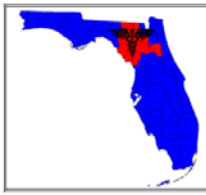

North Central Florida Health Care Coalition

Executive Board Meeting
May 22, 2017
Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, May 22, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

1. NCFHCC Board Meeting Agenda – May 22, 2017
2. Executive Board Meeting Minutes/Notes – April 24, 2017
3. Balance Sheet – NCFHCC – As of 4/30/2017
4. Statement of Revenues and Expenditures Report – From 1/1/2017 Through 4/30/2017
5. General Ledger – Bank of America 04/17 Statement reconciled with Balance Sheet
6. Bank of America Checking Account Statement – April 2017
7. IRS Form 990-EZ Short Form Return of Organization Exempt From Income Tax
8. IRS Form 8879-EO IRS e-file Signature Authorization for an Exempt Organization
9. FL Department of State, Division of Corporations – Reinstatement letter for North Central Florida Health Care Coalition, Inc. (Filed May 10, 2017)
10. Consumer's Certificate of Exemption (6/20/2017 – 6/30/2022)
11. NCFHCC Board of Directors Cell Phone Numbers

Other documents not distributed but provided within this packet:

12. Initial Planning Meeting (IPM) Minutes – Functional Exercise, April 17, 2017
13. Health Care Coalition Task Force (HCCTF) Call, Agenda from April 27, 2017
14. HCCTF Face-to-Face Meeting, Tentative Agenda for May 31 – June 1, 2017

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Call to Order

Validation of Voting Members Present (Quorum)

The meeting was called to order by Vice-Chair Dan Mann, with a validation of a quorum, with the following six (6) Board members present:

- Dan Mann, Vice-chair, Preparedness Planner, DOH Bradford and Union Counties

- Suzanne DeKay, Secretary/Treasurer and At-Large Member, Director of Safety, Security, and External Transportation, UF Health Shands
- Ebbin Spellman, Health Systems / Hospital Discipline Lead, Manager of Safety and Emergency Preparedness, UF Health Shands
- Jen Horner, Emergency Management Discipline Lead, Program Coordinator, Alachua County
- Mary Garcia, Public Health Discipline Lead, Administrator / Health Officer, DOH Putnam County
- Mitch Harrell, Emergency Medical Services Discipline Lead, Director of Levy County Department of Public Safety

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

A printed copy of the meeting minutes from April 24, 2017 was distributed to the Board. However, an electronic copy was sent out to the Board preceding the meeting.

Approval of February 27, 2017 meeting minutes was moved for approval by Jen Horner and seconded by Mary Garcia. Motion passed unanimously.

Financials

Ms. DeKay provided a review of the financial reports. An ending balance is shown to be $36,688.23 as of April 30, 2017. Payment from Q1 and Q2 are in route and each totaling $27,817.75. The Coalition has applied for a refund to MyFlorida MarketPlace for past years transaction fees, seven (7) in all, totaling $1,155.93. The FL-DOH has agreed to cover the cost one (1) member to attend the HCCTF Face-to-Face meeting in Viera from May 31 – June 1. Finally, NEFRC asked to invoice NCFHCC for the entire amount for the Function Exercise as opposed to submitting multiple invoices to the Coalition. This invoice will be submitted to NCFHCC after the AAR/IP has been completed and delivered. The AAR/IP is due June 30, 2017.

A new look to the Financial Report will be ready for the next Board meeting that will show the budgeted amount in each account category as well as the approved monthly expenditures including a cumulative look at the fiscal year to date. There were no future expenditures that are in need of approval by the Board at this time.

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FL-DOH Request For Proposals For Health Care Coalitions DOH 16-034

Mr. Mann provided an update to the RFP submission by Northeast Florida Regional Council on behalf of North Central Florida HealthCare Coalition (NCFHCC), Northeast Florida Health Care Coalition (NEFHCC), and Marion County Coalition for Health and Medical Preparedness (CHAMP). Previously the NCFHCC Board voted to support the creation of Alliance. The Alliance has scheduled its first meeting with the officers of all three (3) Coalitions for June 27, 2017. During this first meeting the Bylaws and other core documents will begin to be formed. The attendees of this first meeting will comprise the Chair, Vice-Chair, and one other member of the Board from each Coalition. The only stipulation is that this other member cannot be from the Department of Health. The plan as of now is that the work that the three Coalitions (NCFHCC, NEFHCC, and CHAMP) do will be business as usual. The difference will be to whom the Coalitions will be submitting their deliverables. The specifics have not been finalized and an approved plan is in currently in flux.

