

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return ☐
Terminated ☐
Amended return ☐
Application pending ☐

C Name of organization FLORIDA HEALTH SCIENCES CENTER INC Doing Business As TAMPA GENERAL HOSPITAL	
Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1289	
Room/suite	
City or town, state or country, and ZIP + 4 TAMPA, FL33601	D Employer identification number 59-3458145
E Telephone number (813) 844-7000	
G Gross receipts \$ 1,313,533,354	

F Name and address of principal officer:
Jim Burkhart
PO BOX 1289
TAMPA, FL33601

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

J Website: ▶ http://www.tgh.org

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

L Year of formation: 1997 **M** State of legal domicile: FL

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Tampa General Hospital is committed to serving all residents of West Central Florida. We provide comprehensive health services, ranging from wellness and primary care to the most complex specialty care and post-acute services. Our care reflects a patient-centered approach, and our services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care processes, cost-effectiveness, and patient experience. With our unique blend of academic and other health care partners, we play a special role in supporting medical education and research in our region.</u>		
	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)		
	4 Number of independent voting members of the governing body (Part VI, line 1b)		
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		
	6 Total number of volunteers (estimate if necessary)		
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
b			
Net unrelated business taxable income from Form 990-T, line 34			
Revenue	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	4,941,867	6,022,441
	9 Program service revenue (Part VIII, line 2g)	979,746,553	1,010,430,381
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,811,789	25,688,257
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,732	-6,595,029
	12		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	861,333	1,029,444
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0

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

480,497,524	482,254,874
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16a Professional fundraising fees (Part IX, column (A), line 11e)

0	0
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b Total fundraising expenses (Part IX, column (D), line 25) **0**

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

495,429,065	503,438,848
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18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

976,787,922	986,723,166
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19

Revenue less expenses. Subtract line 18 from line 12

27,903,019	48,822,884
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Net Assets or Fund Balances

Beginning of Current Year	End of Year
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20 Total assets (Part X, line 16)

1,246,358,549	1,372,968,721
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21 Total liabilities (Part X, line 26)

783,826,302	761,007,306
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22 Net assets or fund balances. Subtract line 21 from line 20

462,532,247	611,961,415
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Part II

Signature Block

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

Sign Here

Signature of officer

2014-06-27
Date

Steve L ShortCFO and Executive Vice President
Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Paid

Preparer

Use Only

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission: Tampa General Hospital is committed to serving all residents of West Central Florida. We provide comprehensive health services, ranging from wellness and primary care to the most complex specialty care and post-acute services. Our care reflects a patient-centered approach, and our services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care processes, cost-effectiveness, and patient experience. With our unique blend of academic and other health care partners, we play a special role in supporting medical education and research in our region.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O. ☐ Yes ☒ No

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 760,854,573 incl (Revenue \$ 968,930,661)

Hospital Patient Services: Tampa General safety net, private not-for-profit hospital, comprehensive medical facilities in West serving a dozen counties with a population of 1.5 million. As one of the largest hospitals in General is licensed for 1,018 beds, and employees, is one of the region's largest the area's only Level 1 Trauma center and burn centers in Florida. With five medical able to transport critically injured or ill patients from surrounding counties to receive the advanced care. The hospital is home to one of the transplant centers in the country, having more than 6,000 adult solid organ transplants, state's first successful heart transplant in state-certified comprehensive stroke center Neuroscience Intensive Care Unit is the largest on the west coast of Florida. Other outstanding centers include cardiovascular, high risk and cardiac surgery, ENT, endocrinology, and the Child Center, which features a nine-bed pediatric unit and one of just three outpatient pediatric units in the state. Services for outpatients are provided at a variety of locations. A range of diagnostic and outpatient services are provided on the Tampa campus. In addition, TGH provides outpatient rehabilitation services at an offsite facility and primary and specialty services in various offsite clinics. As the safety net hospital, Tampa General is caring for area residents with excellent and compassionate care ranging from the simplest to the most complex services. TGH provides medical services free of charge through various means, including the County Health Plan and the State Medicaid program. In addition, TGH provides trauma care on a fee-for-service basis as well as other services at no charge to eligible patients through its charity care program. Statistical data for 2012: 278,998 Emergency room visits; 15,700 and Surgeon: 78,844

3,402, and 3,403. 20,000.

4b	(Code:) (Expenses \$ 22,069,672 includ (Revenue \$ 9,596,628) Residents' teaching program (the revenue disclosed in this section include direct gr education only): Tampa General Hospital with the University of South Florida ("US Medicine since the school was created in Tampa General Hospital is the primary te the Morsani College of Medicine at the U Florida. TGH has approximately 300 resic through the hospital each year. The Medi approximately 200 residents, with the re funded solely by the hospital. These resic to Tampa General Hospital for specialty t ranging from general internal medicine tr addition, medical, nursing and physical tl receive part of their training at the Tamp on an annual basis. University of South T medical students rotating at Tampa Gene our Fiscal Year 2013. Faculty of the Mors Medicine at the University of South Flori for patients at Tampa General Hospital as physicians, many of whom also serve as faculty.
4c	(Code:) (Expenses \$ 1,818,049 includ (Revenue \$ 2,039,668) Clinical Research: As the region's only Le Center and the primary teaching hospital College of Medicine at the University of S General Hospital is uniquely poised to co clinical trials advancing the state of medi Office of Clinical Research (OCR) is comm investigators, sponsors, and patients par trials. We provide strategic services, edu and comprehensive review processes des potential of clinical investigators and thei TGH is actively engaged in clinical trials v physicians and private physicians. During the OCR provided oversight for a total of including 156 newly approved studies. In OCR administrative services, the TGH Ce Research Excellence (CORE) provides co that begin before site initiation and conti of the study. Pre-study services include s coordination of pre-study site visit, regul laboratory and radiology research pricing for special services. Study coordination s recruitment, screening, subject enrollme procedures, investigational drug services accountability, packaging and shipping, s documentation, case report form comple record storage.
	(Code:) (Expenses \$ 26,675,356 includ 2,154,009) (Revenue \$ 29,863,424) Tampa General Hospital's Other Program cafeteria and vending sales, parking garz pharmacy sales to employees, net assets restrictions, and other miscellaneous rev
4d	Other program services (Describe i (Expenses \$ 26,675,356 including i 2,154,009) (Revenue \$ 29,863,42
4e	Total program service expenses

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		3
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	5
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	7
No		No

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4/10/25, 7:12 AM

		18
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		
18		No
19		
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		
19		No
20a		
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		
20a	Yes	
b		
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b	Yes	
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Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21	Yes	
22				
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	Yes	
24a				
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		24a	Yes	
b				
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		No
c				
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		No
d				
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		No
25a				

Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		
No	26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		

No	27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28				

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		a		
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		
Yes	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
28b	Yes	c		
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		

Yes	29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	
	29	No	30

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M . . .*

30		No
31		

Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I . . .*

31		No
32		

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II . . .*

32		No
33		

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I . . .*

33		No
34		

Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .*

34	Yes	
35a		

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b Yes

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2 . . .*

36	
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*

No	37	No	38
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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. . . .

