC PATIENTS PER MONTH.

HEALTH CENTRAL PARK'S WORKFORCE IS MADE UP OF ABOUT 300 EMPLOYEES, WITH THE NURSING DEPARTMENT BEING THE LARGEST OF ABOUT 215; 135 OF WHICH ARE C N.A'S. WE ARE PRIVILEGED TO HAVE A FULL TIME NURSE PRACTITIONER WHICH ACTS AS THE PHYSICIAN EXTENDER AND ATTENDS TO URGENT AND OTHER MEDICAL NEEDS ON A TIMELY BASIS. WE ALSO HAVE A FULL TIME DIETICIAN AND A NUTRITIONAL SPECIALIST TO ADDRESS THE CLINICAL DIETARY NEEDS OF OUR RESIDENTS. OUR SOCIAL WORKERS DO DISCHARGE PLANNING AND ASSIST WITH THE PSYCHO-SOCIAL NEEDS OF THE RESIDENTS ALONG WITH OUR FULL RECREATION DEPARTMENTS

THE AMERICAN HEALTH CARE ASSOCIATION ANNOUNCED HEALTH CENTRAL PARK



# AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page **2**

Name of the organization ORLANDO HEALTH CENTRAL, INC.	Employer identification number 80-0764192
--	--

ATTACHMENT 2 (CONT'D)

AS A 2011 RECIPIENT OF THE SILVER - ACHIEVEMENT IN QUALITY NATIONAL QUALITY AWARD FOR ITS OUTSTANDING PERFORMANCE IN THE HEALTH CARE PROFESSION. THE PRESTIGIOUS AWARD HIGHLIGHTS SELECT FACILITIES ACROSS THE NATION THAT SERVE AS MODELS OF EXCELLENCE FOR PROVIDING HIGH QUALITY LONG TERM CARE. VERY FEW OF THE 700 SKILLED NURSING FACILITIES IN FLORIDA HAVE ACHIEVED THIS LEVEL OF QUALITY SINCE THE AWARD'S INCEPTION IN 1996. HEALTH CENTRAL PARK HAS BEEN CONSISTENT IN ITS PERFORMANCE AND DEDICATION TO PROVIDING HIGH-QUALITY CARE.

VOLUNTEERS SUPPLEMENT OUR STAFF TO HELP ENHANCE QUALITY OF LIFE. THEY PROVIDE ABOUT 850 HOURS A MONTH

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SLF IV/BOYD HORIZON WEST JV, LLC 7586 WEST SAND LAKE RD ORLANDO, FL 32819	CONSTRUCTION	1,433,172.
KTH ARCHITECTS 1741 KIWANIS TRAIL DUBOIS, PA 15801	ARCHITECT AND DESIGN	727,273.
REMEDPAR PO BOX 440340 NASHVILLE, TN 37244	MEDICAL EQUIPMENT	293,890.
HOLLOWAY CREDIT SOLUTIONS, LLC PO BOX 230609 MONTGOMERY, AL 36123	COLLECTIONS	293,690
CROSS COUNTRY STAFFING PO BOX 404674	RECRUITMENT	246,306.



AS AMENDED

Schedule O (Form 990 or 990-EZ) 2017

Page 2

Name of the organization	Employer identification number
ORLANDO HEALTH CENTRAL, INC.	80-0764192
ATTACHMENT 3 (CONT'D)	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ATLANTA, GA 30384		



**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number  
80-0764192

OMB No. 1545-0047  
**2017**

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WEST ORANGE PHYSICIANS GROUP, LLC 27-0159074 10000 W. COLONIAL DRIVE OCOEE, FL 34761	PHYSICIAN SER	FL	2,874,131.	0.	OHC
(2) ORLANDO URGENT CARE, LLC 35-2540373 10000 W. COLONIAL DRIVE OCOEE, FL 34761	URGENT CARE	FL	923,957.	0.	OHC
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ORLANDO HEALTH, INC 59-1726273 1414 KUHLE AVENUE ORLANDO, FL 32806	HEALTHCARE	FL	501 (C) (3)	3	N/A	X
(2) ORLANDO HEALTH FOUNDATION, INC 59-2244943 3160 SOUTHWEST COMMERCE BLVD ORLANDO, FL 32806	SUPPORT OH	FL	501 (C) (3)	7	OHI	X
(3) ORLANDO CANCER CENTER, INC 59-3005020 1400 S ORANGE AVENUE ORLANDO, FL 32806	CANCER CENTER	FL	501 (C) (3)	12A	OHI	X
(4) ORLANDO PHYSICIANS NETWORK, INC 59-3110868 1414 KUHLE AVENUE ORLANDO, FL 32806	SUPPORT OH	FL	501 (C) (3)	12A	OHI	X
(5) WEST ORANGE HEALTHCARE, INC 59-3269402 10000 W COLONIAL DRIVE OCOEE, FL 34761	SUPPORT OHC	FL	501 (C) (3)	12A	OHC	X
(6) HEALTH CENTRAL FOUNDATION, INC 59-2091206 10000 W COLONIAL DRIVE OCOEE, FL 32806	SUPPORT OHC	FL	501 (C) (3)	7	OHF	X
(7) GREATER ORLANDO CHILDREN'S MIRACLE NETWO 59-3452974 3160 SOUTHWEST COMMERCE BLVD ORLANDO, FL 32806	SUPPORT OHF	FL	501 (C) (3)	7	OHF	X