Coordinator Updates

Quarter 4 Deliverables

Mr. Greist provided a brief review of the Quarter 4 Deliverables that will be due on July 15, 2017 to Dawn Webb, contract manager. The Deliverables will be prepared in advance for the Board to review at during the next Board Meeting, June 26, 2017. The only Deliverable that will be due sooner is Exhibit 6 Final Deployable Resources / MRPs which will be due June 30, 2017. This is due in part because Mr. Mills who approves this Deliverable will be on leave.

Other updates concerned some of the general core business documents, some of which were out-of-date or missing. These documents were researched and the appropriate state agency was contacted so that updates could be made. The documents include, IRS Form 990-EZ, IRS Form 8879-EO, Florida Department of State, Division of Corporations – Reinstatement of Incorporation, and Consumer's Certificate of Exemption (Tax).

Exhibit 4 Updated Work Plan:
Minor updates if needed will be made to the Work Plan. The details contained in the present version of the Work Plan submitted for Q3 will be reviewed for accuracy and completeness.

It was also discussed that the Medical Examiner should be included on the Work Plan and receives a standing invitation to join future Board Meetings. Ms. Horner will provide Mr. Greist

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with the contact information for the local regional medical examiner and through this contact identify any other regional examiners that are predominately with the NCFHCC's region to also be regularly invited to future Board meetings.

Summary Report (April, May, and June HCCTF Meetings)

The HCCTF met via teleconference on April 27th. Discussion items included updates on Crisis Standards of Care presented by John Hatfield. Recent and upcoming events were also highlighted. An agenda of this meeting was not distributed to the Board but will be attached to the minutes/packet for your review. A face-to-face meeting is scheduled for May 31 – June 1 in Viera. A tentative agenda of this meeting was not distributed to the Board but will be attached to the minutes/packet for your review.

Exhibit 5 Communication Capability Test Sample

The quarterly test will be conducted within the next several weeks. The Board is very interested in using the platform called Everbridge to conduct these periodic tests since this method will be more sophisticated and more reliable that standard email messages with requests for read receipts. Mr. Mann noted that Beverly Elliott at the Florida Department of Health is the primary contact for requesting use of Everbridge. Mr. Greist will follow up with her as soon as possible in hopes of having this system in place in time for the next quarterly communications capability test.

Exhibit 6 Deployable Resources / MRPs

Additions to the list of MRPs submitted for Q3 have not been made. However, an additional resource was noted by Mr. Mann from the previous Board meeting related to a cache of supplies that are houses in two locations across the region. Mr. Greist will follow up on locating the specifics of each supply cache and add this resource to the growing list of MRPs available to the NCFHCC's regional organizations. Currently there are a total of nine (9) MRPs that have been identified. These MRPs will be further defined and additional resources will be identified in order to submit the final MRP for quarter 4.

HSEEP Functional or Full Scale Exercise – Conduct by June 30, 2017

The Mid-Term Planning Meeting will be conducted May 23, 2017 from 10:00 a.m. to 12:00 p.m. An update on the status of the H7N9 Pandemic Flu Functional Exercise will be provided to the Board after the Mid-Term Planning Meeting. Information about the Exercise will be provided to Gina Lambert from the Division of Emergency Management who was also present at the Board meeting. The Final Planning Meeting will be held on June 6, 2017 from 10:00 a.m. to 12:00 p.m. at WellFlorida Council. The day of the Exercise

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will be held on June 15, 2017 from 7:00 a.m. to 1:00 p.m. and the location of from where the Exercise will be coordinated has not yet been announced, but it will be held either at WellFlorida Council or the Alachua County Emergency Operations Center. However, the Exercise will take place over the course of the entire day.

AAR/IP

The After Action Report / Improvement Plan will be written by Northeast Florida Regional Council and submitted to NCFHCC by June 30, 2017.

ASPR HPP Survey

This survey will be completed at the conclusion of the Functional Exercise.

Exhibit 7 MYTEP Report

Revising the NCFHCC MYTEP Report that should be specifically designed and geared towards benefiting the NCFHCC's member organization is underway. The report in its present form was compiled by Myesha Ponder and was included with the quarter 3 deliverables. The report is cumbersome, difficult to work with, and little can be drawn from it regarding identifying common training needs throughout the NCFHCC. However, it was submitted to DOH and accepted. The Board briefly touched on the purpose of the NCFHCC MYTEP and how it should be conceived and developed going forward. As was stated previously and remains the plan moving forward, MYTEP reports from each of the Coalitions 11 counties' Health Departments and Departments of Emergency Management, as well as any Hospitals will be compiled into a single document and trainings that appear most often will be brought to the attention of the Coalition. Any training that the Coalition may be able to address through its own resources will be included on the NCFHCC's MYTEP. The Board will then discuss and agree upon which training(s) would be most beneficial to its region. As mentioned in the previous meeting, but it worth reiterating, this improved NCFHCC MYTEP will increase the meaningfulness and applicability of this document for Coalition members. Despite the NCFHCC report already having been submitted and accepted by DOH, the Board would like to see improvements made to the report immediately.