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		Yes
No	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a 538
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b 0
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c
Yes	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 7,839
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b
Yes	3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a
Yes	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O . . .</i>	3b Yes 4a
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a Yes

b If "Yes," enter the name of the foreign country: <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a
<input type="checkbox"/> No b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b
		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a
<input type="checkbox"/> No b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b
7 Organizations that may receive deductible contributions under section 170(c).		
<input type="checkbox"/> a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a
<input type="checkbox"/> No b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<input type="checkbox"/> 7b <input type="checkbox"/> c		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c <input type="checkbox"/> No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e
<input type="checkbox"/> No f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f <input type="checkbox"/> No g
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g <input type="checkbox"/>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h <input type="checkbox"/>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, lease business holdings at any time during the year?		
<input type="checkbox"/> 8 <input type="checkbox"/> a Sponsoring organizations maintaining donor advised funds.		
Did the organization make any taxable distributions under section 4966?		9a <input type="checkbox"/>
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b <input type="checkbox"/>
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11 Section 501(c)(12) organizations. Enter:		
<input type="checkbox"/> a Gross income from members or shareholders		11a
<input type="checkbox"/> b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b 12a		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b
		13
Section 501(c)(29) qualified nonprofit health insurance issuers.		
<input type="checkbox"/> a		
Is the organization licensed to issue qualified health plans in more than one state?		13a <input type="checkbox"/>

NOTE. See the instructions for additional information the organization must report on Schedule O.

b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b					c
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Enter the amount of reserves on hand **13c** **14a**

Did the organization receive any payments for indoor tanning services during the tax year? **14a** No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . **14b**

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Part VI Check if Schedule O contains a response to any question in this Part VI

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

Section A: Governing Body and Management

			Yes
		No	1a

Enter the number of voting members of the governing body at the end of the tax year **1a** **15**

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b**

Enter the number of voting members included in line 1a, above, who are independent **1b** **11** **2**

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . **3**

No **4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

No **5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . **5** **No** **6**

Did the organization have members or stockholders? **6**

No **7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7a **Yes** **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**

Yes **8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **a**

The governing body? **8a** **Yes**

b Each committee with authority to act on behalf of the governing body? **8b** **Yes**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9**

No

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

No	10a	Did the organization have local chapters, branches, or affiliates?	10a
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Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

10b **Yes** **11a**

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**

Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

Did the organization have a written conflict of interest policy? If "No," go to line 13 **12a**

Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c

12b	Yes	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c
Yes	13	Did the organization have a written whistleblower policy?	
	13	Yes	14
		Did the organization have a written document retention and destruction policy?	14
Yes	15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
		a	
		The organization's CEO, Executive Director, or top management official	15a
		b	Other officers or key employees of the organization
		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b
		16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
		b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture or similar arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status to such arrangements?

Section C. Disclosure
17 List the States with which a copy of this Form 990 is required to be filed: ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

FL 18
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 19
available for public inspection. Indicate how you made these available. Check all that apply.
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 20
policy, and financial statements available to the public during the tax year.
State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
Steve L Short EVP and CFO1 Tampa General CirTampaFL33606 (813) 844-7000
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
1b List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter a five-digit number in boxes 1 through 5 of Form W-2 and/or Box 7 of Form 1099-MISC of more than \$100,000 from the organization and any related organizations.
1c List all of the organization's **former** officers, directors, trustees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) John Brabson..... Board Member	1 0	X					0	0	0
(2) Phillip S Dingle..... Board Member	1 0	X					0	0	0
(3) Owen Fredrick Dobbins..... Board Member	1 0	X					0	0	0
(4) Richard L Kouwe..... Board Member	1 0	X				X	0	0	0
(5) Devanand Mangar MD..... Board Member	1 0	X					12,722	0	0
(6) John McKibbin III..... Board Member	1 0	X					0	0	0
(7) Eugene H McNichols..... Board Member	1 0	X					0	0	0
(8) Shelton E Quarles..... Board Member	1 0	X					0	0	0
(9) Dana L Shires MD..... Board Member	1 0	X					0	0	0
(10) John T Sinnott	1								

MD.....	0	X							U		U	U
Board Member												
(11) David A Straz Jr.....	1	X							0		0	0
Board Member	0											
(12) Joseph W Taggart.....	1	X							0		0	0
Board Member	0											
(13) John T Touchton Jr.....	1	X							0		0	0
Board Member	0											
(14) Erika Wallace.....	1	X							0		0	0
Board Member	0											
(15) Bruce Zwiebel.....	4	X							28,500		0	0
Board Member	0											
(16) Pamela S Muma.....	1	X							0		0	0
Board Member	0											
(17) Jim Burkhart.....	50			X					0		0	0
President - CEO	0											

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Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/ trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Janet H Davis..... Senior Vice President, CNO	50 0			X				405,374	0	35,399
(19) Robin W DeLaVergne..... Senior Vice President Development	0 50			X				418,515	0	30,651
(20) Cheryl A Eagan..... Senior Vice President Support Services	50 0			X				324,325	0	31,160
(21) Anthony D Escobio..... Vice President Patient Financial Services	50 0			X				225,963	0	34,100
(22) Sally H Houston..... Senior Vice President, CMO	50 0			X				741,818	0	37,987
(23) Jean M Mayer..... Senior Vice President Strategic Services	50 0			X				432,298	0	38,639
(24) Deana L Nelson..... Executive Vice President, COO	50 0			X				882,992	0	64,857
(25) John H Bond Jr..... Vice President Surgical Services	50 0			X				359,087	0	36,051
(26) Mark W Campbell..... Vice President Materials Management	50 0			X				233,145	0	29,442
(27) Scott J Arnold..... Senior Vice President Information Systems	50 0			X				271,045	0	29,874
(28) Maureen Ogden..... Vice President Cardiovascular Services	50 0			X				329,721	0	35,488
(29) Richard L Paula..... Chief Medical Informatics Officer	50 0			X				283,665	0	30,184
(30) Judith M Ploszek..... Senior Vice President Finance Administration	50 0			X				503,488	0	41,335
(31) Chris A Roederer..... Senior Vice President Human Resources	50 0			X				488,369	0	29,624
(32) Steve L Short..... Executive Vice President, CFO	50 0			X				842,138	0	73,377
(33) Jana Gardner..... Vice President Ambulatory Care	50 0			X				233,675	0	34,234
(34) Vincent D Perron..... Vice President Medical Affairs	50 0			X				235,652	0	22,868
(35) Pamela G Sanders..... Vice President Women and Childrens Svcs	50 0			X				113,655	0	18,986