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

Schedule R (Form 990) 2017



**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORLANDO HEALTH CENTRAL, INC.

Employer identification number

80-0764192

OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

**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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ORLANDO HEALTH PHYSICIAN'S GROUP, INC 1414 KUHLE AVENUE ORLANDO, FL 32806 59-3259553	PHY SUPRT SRV	FL	501(C)(3)	12A	OHI	X	
(2)	LAKELAND REGIONAL MEDICAL CENTER FOUNDAT 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 23-7134974	FUNDRAISING	FL	501(C)(3)	12A	LRHS	X	
(3)	LAKELAND REGIONAL MEDICAL CENTER, INC 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650456	HEALTHCARE	FL	501(C)(3)	3	LRHS	X	
(4)	LAKELAND REGIONAL HEALTH SYSTEMS, INC 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650464	SUPPORT OTH	FL	501(C)(3)	12A	OHI	X	
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017



# AS AMENDED

ORLANDO HEALTH CENTRAL, INC

80-0764192

## 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) POLK STARLIGHT 20-2108795 SEE PART VII	TESTING FACILITY	FL	LRHS	RELATED	0	0		X	0		X	
(2) LIFT ORLANDO IMPACT 81-4062133 SEE PART VII	REAL ESTATE	FL	OHI	EXCLUDED	0	0		X	0		X	
(3)												
(4)												
(5)												
(6)												
(7)												

## 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 KUHLE AVENUE ORLANDO, FL 32806 59-2246203	MEDICAL SVCS	FL	OHI	C CORP	0	0	0		X
(2) ORANGE INDEMNITY, LTD P O BOX 1159 KY1--1102, CJ 98-0516252	CAPTIVE INS	CJ	OHI	C CORP	0	0	0		X
(3) COMMUNITY HEALTH OF FLORIDA, INC 1414 KUHLE AVENUE ORLANDO, FL 32806 46-3171911	INSURANCE LIC	FL	OHI	C CORP	0	0	0		X
(4) LAKELAND REGIONAL HEALTH VENTURES, INC 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805 59-2650902	MEDICAL SVCS	FL	LRHS	C CORP	0	0	0		X
(5)									
(6)									
(7)									



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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s).		1b X
<b>c</b> Gift, grant, or capital contribution from related organization(s).		1c X
<b>d</b> Loans or loan guarantees to or for related organization(s).		1d X
<b>e</b> Loans or loan guarantees by related organization(s).		1e X
<b>f</b> Dividends from related organization(s).		1f X
<b>g</b> Sale of assets to related organization(s).		1g X
<b>h</b> Purchase of assets from related organization(s).		1h X
<b>i</b> Exchange of assets with related organization(s).		1i X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).		1j X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).		1k X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).		1l X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).		1m X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n X
<b>o</b> Sharing of paid employees with related organization(s).		1o X
<b>p</b> Reimbursement paid to related organization(s) for expenses.		1p X
<b>q</b> Reimbursement paid by related organization(s) for expenses.		1q X
<b>r</b> Other transfer of cash or property to related organization(s).		1r X
<b>s</b> Other transfer of cash or property from related organization(s).		1s X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ORLANDO HEALTH, INC.	I	2,420,573.	FMV
(2)	ORLANDO HEALTH, INC.	J	2,305,474.	FMV
(3)	ORLANDO HEALTH, INC.	M	4,091,101.	FMV
(4)	ORLANDO HEALTH, INC.	O	73,336,241.	FMV
(5)	ORLANDO HEALTH, INC.	P	12,283,920.	FMV
(6)	ORLANDO HEALTH, INC.	R	709,559.	FMV



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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ORLANDO HEALTH, INC.	S	1,434,728.	FMV
(2) WEST ORANGE HEALTHCARE, INC.	R	519,247.	FMV
(3) ORLANDO HEALTH, INC.	Q	559,237.	FMV
(4) ORLANDO HEALTH FOUNDATION, INC.	C	104,352.	FMV
(5)			
(6)			



# AS AMENDED

ORLANDO HEALTH CENTRAL, INC

80-0764192

Schedule R (Form 990) 2017

Page 4

## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

POLK STARLIGHT SLEEP LABS, LLC

EIN: 20-2108795

ADDRESS: 3003 SOUTH FLORIDA AVENUE STE 203,  
LAKELAND, FL 33803

LIFT ORLANDO IMPACT INVESTMENT FUND, LLC

EIN: 81-4062133

ADDRESS: 2043 JACOBS PLACE, ORLANDO, FL 32805