Exhibit 8 Invoice Letter

The invoice letter will be prepared and submitted along with all Deliverables that will be due July 15, 2017.

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Website: www.ncfhcc.org

The website has been updated and now includes the names and contact information for the Board of Directors. The website only now includes all recent meeting minutes. Future updates to the site will continue to be implemented. Mr. Greist will be receiving additional training sessions from Acceleration staff on more technically available ways in which to modify and update the website. The Board agreed that pictures of each Board member should be included with the contact details listed on the website.

H7N9 Flu Pandemic Functional Exercise – Initial Planning Meeting

Updates on the progress of the Initial and Mid-Term Planning Meetings as well as the upcoming Final Planning Meeting were discussed previously in the meeting as noted above.

Quarter 4 News, Events, and Happenings

Health Care Coalition Task Force Meeting (April 27th, 2 PM – 3 PM)
The details of this meeting were discussed previously during the meeting as noted above.

Webinar: Introduction to FLHealthSTAT
Several past opportunities from May 8 – May 12, 2017 were made available for individuals that currently use EM Resource to become familiar with the new information system that will replace EM Resource beginning July 1, 2017. Additional webinars focusing on specific uses of FLHealthSTAT as it relates to particular roles and responsibilities of users will be announced soon. These opportunities will be announced to the Board and General Membership.

HCC Task Force Face-to-Face Meeting in Viera, May 31 – June 1 (Harold, Dan, and Donald attending)
Reservations have been made for Harold, Dan, and Donald to attend the Face-to-Face meeting in Viera. It was noted that FL-DOH will be providing funding for one person from each Coalition to attend this meeting.

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Old Business

Project Proposal Submission and Scoring Process

The Work Group that was formed met recently and the attendees included Dan Mann, Jen Horner, and Ebbin Spellman. A rough draft of the Project Proposal Submission and Scoring Process was completed. The rough draft will be made available to the Board for review ahead on the June 26, 2017 Board meeting. A final draft will be ready for review by the Board at the June 26, 2017 Board meeting. After the final draft has been discussed and changed, if needed, the Board plans to vote on its approval so that it will be ready to provide to the General Membership on July 1, 2017.

Schedule next Coalition Membership Meeting

Currently a General Membership meeting has not been scheduled, however the Board discussed that the next General Membership meeting should be held during the first quarter of FY 2017-2017 (July – September). The regularity of contractually required General Membership meetings has not yet been established. It was agreed by the Board that there should be either one (1) or two (2) General Membership meetings per year. It was agreed that these annual or bi-annual General Membership meetings would have to be made worthwhile to those who attend being that some agencies must drive 1.5 to 2 hours. Northeast Florida Health Care Coalition (NEFHCC) was used an example in that they are having an annual meeting soon that will focus on the new CMS rule and how to meet its requirements. NEFHCC is planning to have two guest speakers as well as several workshops.

Mr. Harrell mentioned two possible driving forces that may lead to a more involved presence on the part of EMS and other Disciplines within the NCFHCC. He noted the Health Care Bill undergoing passage through the House and Senate and how that might push currently federal responsibilities to the state level such as Medicare distribution and Community Paramedic Medicine. In what might be an effort to push responsibilities as close as possible to the regional level, Health Care Coalitions may be best positioned to take on these possible responsibilities along with the Coalition's member organizations.

Ms. Lambert noted that Ft. Lauderdale and Broward County are already experimenting with the implementation of Community Paramedic Medicine. Other areas of the Coalition's region such as Gainesville Fire and Rescue, Putnam County Health Department, and Nature Coast EMS are investigating the possible benefits of using Community Paramedic Medicine. The benefit of

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utilizing these types of resources has shown to drastically cut down on unnecessary EMS calls and subsequent hospital admissions. Training costs required to implement Community Paramedic Medicine may be off-set through the Coalition applying for grants. Given that the Coalition is operating on perhaps the most local regional level funding for the Coalition may be made a priority.

On another note, it was unclear if Discipline leads would be required to meet more often with their constituents. A requirement such as this would require an amendment to the bylaws. Some Disciplines do meet regularly and for those that do, it was suggest by the Board that a line item may be added to allow for a brief discussion of NCFHCC business.

Mr. Harrell raised another important point related to the quality of the teleconference line. During his last use of the line the call quality was very poor. If General Members are going to be encouraged to call-in if they are not able to make the drive then the quality of the line is important. Ms. Horner will look into possibly using a different conference room, nearby at the Sheriff's Office, which may have a better teleconference set-up.

It was also discussed that there be possibly one (1) Alliance-wide face-to-face meeting per year. It was unclear if this would be feasible but Mr. Mann agreed to discuss this concept with the Northeast Florida Health Care Coalition.