(36) June C Kallenborn.....	50			X				157,315	0	29,518
Vice President Acute Care	0									
(37) David K Robbins.....	50			X				254,913	0	32,909
Vice President Professional Svcs	0									
(38) Balaji Ramadoss.....	50			X				186,212	0	15,547
Vice President Chief Technology Officer	0									
(39) Maja G Gift.....	50				X			200,067	0	26,673
Director of Pharmacy	0									
(40) Mark W Weston.....	50					X		766,051	0	87,034
Internal Medicine Cardiology	0									
(41) Debbie A Rinde-Hoffman.....	50					X		756,847	0	86,868
Internal Medicine Cardiology	0									
(42) Victor D Bowers.....	50					X		566,836	0	53,833
Internal Medicine Surgery	0									
(43) Peter J Berman.....	50					X		525,469	0	52,788
Internal Medicine Cardiology	0									
(44) Ting C Huang.....	50					X		433,664	0	32,786
Transplant Physician Surgery	0									
(45) Amy J Paratore.....	50						X	292,672	0	32,893
Vice President Emergency Services	0									
(46) Kathi K Katz.....	50						X	199,780	0	6,695
Senior Vice President, CNO	0									
(47) Veronica B Martin.....	50						X	253,578	0	22,801
Vice President Women's and Children	0									
(48) Elizabeth J Lindsay-Wood.....	50						X	1,643,957	0	35,716
Senior Vice President Information Technology	0									
(49) Ronald A Hytoff.....	50						X	1,641,677	0	133,173
President, CEO	0									
(50) Thomas L Bernasek MD.....	2						X	52,027	0	0
Board Member	0									

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								15,297,212	0	1,303,490

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **325**

										Yes
No	3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>								
	3	Yes								4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

Indig Dupl	5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services provided to the organization? <i>If "Yes," complete Schedule J for such person</i>								
		No								

Section B. Independent Contractors

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

(A) Name and business address	(B) Description services
LIFELINK FOUNDATION INCPO BOX 102474ATLANTA GA 30368	ORGAN ACQUISITION
GULF TO BAY ANESTHESIOLOGY ASSOCIATE400 N ASHLEY DRIVE TAMPA FL 33602	PHYSICIANS
CARLTON FIELDS PAPO BOX 3239 TAMPA FL 33601	LEGAL SERVICE
GP MICROSOFT LICENSING1950 N STEMMONS FAIRWAY SUITE 5010 DALLAS TX 75207	SOFTWARE LICENSING
UNIVERSITY MED SERVICE ASSOCPO BOX 917492 ORLANDO FL 32891	PHYSICIAN DIRECTORSH

2 Total number of independent contract (including but not limited to those list above) who received more than \$100,000 compensation from the organization **137**

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue

Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	<u>0</u>					
	b Membership dues	1b	<u>0</u>					
	c Fundraising events	1c	<u>0</u>					
	d Related organizations	1d	<u>1,563,218</u>					
	e Government grants (contributions)	1e	<u>4,358,999</u>					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	<u>100,224</u>					
	g Noncash contributions included in lines 1a-1f:\$		<u>0</u>					
	h		<u>6,022,441</u>					
Total. Add lines 1a-1f								
Program Service Revenue	Business Code							
	2a Patient Service Revenue	622000	954,890,039	954,890,039	0	0		
	b Disproportionate Share Revenue	622000	23,637,250	23,637,250	0	0		
	c Outpatient Pharmacy Sales-Employees and Patients	446110	11,733,852	11,733,852	0	0		
	d Research, Meaningful Use and Other	621990	19,421,121	19,421,121	0	0		
	e Commercial Lab	621500	748,119	0	748,119	0		
	f All other program service revenue .		0	0	0	0		
	g		1,010,430,381					
Total. Add lines 2a-2f								
Other Revenue	3		14,626,452	0	0	14,626,452		
	Investment income (including dividends, interest, and other similar amounts)							
	4		937,764	0	0	937,764		
	Income from investment of tax-exempt bond proceeds							
	5		0	0	0	0		
	Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
	b Less: rental expenses							
	c Rental income or (loss)		0	0				
	d							
	Net rental income or (loss)							
	7a Gross amount from sales of assets other than real estate		(i) Securities	(ii) Other				
b Less: cost or other basis		288,111,345	0					
c Less: expenses		277,987,304	0					
d		10,124,041	0					
Net gain or (loss)				0	0	10,124,041		
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See instructions								

Part IV, line 18	b					
Less: direct expenses	b					
c						
Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c						
Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold	b	0				
c		0	0	0	0	
Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11a <u>Loss on extinguishment of debt</u>		900099	-6,792,087	0	0	-6,792,087
b -						
c -						
d All other revenue			197,058	0	0	197,058
e						
Total. Add lines 11a-11d		-6,595,029				
12		1,035,546,050	1,009,682,262	748,119	19,093,228	
Total revenue. See Instructions.						