New Business

Ebbin Spellman was appointed to replace Jennifer Grafton as the Health Systems/Hospitals Discipline Lead.

Mr. Spellman ran unopposed; therefore an election by the Health Systems/Hospitals Discipline Membership was not necessary. Mr. Spellman was congratulated by the Board.

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, June 26, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 3:30 p.m. by Vice-Chair Dan Mann.

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North Central Florida Health Care Coalition

Board Meeting

Date: May 22, 2017

Location: Alachua County Emergency Operations Center

Name:	Agency:	Contact Information (if updating):
DAN MANN	FDOH BRADFORD-UNION	NO CHANGES
Suzanne DeKay	UF Health Shands	
Mitch Harrell	Levy County	No Change
Tim Horner	Alachua CoEM	" "
Mary J Garcia	DOH-Putnam	" "
Gina Lambert	Div. of Emergency Management	Gina.lambert@em.myflorida.com
Donald Greist	WellFlorida Council	No change

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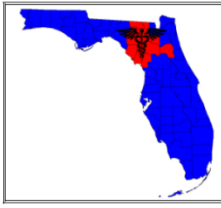

North Central Florida Health Care Coalition

Board Meeting Agenda

Date/Time: Monday, May 22, 2017, 2:00 p.m. – 4:00 p.m.

Location: Alachua County Emergency Operations Center

1100 SE 27th Street, Gainesville, FL 32641

1. **Call to Order**
   - Validation of voting members present
   - Approval of minutes from April 24, 2017 ***(Action Item: motion is required)***

2. **Financials**
   - Financial Report
   - Current Budget Allocations

3. **FL-DOH Request For Proposal For Health Care Coalitions DOH 16-034**
   - Resolution Supporting Creation of the Region 3 Healthcare Coalition Alliance

4. **Coordinator Updates**

   - Quarter 4 Deliverables
     i. Exhibit 4 Updated Work Plan – Due 7/15
     ii. Summary Report HCCTF Meetings (April 27: Call, May 31-June 1: face-to-face in Viera, June 22 Call) – Due 7/15
     iii. Exhibit 5 Communication Capability Test Sample (plan to conduct test on May 25th at 10:00 a.m.) – Due 7/15
     iv. Exhibit 6 Final Deployable Resources / MRPs – Due June 30 (Bobby Mills on leave in July)
     v. HSEEP Functional or FS Exercise – conduct by 6/30
     vi. AAR/IP – Due 7/15
     vii. ASPR HPP Survey – Due 7/15
     viii. Exhibit 8 Invoice Letter – Due 7/15

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- MYTEP Report
- Website: www.ncfhcc.org
- H7N9 Flu Pandemic Functional Exercise – Mid-Term Planning Meeting
- Quarter 4 News, Events, and Happenings
    i. Health Care Coalition Task Force Teleconference Meeting (April 27th, 2 PM – 3 PM)
    ii. Webinar: Introduction to FLHealthSTAT (5/8 - 5/12)
    iii. HCC Task Force Face to Face Meeting in Viera, May 31 – June 1 (Harold, Dan, and Donald attending)

5. **Old Business**
    - Project Proposal Submission and Scoring Process
    - Schedule next Coalition Member Meeting

6. **New Business**
    - Ebbin Spellman elected Health Systems/Hospitals Discipline Lead

7. **Next Meeting:** Monday, June 26, 2017, 2:00 p.m. – 4:00 p.m. Alachua County Emergency Operations Center

List of Materials Provided:

1. Agenda Board of Directors Meeting: May 22, 2017
2. Minutes from Board of Directors Meeting: April 24, 2017
3. Balance Sheet – As of 4/30/2017
4. Statement of Revenue and Expenditures - 1/1/2017 – 4/30/2017
5. Bank of America Checking Statement – April 2017
6. IRS Form 8879-EO IRS e-file Signature Authorization for an Exempt Organization
7. IRS Form 990-EZ (Extended to November 15, 2017) Short Form Return of Organization Exempt From Income Tax
8. NCFHCC Board of Directors Cell Phone Numbers
9. Florida Department of State, Division of Corporations – Reinstatement for North Central Florida Health Care Coalition, Inc.
10. Consumer's Certificate of Exemption (Tax)

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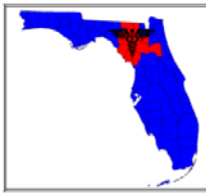

North Central Florida Health Care Coalition

Executive Board Meeting
April 24, 2017
Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, April 24, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

1. NCFHCC Board Meeting Agenda – April 24, 2017
2. Executive Board Meeting Minutes/Notes – March 27, 2017
3. Balance Sheet – NCFHCC – As of 3/31/2017
4. Statement of Revenues and Expenditures Report – From 1/1/2017 Through 3/31/2017
5. General Ledger – Bank of America 03/17 Statement reconciled with Balance Sheet
6. Bank of America Checking Account Statement – March 2017
7. FL-DOH DOH 16-034 Request for Proposals (RFP) for Health Care Coalitions
8. RFP – HCC Work Plan Template
9. NCFHCC Resolution: Creation of the Region 3 Healthcare Coalition Alliance