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Ful
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,029,444			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,939,230	2,172,212		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,740,027	441,357		
7 Other salaries and wages			349,677,749	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,002,932	6,750,733		
9 Other employee benefits	55,575,479	44,460,383		
10 Payroll taxes	26,568,724	21,254,979		
11 Fees for services (non-employees):				
a Management	4,618,639	778,170		

b	Legal	4,295,320	630
	4,294,690		
c	Accounting	289,449	0
	289,449		
d	Lobbying	413,686	413,686
	0		
e	Professional fundraising services. See Part IV, line 17		
f	Investment management fees	1,445,808	0
	1,445,808		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 13,732,124	104,907,711	91,175,587
12	Advertising and promotion	3,830,338	23,176
	3,807,162		
13	Office expenses	251,022,601	234,096,161
	16,926,440		
14	Information technology	21,873,529	10,591,188
	11,282,341		
15	Royalties	0	0
	0		
16	Occupancy	14,995,620	13,196,146
	1,799,474		
17	Travel	1,190,390	471,843
	718,547		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings	157,773	65,757
	92,016		
20	Interest	18,829,853	16,570,272
	2,259,581		
21	Payments to affiliates	26,838	0
	26,838		
22	Depreciation, depletion, and amortization		42,700,334
	28,792,976 13,907,358		
23	Insurance		15,007,071
	15,007,071 0		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a	Assessments	13,316,357	13,316,357
	0		
b	Dues and Memberships	1,711,375	309,757
	1,401,618		
c	Property Taxes and Other Taxes	239,656	239,350
	306		
d	Recruitment Costs	1,025,025	190,105
	834,920		
e	All other expenses	1,541,475	221,456
	1,320,019		
25	Total functional expenses. Add lines 1 through 24e	986,723,166	811,417,650
		175,305,516	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).		

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Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐(A
Begin
of yr

Assets	1	Cashnon-interest-bearing	21,395	1	21,645		
	2	Savings and temporary cash investments	121,686,297	2	125,131,782		
	3	Pledges and grants receivable, net	575,491	3	566,765		
	4	Accounts receivable, net	137,215,612	4	140,200,302		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use	20,615,322	8	20,167,792		
	9	Prepaid expenses and deferred charges	4,506,692	9	6,178,463		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	795,316,190			
b	Less: accumulated depreciation	10b	346,295,972	459,277,846	10c	449,020,218	
11	Investments—publicly traded securities	473,781,719	11	610,935,246			
12	Investments—other securities. See Part IV, line 11	5,570,104	12	7,261,894			
13	Investments—program-related. See Part IV, line 11		13				
14	Intangible assets	6,041,047	14	5,436,943			
15	Other assets. See Part IV, line 11	17,067,024	15	8,047,671			
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,246,358,549	16	1,372,968,721			
Liabilities	17	Accounts payable and accrued expenses	175,364,770	17	175,938,189		
	18	Grants payable		18			
	19	Deferred revenue	227,277	19	41,194		
	20	Tax-exempt bond liabilities	364,720,726	20	398,755,102		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	7,904,993	23	2,235,310		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule	235,608,536	25	184,037,511		
	26	Total liabilities. Add lines 17 through 25	783,826,302	26	761,007,306		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets	450,654,759	27	602,195,811		
	28	Temporarily restricted net assets	11,877,488	28	9,765,604		
	29	Permanently restricted net assets	0	29	0		

Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34

30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	462,532,247	33	611,961,415
34	Total liabilities and net assets/fund balances	1,246,358,549	34	1,372,968,721

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1 Form 990, Special Condition Description:

Total revenue (must equal Part VIII, column (A), line 12)

2

Total expenses (must equal Part IX, column (A), line 25)

3 Revenue less expenses. Subtract line 2 from line 1

4

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

5 Net unrealized gains (losses) on investments

6

Donated services and use of facilities

7 Investment expenses

8

Prior period adjustments

9 Other changes in net assets or fund balances (explain in Schedule O)

10

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XII

Check if Schedule O contains a response to any question in this Part XII

Financial Statements and Reporting

No

1

Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a

Were the organization's financial statements compiled or reviewed by an independent accountant?

2a

No

Special Condition Description

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b

Were the organization's financial statements audited by an independent accountant?

2b

Yes

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c

If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c

Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a

Yes

b

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Yes

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SCHEDULE A
(Form 990 or 990EZ)

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection
2012

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

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 11, 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.)

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 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.)

10 ☐
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 ☐
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 that describes the type of supporting organization and complete lines 11e through 11h.
a ☐ Type I ☐ Type II ☐ Type III - Functionally integrated ☐ Type III - Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) ☐ Yes

No ☐
and (iii) below, the governing body of the supported organization? ☐ 11g(i)

(ii) A family member of a person described in (i) above? ☐ 11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ 11g(iii)

h Provide the following information about the supported organization(s).

(i) Name of	(ii) EIN	(iii) Type of	(iv) Is the organization	(v) Did you notify the	(vi) Is the organization	(vii) Amount of
-------------	----------	---------------	--------------------------	------------------------	--------------------------	-----------------

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support. 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

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.).						
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 501(c)(3) organization, check this

Section C. Completion of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2011 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b a 33 1/3% support test—2011. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10% facts and circumstances test—2012. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported

b 10% facts and circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly

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 in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly

s" supported organization

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

Section A. Public Support. If you checked the box on line 9 of Part I or if the organization failed to qualify under Part II, If

Calendar year (or fiscal year beginning in) (If the organization fails to qualify under the tests listed below, please complete Part II.)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. . .						
b Amounts included on lines 2 and 3						

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

Organization type (check one):

Filers of:

Section: Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ 527 political organization

Form 990-PF

Special Rules

☐ 501(c)(3) exempt private foundation
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 2

Name of organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
RESTRICTED	RESTRICTED		
RESTRICTED	RESTRICTED		
RESTRICTED	RESTRICTED	\$ RESTRICTED	
RESTRICTED, RESTRICTED	RESTRICTED		

(Complete Part II if there are any noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	

(Complete Part II if there are any noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	

(Complete Part II if there are any noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	

(Complete Part II if there are any noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	

(Complete Part II if there are any noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	

(Complete Part II if there are any noncash contributions.)

Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 3

Name of organization **Employer identification number**FLORIDA
HEALTH
SCIENCES
CENTER INC

59-3458145

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---------------------------	--	--	----------------------

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 4

Name of organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$		

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift was used
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ,

Additional Data

Return to Form

Software ID: 12000197

Software Version: v1.00

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ObjectID: 201411979349300346 - Submission: 2014-07-09

TIN: 59-3458145

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012**Open to Public
Inspection****If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Pol**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lo

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete I
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Com

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V,
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC**Employer identification number****Part I-A**
59-3458145**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- Political expenditures **3** ☐ Yes ☐ No \$
- Volunteer hours **3** ☐ Yes ☐ No

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

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

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ **2** \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ **3** \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. . ▶ **4** \$
- Did the filing organization file **Form 1120-POL** for this year? **5**

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat. No. 500845

Schedule C (Form 990 or 990-EZ) 2012

Page 2

Part II-A**Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under**

A Section 501(c)(3) filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and limited control provisions apply.
Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)	
d	Other exempt purpose expenditures	
e	Total exempt purpose expenditures (add lines 1c and 1d)	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:
Not over \$500,000		20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000		\$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

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

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

	(a)	(b)
	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	
a Volunteers?	No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c Media advertisements?	No	
d Mailings to members, legislators, or the public?	Yes	100
e Publications, or published or broadcast statements?	No	
f Grants to other organizations for lobbying purposes?	No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	413,686
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No	
i Other activities?	No	
j Total. Add lines 1c through 1i.		413,786
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	
b If "Yes," enter the amount of any tax incurred under section 4912.		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	Tampa General Hospital's lobbying activities focus on communicating the hospital's special status and challenges to elected officials at the County, State, and Federal levels. Given TGH's large share of indigent care in the region, efforts are primarily focused on maintaining existing funding and seeking additional government support to ensure TGH can continue to deliver quality care to its patients.

Schedule C (Form 990 or 990EZ) 2012

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other acco

1
Total number at end of year

2
Aggregate contributions to (during year) . . .

3
Aggregate grants from (during year)

4
Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 ☐ Yes ☐ No

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

Part II
Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

Schedule D (Form 990) 2012		Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>		
Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):		
a	<input type="checkbox"/> Public exhibition	<input type="checkbox"/> Loan or exchange programs
b	e <input type="checkbox"/> Scholarly research	<input type="checkbox"/> Other c
<input type="checkbox"/> Preservation for future generations		4
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		5
During the year, did the organization solicit or receive donations of art, historical treasures or other similar items sold to raise funds rather than to be maintained as part of the organization's collection?		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.		1a
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b		
If "Yes," explain the arrangement in Part XIII and complete the following table:		
c		Amount
Beginning balance		
1c		
d		
Additions during the year		
1d		
e		
Distributions during the year		
1e		
f		
Ending balance		

1f						
2a		Did the organization include an amount on Form 990, Part X, line 21?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
				b		
				<input type="checkbox"/>		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y
1a	Beginning of year balance	850,187				
		833,825	812,385	797,412	762,812	
b	Contributions			52,730		
		16,455	31,507	15,675	34,373	
c	Net investment earnings, gains, and losses			74		
		343	397	821	3,539	
d	Grants or scholarships			0		
		0	0	0	0	
e	Other expenditures for facilities and programs			0		
		436	10,464	1,523	3,312	
f	Administrative expenses			0		
		0	0	0	0	
g	End of year balance			902,991		
		850,187	833,825	812,385	797,412	

2

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

- a**
Board designated or quasi-endowment ▶ 0 %
- b**
Permanent endowment ▶ 100 %
- c**
Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No

(i) unrelated organizations

3a(i)	Yes	No

(ii) related organizations

3a(ii)	Yes	No

b

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

3b	Yes	No
		4

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

Part VI**Land, Buildings, and Equipment.** See Form 990, Part X, line 10.
Description of property

		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a	Land			
		0	46,639,634	
b	Buildings			
		0	417,846,446	129,316,061
		288,530,385		
c	Leasehold improvements			
		0	0	0
		0		
d	Equipment			
		0	292,583,877	209,613,739
		82,970,138		
e	Other			
		0	38,246,233	7,366,172
		30,880,061		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				
		449,020,218		

Schedule D (Form 990) 2012

Page **3****Part VII****InvestmentsOther Securities.** See Form 990, Part X, line 12.

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

Part VIII**InvestmentsProgram Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Part IX**Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Accrued Claims Payable Malpractice	76,609,348
Accrued Retirement Benefits	2,397,624
Accrued Supplemental Retirement Benefits	14,993,877

Schedule D (Form 990) 2012

Page 4

Schedule D (Form 990) 2012

Page **4****Part XI****Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1
	1,055,386,821	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 22,233,096
b	Donated services and use of facilities	2b 0
c	Recoveries of prior year grants	2c 0
d	Other (Describe in Part XIII.)	2d 0
e	Add lines 2a through 2d	2e
	22,233,096	
3	Subtract line 2e from line 1	3
	1,033,153,725	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0
b	Other (Describe in Part XIII.)	4b 2,392,325
c	Add lines 4a and 4b	4c
	2,392,325	

5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5
<u>1,035,546,050</u>		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
<u>986,723,166</u>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a <u>0</u>
b	Prior year adjustments	2b <u>0</u>
c	Other losses	2c <u>0</u>
d	Other (Describe in Part XIII.)	2d <u>0</u>
e	Add lines 2a through 2d	2e <u>0</u>
3	Subtract line 2e from line 1	3 <u>986,723,166</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a <u>0</u>
b	Other (Describe in Part XIII.)	4b <u>0</u>
c	Add lines 4a and 4b	4c <u>0</u>
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 <u>986,723,166</u>

Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Permanently restricted funds were available for hospital construction projects, equipment, and educational initiatives.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	TGH has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code. Accordingly, income earned in the furtherance of TGH's tax-exempt purpose is exempt from federal and state income taxes. TGH applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 for Income Taxes which clarifies the accounting for uncertainty in income tax positions and provides guidance when tax positions are recognized in an entity's financial statements and how the value of these positions are determined.
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	The sum of \$2,392,325 represents contributions received that were released for property, plant, and equipment and which are not recognized as income in the financial statements.

Schedule D (Form 990) 2012

efile Public Visual Render SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	ObjectID: 201411979349300346 - Submission: 2014-07-09 Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.	TIN: 59-3458145 OMB No. 1545-0047 <div style="font-size: 2em; color: green; font-weight: bold;">2012</div> Open to Public Inspection			
Name of the organization FLORIDA HEALTH SCIENCES CENTER INC					
Employer identification number 59-3458145					
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.					
For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No 2					
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.					
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1		Program Services	Professional Liability	365,964
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	2			365,964

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, (b) 1.								
(a) Name of organization	(b) Is recipient (c) Received more than \$5,000.	(d) Amount of cash grant	(e) Amount of non-cash disbursement	(f) Additional space	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	

[illegible]

3 Enter total number of other organizations or entities.

Page 3

(a) Type of grant or assistance	(b) Part of it can be duplicated or additional recipients	(c) Space is needed for recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

[illegible]

Part IV

Foreign Forms

- | | | |
|---|--|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471).</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865).</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Schedule F (Form 990) 2012

Supplemental Information

Identifier	Return/Reference	Explanation
2 (monitoring of funds); Part I, line 3, column (f)		
3 (accounting method; amounts of investments in US; expenditures per reporting period)		
4 (accounting method); and Part III, column (c) (estimated number of animals and number of procedures)		
5 (to provide any additional information (see instructions)).		