Other documents not distributed but provided within this packet:

1. Initial Planning Meeting Agenda – Functional Exercise April 17, 2017

Call to Order

Validation of Voting Members Present (Quorum)

The meeting was called to order by Chair Harold Theus, with a validation of a quorum, with the following seven (6) Board members present:

- Harold Theus, Chair, Deputy Chief Alachua County Fire Rescue
- Dan Mann, Vice-chair, Preparedness Planner, DOH Bradford and Union Counties
- Suzanne DeKay, Secretary/Treasurer and At-Large Member, Director of Safety, Security, and External Transportation, UF Health Shands
- Ebbin Spellman, Health Systems / Hospital Discipline Lead, Safety and Emergency Preparedness, UF Health Shands

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- Jen Horner, Emergency Management Discipline Lead, Program Coordinator, Alachua County
- Mary Garcia, Public Health Discipline Lead, Administrator / Health Officer, DOH Putnam County

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

A correction to the meeting minutes from February 27, 2017 was noted regarding the Project Proposal Submission and Scoring Process. A Work Group was formed and consists of Dan Mann, Jen Horner, Mitch Harrell, and Ebbin Spellman. The previous meeting notes will be corrected and distributed to the Board.

Approval of February 27, 2017 meeting minutes with above amendment was moved for approval by Dan Mann and seconded by Jen Horner. Motion passed unanimously.

Financials

Coordinator Donald Greist provided a financials update to the Board. The March 2017 bank statement was reviewed. It was noted that Check# 1023 for $375.00 is the only outstanding item not included in the bank statement. The Balance Sheet as of 3/31/2017 was reviewed and the deduction in the amount of $674.72 was stated to be comprised of QuickBooks subscription through June 30, 2017 ($105.00), Powell and Jones CPAs filing of Form 990 ($375.00), and MyFlorida MarketPlace vendor fee ($194.72).

WellFlorida Director Lindsey Redding noted that the only current budget allocation is for Northeast Florida Regional Council for $15,000.00 for the planning, implementation, and evaluation of the H7N9 Flu Pandemic – Functional Exercise to be held on June 15, 2017. Ms. Redding also stated that an amount of $27,817.75 is due to NCFHCC from FL-DOH for Quarter 3 Invoice No. COP43-A1 dated April 7, 2017.

Secretary/Treasurer Suzanne Dekay made note of the projected balance for NCFHCC on July 1, 2017 to be approximately $32,678.00 which will be carried over to the new fiscal year (July 1 2017 – June 30, 2018). After some discussion it was made clear to the Board that this amount will be retained by NCFHCC and may be used towards future projects. It was noted that FL-DOH discourages excessive amounts to be carried forward from year to year. It was discussed

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that NCFHCC should retain a certain percentage of funds after projects have been awarded each year; however, this percentage was not defined.

Coordinator Updates

Quarter 3 Deliverables Submitted for Approval to FL-DOH (April 14th)

Quarter 3 Deliverables were submitted for review on April 14, 2017 to Dawn Webb, contract manager. The Deliverables have been accepted and the accompanying Q3 invoice will be paid by FL-DOH to NCFHCC.

Exhibit 4 Updated Work Plan:
Minor updates were made to the Work Plan including, updating the Chair Contact Info, HCC Task Force Members, HCC Member Organizations, and Projected Budget Update. The H7N9 Flu Pandemic – Functional Exercise was added as Anticipated Project 1.

Summary Report (January, February, and March HCCTF Meetings)
Donald Greist did not personally attend the face-to-face meeting in January, but was able to provide a summary report of this meeting by referencing material left for review by Myesha Ponder, the previous coordinator. The February HCCTF conference call was attended by Mr. Greist and a summary was provided. The March HCCTF conference call was attended by Chief Harold Theus, and coordinators Ms. Abarca and Mr. Greist. A summary of this call was also provided.

Exhibit 5 Communication Capability Test Sample
The results of the Communications Capability Test conducted via email were provided and interpreted.

Exhibit 6 Deployable Resources / MRPs
A total of nine (9) MRPs were included. These MRPs will be further defined and additional resources will be identified in order to submit the final MRP for quarter 4.

Exhibit 7 MYTEP Report
This report was compiled by Myesha Ponder and was included with the quarter 3 package. The Board discussed the purpose of the MYTEP and how it should be conceived and developed going forward. MYTEP reports from each of the Coalitions 11 counties' Health and Emergency Management Departments as well as any Hospitals will be compiled into a

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single document and trainings that appear most often should be brought to the attention of the Coalition. Any training that the Coalition may be able to address through its own resources will be included on the NCFHCC's MYTEP. This will increase the meaningfulness and applicability of this document for Coalition members.

Exhibit 8 Invoice Letter
The invoice letter was reviewed.

Website: www.ncfhcc.org

The website remains a work in-progress as information about NCFHCC, new materials and resources are added. The coordinator has received initial training from Acceleration staff on updating the website. The Coalition will now be able to add content, post resources, and news and events for its members. All minutes and previously composed documents will also be published to the NCFHCC website for the Coalition members' use.

H7N9 Flu Pandemic Functional Exercise – Initial Planning Meeting

There was a strong turnout for the Initial Planning Meeting, especially among Health Systems / Hospitals. The meeting was informal and designed to create discussion and to get buy-in to the exercise. Organization were made aware of their responsibilities should they choose to participate.

Quarter 4 News, Events, and Happenings

Health Care Coalition Task Force Meeting (April 27th, 2 PM – 3 PM)
This meeting was announced to the Board.

HCC Task Force Face to Face Meeting in Viera, May 31 – June 1 (Harold, Dan, and Donald attending)
A reminder for the meeting was given and information that will be forthcoming from FL-DOH regarding travel will be passed on to attendees.

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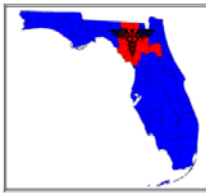

North Central Florida Health Care Coalition

Old Business

Project Proposal Submission and Scoring Process

A Work Group has been formed consisting of Dan Mann, Jen Horner, Ebbin Spellman, and Mitch Harrell. The Work Group will meet and bring a proposal back to the Board at the May 22nd meeting or the June meeting, at the latest.

Schedule next Coalition Membership Meeting

The Board decided to table this business until the next Board meeting in June.

New Business

Request for Proposal (RFP) for HCCs: Approval of resolution to create a regional alliance

Chair Harold Theus and Vice-Chair Dan Mann discussed with the Board the concept of forming a Regional Alliance consisting of NEFHCC, CHAMPS, and NCFHCC. The formation of the Alliance is in response to the RFP and the idea that FL-DOH desires fewer contracts with which to deal and may be seeking proposals that regionalize HCCs. There are seven (7) regions currently defined by FL-DOH. NCFHCC resides in Region 3. The Alliance would task Northeast Florida Regional Council (NEFRC) with submitting the RFP on NCFHCC's behalf as it would include NCFHCC within Region 3 for which they would submit a proposal. NEFRC would serve as the Alliance's Fiduciary Agent and manage the contract. It is believed they would then "farm out" tasks associated with completing the Deliverables to the three (3) existing HCCs and allow them to enter into contracts in order to meet these Deliverables requirements.

It was the concern of the Board that their autonomy would be diminished and that new fees would raise costs and lower their ability to serve the NCFHCC's members. It was discussed that if NEFRC served as the Fiduciary Agent that they may retain up to 15% of the award to distribute funds and manage the contract. It concerned the Board as to what services they would receive for this 15% fee. Despite having reservations some on the Board did see this Alliance as strengthening the Coalition's influence since their power would be consolidated.

It was the recommendation of the Chair and Vice-Chair to approve the Resolution to support the formation of the Alliance to safeguard against the possibility of an outside agency bidding for control over NCFHCC or Region 3. Given that the Resolution is not legally binding and essentially is a show of support a motion was made to approve the Resolution.

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It was announced that FL-DOH is accepting questions that will be due by 5:00 p.m., May 2nd. The Board will compose a list of questions to be submitted to FL-DOH for a response.

Suzanne Dekay made a motion to approve the Resolution Supporting the Creation of the Region 3 Healthcare Coalition Alliance. Dan Mann seconded the motion. Motion was approved unanimously.

Replacement for Jennifer Grafton – Healthy Systems/Hospitals Discipline

The Health Systems/Hospitals Discipline received two nominations. However, it did not appear that one nominee, Mr. Jim Miller, qualified to serve as Discipline lead because his organization, Palms Medical Group, may not be an example of a Health System or Hospital. The other nominee was Ebbin Spellman of UF Health Shands, nominated by Suzanne Dekay.

Suzanne Dekay made a motion to allow the Health Systems/Hospitals to vote, if necessary, on the election of a new Discipline Lead. Jen Horner seconded the motion. Motion was approved unanimously.

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, May 22, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 3:40 p.m. by Chair Harold Theus.