[illegible]

TIN: 59-3458145

Hospitals

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury

Internal Revenue Service.

Internal Revenue Service

FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

Part I Financial Assistance and Certain Other Community Benefits at Cost

Part 1
59-3458145

Yes

No 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .

1a

Yes	b If "Yes," was it a written policy?
-----	---

1b	Yes	2
----	-----	---

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

☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities

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

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care:

☐ 100% ☐ 150% ☒ 200% ☐ Other _%

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate

which of the following was the family income limit for eligibility for discounted care:

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _%

If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

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

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

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

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

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs (optional)
(b) Persons served (optional)
(c) Total community benefit expense
(d) Direct offsetting revenue
(e) Net community benefit expense
(f) Percent of total expense

a	Financial Assistance at cost (from Worksheet 1)				
	. . . . .	60,660,172	14,040,622	46,619,550	4.7 %
b	Medicaid (from Worksheet 3, column a)				
	. . . . .	174,598,936	154,066,827	20,532,109	2.1 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)				
	. . . . .	26,940,469	9,585,623	17,354,846	1.8 %
d	Total Financial Assistance and Means-Tested Government Programs	0	0	262,199,577	177,693,072
				84,506,505	8.6 %

Other Benefits

e Community health improvement services and community benefit operations

		2,497,217		2,497,217	0.2 %	(from Worksheet 4)
f	Health professions education (from Worksheet 5)		40,554,811	16,386,318	24,168,493	2.4 %
g	Subsidized health services (from Worksheet 6)		5,025,619	1,171,399	3,854,220	0.4 %
h	Research (from Worksheet 7)		2,428,917	2,039,668	389,249	0.1 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)		948,776		948,776	0.1 %
j	Total. Other Benefits	0	51,455,340	19,597,385	31,857,955	3.2 %
k	Total. Add lines 7d and 7j	0	313,654,917	197,290,457	116,364,460	11.8 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T Schedule H (Form 990) 2012

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

- (a) Nur
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- progr
- (opti
- (b) Pe
- ser
- (opti
- (c) "
- comm
- buil
- expe
- (d) E
- offse
- reve
- (e)
- comm
- buil
- expe
- (f) Per
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- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Part III
Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

		Yes	
No	1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1
Yes	2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	214,058,869
	3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3
	4		
		0	

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	228,725,364
6	Enter Medicare allowable costs of care relating to payments on line 5	6	236,836,617
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-8,111,253
8			

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Schedule H (Form 990) 2012

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u> Name, address, and primary website address	Licensed hospital General medical & surgical Teaching Children's		
--	---	--	--

1		hospital	Critical access hospital	ER-24 hours	Research facility	ER-other	Other (Describe)	Facility reporting group			
	Florida Health Sciences Center Inc dba Tampa General Hospital PO Box 1289 Tampa,FL33601 www.tgh.org	X					X		X		X

Schedule H (Form 990) 2012

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

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

Florida Health Sciences Center Inc

Name of hospital facility or facility reporting group dba Tampa General Hospital

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

No	Yes
----	-----

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	1 Yes
If "Yes," indicate what the CHNA report describes (check all that apply):	

a <input checked="" type="checkbox"/>	A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/>	Demographics of the community		
c <input checked="" type="checkbox"/>	Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/>	How data was obtained		
e <input checked="" type="checkbox"/>	The health needs of the community		
f <input checked="" type="checkbox"/>	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/>	The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/>	The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/>	Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/>	Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	3	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.	4	
5	Did the hospital facility make its CHNA report widely available to the public?	5	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/>	Hospital facility's website		
b <input type="checkbox"/>	Available upon request from the hospital facility		
c <input type="checkbox"/>	Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/>	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/>	Execution of the implementation strategy		
c <input type="checkbox"/>	Participation in the development of a community-wide plan		
d <input type="checkbox"/>	Participation in the execution of a community-wide plan		
e <input type="checkbox"/>	Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/>	Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/>	Prioritization of health needs in its community		
h <input checked="" type="checkbox"/>	Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/>	Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	

If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its pital facilities? \$ 	
---	--

Schedule H (Form 990) 2012

Part V Facility Information <i>(continued)</i> Financial Assistance Policy	Yes
---	------------

No	
-----------	--

9 Did the hospital facility have in place during the tax year a written financial assistance policy that:	
--	--

Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9
--	----------

Yes	
-----	--

10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	10
--	-----------

Yes	
-----	--

If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200%</u> Explain in Part VI the criteria the hospital facility used.	
--	--

11 Used FPG to determine eligibility for providing <i>discounted</i> care?	11
---	-----------

Yes	
-----	--

If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400%</u> Explain in Part VI the criteria the hospital facility used.	
--	--

12 Explained the basis for calculating amounts charged to patients?	12
--	-----------

Yes	
-----	--

If "Yes," indicate the factors used in determining such amounts (check all that apply):	
---	--

a <input checked="" type="checkbox"/> Income level	
---	--

b <input checked="" type="checkbox"/> Asset level	
--	--

c <input checked="" type="checkbox"/> Medical indigency	
--	--

d <input checked="" type="checkbox"/> Insurance status	
---	--

e <input checked="" type="checkbox"/> Uninsured discount	
---	--

f <input type="checkbox"/> Medicaid/Medicare	
---	--

g <input type="checkbox"/> State regulation	
--	--

h <input checked="" type="checkbox"/> Other (describe in Part VI)	
--	--

13 Explained the method for applying for financial assistance?	13
---	-----------

Yes	
-----	--

14 Included measures to publicize the policy within the community served by the hospital facility?	14
---	-----------

Yes	
-----	--

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	
--	--

a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website	
---	--

b <input type="checkbox"/> The policy was attached to billing invoices	
---	--

c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms	
--	--

d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices	
--	--

e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility	
--	--

f <input checked="" type="checkbox"/> The policy was available upon request	
--	--

g <input type="checkbox"/> Other (describe in Part VI)	
---	--

Other (describe in Part VI)

Billing and Collections

15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? 15

16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year making reasonable efforts to determine the patient's eligibility under the facility's FAP:

- a Reporting to credit agency
- b Lawsuits
- c Liens on residences
- d Body attachments
- e Other similar actions (describe in Part VI)

17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? 17

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency
- b Lawsuits
- c Liens on residences
- d Body attachments
- e Other similar actions (describe in Part VI)

Schedule H (Form 990) 2012

Schedule H (Form 990) 2012

Page

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

No Yes

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 19

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged

b ☐ The hospital facility used the average or its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged.

c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged.

d ☒ Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? **21**
No
If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? **22**
No
If "Yes," explain in Part VI.