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Balance Sheet - NCFHCC
As of 4/30/2017

91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting

		Current Period Balance
Assets		
Cash		
Cash- Bank of America	10000	33,688.23
Total Cash		33,688.23
Total Assets		33,688.23
Net Assets		
Prior Year Net Assets		
Net Assets	30000	(674.72)
Total Prior Year Net Assets		(674.72)
Current Year Net Income/Loss		
		34,362.95
Total Current Year Net		34,362.95
Total Net Assets		33,688.23
Total Liability & Net Assets		33,688.23

Draft

Statement of Revenues and Expenditures - NCFHCC-Individual Funds Comparison - Unposted Transactions Included In Report
From 1/1/2017 Through 4/30/2017

91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting

		Current Year Actual
Revenues		
Federal / State Revenues		
State/DOH Administrative	39130	0.00
Total Federal / State Revenues		0.00
Total Revenues		0.00
Expenditures		
Administrative Expense		
Other Admin. Expenses		
Office Supplies	51500	0.00
Accounting Svcs	53000	480.00
Dues/Subs/Pubs/Education	54000	0.00
Professional Fees	54200	0.00
Insurance/Bonding	56500	0.00
Bank/Transaction Fees	57500	194.72
Total Other Admin. Expenses		674.72
Total Administrative Expense		674.72
Contract Services*		
		0.00
Total Contract Services		0.00
Total Expenditures		674.72
Net Income/Loss		(674.72)

Draft

NCFHCC
Bank Rec 04/17

BOA - 9734

	Initials	Date
Prepared By		
Approved By		

Balance per bank stmt		$ 3406323
O/S checks		
√ # 1023 - Powell & Jones - 990		<375⁰⁰>
Balance per General Ledger		$ 3368823 ¼

¼ = agrees W/ Balance Sheet

Draft

Bank of America

P.O. Box 15284
Wilmington, DE 19850

AI 0 075 126 012 014852 #@01 AV 0.373

NORTH CENTRAL FLORIDA HEALTH CARE COALIT
1785 NW 80TH BLVD
GAINESVILLE, FL 32606-9178

RECEIVED
MAY 08 2017
BY:

Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Your Business Advantage Checking
Bus Platinum Privileges

for April 1, 2017 to April 30, 2017

Account number: 8980 4244 9734

NORTH CENTRAL FLORIDA HEALTH CARE COALIT

Account summary

Beginning balance on April 1, 2017	$34,063.23
Deposits and other credits	0.00
Withdrawals and other debits	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 30, 2017	**$34,063.23**

# of deposits/credits: 0

# of withdrawals/debits: 0

# of items-previous cycle[1]: 1

# of days in cycle: 30

Average ledger balance: $34,063.23

[1]*Includes checks paid,deposited items&other debits*

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Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.	38-3861436
Number, street, and room or suite no. If a P.O. box, see instructions. 1785 NW 80TH BLVD	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE, FL 32606	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ THE ORGANIZATION 1785 NW 80TH BLVD - GAINESVILLE, FL 32606
  Telephone No. ▶ 352-313-6500 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2016 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

Draft

623841 01-11-17

EXTENDED TO NOVEMBER 15, 2017

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
1785 NW 80TH BLVD

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32606

D Employer identification number
38-3861436

E Telephone number
352-313-6500

F Group Exemption Number ▶

G Accounting Method: [ ] Cash [X] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.NCFHCC.ORG

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 125,318.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	125,318.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	125,318.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	515.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	117,707.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	118,222.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,096.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	27,267.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	34,363.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	27,267.	22	34,363.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	27,267.	25	34,363.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,267.	27	34,363.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 118,222.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 118,222.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HAROLD THEUS CHAIRMAN	0.00	0.	0.	0.
JOHN MANN VICE CHAIRMAN	0.00	0.	0.	0.
SUZANNE DEKAY SECRETARY	0.00	0.	0.	0.
JENNIFER HORNER DIRECTOR	0.00	0.	0.	0.
EBBIN SPELLMAN DIRECTOR	0.00	0.	0.	0.
MITCH HARRELL DIRECTOR	0.00	0.	0.	0.
MARY GARCIA DIRECTOR	0.00	0.	0.	0.

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Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 352-313-6500 Located at ▶ 1785 NW 80TH BLVD, GAINESVILLE, FL ZIP + 4 ▶ 32606			
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

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		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ [X] Yes ☐ No

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

▶ HAROLD THEUS, CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
RICHARD POWELL	RICHARD POWELL	05/19/17		P01426180

Firm's name ▶ POWELL AND JONES CPA'S Firm's EIN ▶ 59-2145410

Firm's address ▶ 1359 SW MAIN BLVD LAKE CITY, FL 32025 Phone no. 386-755-4200

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.	38-3861436

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				27,871.	125,318.	153,189.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5				27,871.	125,318.	153,189.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						153,189.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6				27,871.	125,318.	153,189.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)				27,871.	125,318.	153,189.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 ▶ ☐

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

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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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		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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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.)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.	38-3861436