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Part V — Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (list in or How many organization operate during the tax year?**6**

Name and address	Type of Facility
1 TGH Community Health Education 740 S Village Circle Tampa,FL33606	Community
2 Transplant Abdominal Clinic 409 Bayshore Blvd Tampa,FL33606	Transplant c
3 Family Care Center Brandon 214 Morrison Rd Brandon,FL33511	Family care
4 Family Care Center Lois 2106 South Lois Avenue Tampa,FL33629	Family care
5 Family Care Center Carrollwood 13860 North Dale Mabry Highway Tampa,FL33618	Family care
6 Family Care Center Riverview 10647 Big Bend Road Suite 212 Riverview,FL33579	Family care
7	
8	
9	
10	

Schedule H (Form 990) 2012

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**Part VI
Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 Facility reporting group(s). If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Identifier	ReturnReference	Explanation
SchH_P01_S00_L06a	Schedule H, Part I, Line 6a	TGH completed a Community Benefit report and this information is available at www.tgh.org .
SchH_P01_S00_L07	Schedule H, Part I, Line 7	The hospital's cost accounting system was used to calculate the amounts reported in line 7. For the purpose of computing subsidized services, both direct and indirect costs were considered. For research, only direct costs were considered.
SchH_P03_S0A_L02	Schedule H, Part III, Section A, Line 2	Bad debt results when a patient, who has been determined to have the financial capacity to pay for healthcare services, is unwilling to settle the claim or provide substantiating documentation for any charity and/or discount program. The hospital records a provision for bad debts in the period the services are provided. As accounts age, increasing percentages of bad debt allowances are applied based on ageing category to reflect estimated uncollectable amounts. This method is consistently applied based on established risk parameters.
SchH_P03_S0A_L04	Schedule H, Part III, Section A, Line 4	Receivables are reported net of an allowance for bad debt and contractual adjustment estimates. Although the aggregate amount of receivables may include balances due from patients and third party payers, amounts due from third-party payers for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the financial statements. The adequacy of the allowance for bad debts is evaluated regularly, with adjustments to increase or decrease the allowance by adjustments in the provision for bad debts. As expected payments are determined to be uncollectible, they are written off against the allowance for bad debts.
SchH_P03_S0B_L08	Schedule H, Part III, Section B, Line 8	The \$8.0 million shortfall reported at Pt. III line 7 should be considered as a community benefit in that much of the shortfall in Medicare payments relates to the costs associated with the TGH liver, heart, kidney, lung and pancreas organ transplant programs, and medical education programs, which are a significant benefit to all patients in these programs and the community as a whole. Medicare revenue and cost are based on the 2013 Medicare cost report excluding revenues and costs associated with subsidized health services and graduate medical education, which are reported separately in Part I lines 7g and 7f.
SchH_P03_S0C_L09b	Schedule H, Part III, Section C, Line 9b	Each self pay patient is evaluated to determine if covered by Medicaid, Hillsborough County and/or charity assistance. The financial information provided by this evaluation determines into which category a patient resides. Patients who do not qualify for government assistance are then evaluated in accordance with hospital policy for Charity and Discounted Care. Patient balances will either qualify for a total write-off or a discount based on the patient's household income and family size in relation to the Federal Poverty Limitations. TGH's financial assistance and charity care policy, following the guidelines of the Internal Revenue Section 501(r) requirement: Includes eligibility criteria for financial assistance free and discounted (partial charity) care; describes the basis for calculating discount amounts to patients eligible for financial assistance under this policy; describes the method by which patients may apply for financial assistance; describes how TGH will widely publicize the policy within the community served by the hospital; limits the amounts that the hospital will charge for emergency and other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed for medically necessary care.
SchH_P05_S0B_L01	Schedule H, Part V, Section B, Line 1	In order to provide community input, the Community Health Needs Assessment (CHNA) methodology included both individual interviews and focus groups. Both are qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected. Interview Methodology: Twenty interviews were conducted in-person when possible and via phone when necessary, based on the availability of the interviewee. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion: * Interviewee's name * Interviewee's title * Interviewee's organization * Overview information about the interviewee's organization * What are the top three strengths of the community? * What are the top three health concerns of the community? * What are the health assets and resources available in the community? * What are the health assets or resources that the community lacks? * What assets or resources in the community are not being used to their full capacity? * What are the barriers to obtaining health services in the community? * What is the single most important thing that could be done to improve the health

in the community? * What changes or trends in the community do you expect over the next five years? * What other information can be provided about the community that has not already been discussed? Below is information about the individuals interviewed as part of the CHNA. Interviewee Title/Organization Area(s) Represented Adwale Troutman Executive Director, Public Health Practice and Leadership, Florida Covering Kids and Families Public Health Expert Anne Maynard Program Director, USF Area Health Education Center Public Health Expert Carlos Mercado STD Program Manager, Hillsborough County Health Department Public Health Expert Chloe Cooney Founder, Corporation to Develop Communities of Tampa, Inc. African American Community Representative Donna Peterson Dean, College of Public Health, University of South Florida Public Health Expert Douglas Holt Director, Hillsborough County Health Department Public Health Expert Joyce Thomas Physician, TGH Family Care Center Hospital Staff Leslie "Les" Miller, Jr. County Commissioner, District 3, Hillsborough County Government Official Margaret Ewen Senior Human Resources Manager, Immunizations/Refugee Public Health Expert Margarita Cancio Physician, Infectious Disease Associates of Tampa Bay Hospital Staff Sally Houston Chief Medical Officer, Tampa General Hospital Hospital Administration Deborah Austin Communication and Community Outreach Director, Central Hillsborough Healthy Start Project, REACHUP, Inc. Medically Underserved Community Organization Representative Luis Lopez Past President, Hispanic Alliance of Tampa Bay; Director, Moffit Cancer Center Hispanic Advisory Board Hispanic Community Representative Amy Petrila Director of Programs and Outreach, Children's Board of Hillsborough County Community Health Organization Representative Maureen Chiodini Associate Vice President of Membership and Programs, Tampa Metropolitan Area YMCA Community Health Organization Representative Maria Russ Supervisor, School Health Services, Hillsborough County Public Schools Public Health Expert Focus Groups Focus groups were conducted to allow participants to provide information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group. The requested information included: * Gender * Age * ZIP Code * Ethnicity * Race * Education Level * Employment Status * Household Income * Health Insurance Status Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback. A focus group session required approximately two hours to complete and followed this agenda: * Session Opening - 15 Minutes o Introductions o Explanation of the purpose of the focus group o Overview of the rules governing the session * Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows: o Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community o Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted o Participants instruct the facilitator on which like items, if any, they would like to combine o Participants are instructed to separately rank the items most important (3) to least important (1) o Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded o The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on * After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include: o Was there anything that surprised you? o Why do you feel these are the top health concerns? o How do you feel these needs could be addressed in the community? * Session Conclusion - 15 minutes o Summary of findings o Closing discussion o Distribution of incentives for participation