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	678.
CONTRACTUAL SERVICES	111,080.
OPERATING SUPPLIES, OFFICE EXPENSE	5,949.
TOTAL TO FORM 990-EZ, LINE 16	117,707.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - AS A HEALTHCARE COALITION, THE NORTH CENTRAL FLORIDA HEALTHCARE COALITION COORDINATES HEALTHCARE SYSTEM PREPAREDNESS AND RESILIENCE THROUGH ALL SECTORS OF THE HEALTHCARE SYSTEM. A HEALTHCARE COALITION IS A COLLABORATIVE NETWORK OF HEALTHCARE ORGANIZATIONS AND THEIR RESPECTIVE PUBLIC AND PRIVATE SECTOR RESPONSE PARTNERS. THE PRIMARY GOAL OF NCFHCC IS TO BETTER PREPARE COMMUNITIES IN THE EVENT OF CATASTROPHIC EVENTS (I.E., NATURAL DISASTERS, MAN-MADE DISASTERS, EMERGENCIES ETC.).

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO HELP COMMUNITIES PREPARE FOR DISASTERS OR EMERGENCIES THROUGH COORDINATION OF HEALTHCARE SYSTEM PREPAREDNESS AND RESILIENCE THROUGH ALL SECTORS OF THE HEALTHCARE SYSTEM. THE PRIMARY GOAL OF THE ORGANIZATION IS TO BETTER PREPARE COMMUNITIES IN THE EVENT OF CATASTROPHIC EVENTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

Draft

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2016 Open to Public Inspection

Name of the organization	Employer identification number
NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.	38-3861436

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Draft

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____ , 2016, and ending _____ , 20____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.***

OMB No. 1545-1878

2016

Name of exempt organization

NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.

Employer identification number

38-3861436

Name and title of officer

HAROLD THEUS
CHAIRMAN

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ ☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a	Form 990-EZ check here ▶ ☒	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	125,318.
3a	Form 1120-POL check here ▶ ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ ☐	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ ☐	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize RICHARD C. POWELL, JR. to enter my PIN 32606

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 05/19/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59226132025

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/19/17

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.
1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

Re: Document Number N11000011510

This will acknowledge your reinstatement for NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC., a Florida Corporation, which was filed on May 10, 2017.

Remember, an annual report is due each year between January 1st and May 1st. **It is your responsibility to remember to file your annual report in a timely manner.**

Should you have any questions regarding this matter, please telephone (850) 245-6059.

Kathy Ashton
Regulatory Specialist II
Division of Corporations

Letter Number: 117A00009464

Draft

RECEIVED
MAY 17 2017
BY:

0000015 05/12/17

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8015948349C-6	06/20/2017	06/30/2022	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NORTH CENTRAL FLORIDA HEALTH CARE
COALITION INC
1785 NW 80TH BLVD
GAINESVILLE FL 32606-9178

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Draft

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

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FLORIDA DEPARTMENT OF REVENUE

Tax Information Publication **TIP**

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New, Simplified Process for Nonprofit Organizations to Obtain and Renew Sales Tax Exemption Certificates

An exemption from Florida sales and use tax is granted to certain nonprofit organizations and governmental entities that meet the criteria described in sections 212.08(6), 212.08(7), and 213.12(2), Florida Statutes. To be entitled to the exemption, Florida law requires that nonprofit organizations and governmental entities (except federal agencies) obtain a sales tax exemption certificate (Form DR-14, *Consumer's Certificate of Exemption*) from the Florida Department of Revenue.

New, Simplified Application

A new *Application for a Consumer's Certificate of Exemption* (Form DR-5) is now available. The new *Application* streamlines the process for establishing that a nonprofit organization or governmental entity meets the statutory criteria for each exemption category. Information on who qualifies, what is exempt, and how to establish qualification is provided for each exemption category. This new *Application* is available at: **www.myflorida.com/dor/forms**

Departmental Review of Expiring Certificates

Sales tax exemption certificates expire after five years. **However, holders of exemption certificates no longer need to reapply for a new certificate every five years.** The Department will review each exemption certificate sixty (60) days before the current certificate expires.

- For those nonprofit organizations and governmental entities located in Florida, the Department will use available public information to determine whether an organization or entity continues to qualify for a sales tax exemption certificate. If an organization or entity continues to meet the statutory exemption criteria, a new exemption certificate will be issued. If additional information is needed, a letter requesting documentation will be mailed to the organization or entity.
- For those nonprofit organizations and governmental entities located outside Florida, the Department will mail a letter requesting whether the organization or entity wishes to have their certificate renewed. The letter will also provide a list of documentation needed for the Department to renew the exemption certificate.

If the organization or entity fails to respond to the written requests for information or documentation, or the Department is unable to confirm that the organization or entity continues to qualify for an exemption, a written notice denying the renewal of the exemption certificate will be mailed to the organization or entity.

References: Sections 212.08(6), 212.08(7), 212.084, and 213.12(2), Florida Statutes

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