SchH_P05_S0B_L03

Schedule H, Part V, Section B, Line 3

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources: Input from persons who represented the broad interests of the community served by TGH, which included those with special knowledge of or expertise in public health; Identifying federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by TGH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by TGH; and, Consultation or input from other persons located in and or serving TGH's community, such as: Healthcare community advocates; Nonprofit organizations; Academic experts; Local government officials; Community based organizations, including organizations focused on one or more health issues; Healthcare providers, including community health centers and other providers focusing on medically underserved

		health centers and other providers focusing on medically underserved populations, low income persons, minority groups, or those with chronic disease needs. For a list of persons that the hospital consulted reference Schedule H, Part V, Section B Line 1.
SchH_P05_S0B_L12	Schedule H, Part V, Section B, Line 12	Family size in combination with household income is used to determine eligibility for either charity or discounted care.
SchH_P05_S0B_L16	Schedule H, Part V, Section B, Line 16	TGH engages in standard collection activities such as statements and telephone calls. As of July 1, 2013, Tampa General no longer reports unpaid debts to the credit bureau or engages in extraordinary collection efforts.
SchH_P05_S0B_L17	Schedule H, Part V, Section B, Line 17	TGH engages in standard collection activities such as statements and telephone calls. As of July 1, 2013, Tampa General no longer reports unpaid debts to the credit bureau or engages in extraordinary collection efforts.
SchH_P05_S0B_L20	Schedule H, Part V, Section B, Line 20	Medicaid rate is used in rare instances for those that are not able to afford amounts generally billed by Medicare and commercial insurance.
SchH_P05_S0B_L22	Schedule H, Part V, Section B, Line 22	We assess total charges to international patients coming for highly specialized elective care.
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	During Fiscal Year 2013, Tampa General Hospital (TGH) completed its Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act signed into law in 2010. A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA is available to the public on the TGH website (tgh.org) and is included as an attachment to this filing. As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), the TGH CHNA includes the following: * A description of the community served; * A description of the process and methods used to conduct the CHNA, including: (1) A description of the sources and dates of the data and the other information used in the assessment; and, (2) The analytical methods applied to identify community health needs. * A description of information gaps that impacted TGH's ability to assess the health needs of the community served; * The identification of all organizations with which TGH collaborated, if applicable, including their qualifications; * A description of how TGH took into account input from persons who represented the broad interests of the community served by TGH, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by TGH; and, * A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs. During FY2013, TGH did not complete any additional assessments of the health care community it serves.
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	For Fiscal Year 2013, the costs associated with charity care, unreimbursed Medicaid, and the unreimbursed costs of other means-tested government programs care exceeded \$84.5 million. These include patients who qualify for free care under Tampa General Hospital's (TGH) charity care policy or are enrolled in programs for low-income or under-insured individuals sponsored by state and local governments. While TGH received reimbursement for some of these patients the amounts are not sufficient to cover the costs of care provided. Free care is provided to patients who qualify based on an evaluation of their income and assets. Individuals with an income that is less than or equal to 200% of the Federal Poverty Level (FPL) are eligible for charity or free care as are individuals whose income is less than 400% of the FPL but whose hospital charges are greater than 25% of their annual income. Financial counselors work with individuals who seek care and are uninsured. Assistance is provided to enroll eligible individuals in government programs such as Medicaid, Medicare Disability or the Hillsborough County Health Plan as well as determining whether they qualify for charity or discounted care. TGH's financial assistance (charity care and discounted care) policy is available to consumers at TGH.org as well as in the hospital admissions area. The information is written in both English and Spanish. Guidelines, the patient shall be eligible for a discount that is annually calculated using a "look back" method. Patients eligible for Medicaid or other indigent care programs may be eligible for free or discounted care for non-covered services (including charges for days exceeding any length of stay limit). NON-ELIGIBLE SERVICES AND BALANCES Financial assistance will not apply to the following services or patient responsibilities: * Cosmetic procedures that are not medically necessary * Co-payments and deductible amounts * Balances payable by other insurance (Medicare, Medicaid, automobile insurance, worker's compensation, or liability insurance) * Ventricular Assist Devices * Transplants * Elective procedures for patients residing outside Hillsborough County, Florida DETERMINATION AND SCREENING PROCESS All patients seeking financial assistance are required to complete the TGH Financial Assistance application, a copy of which is attached. Patients will be instructed to complete the forms and return them by mail or in person to a Financial Assistance Specialist. Patients

who appear to qualify for government assistance will be offered courtesy assistance with the application process. Unfunded or underfunded patients will be asked to complete a Financial Assistance Application at the time of registration. Financial assistance counseling communication is intended to be clear, concise and considerate of the patient and family members. In addition to income and family information, the patient may be required to provide proof of employment. Some patients may also be asked to provide additional information about their assets, monthly expenses, and any other resources to pay for their care. Determination of eligibility or denial of financial assistance will be communicated to the responsible party within 30 days of receipt of all required documentation. The granting of financial assistance shall be based on an individualized determination of financial need and medical necessity, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. RELATIONSHIP TO COLLECTIONS AND BILLING POLICY TGH maintains a separate policy outlining its billing and collection procedures. In accordance with its Billing and Collections Policy, TGH will not engage in, nor will it authorize its collection agency to engage in, extraordinary collection actions without verifying that patients have been given the opportunity to apply for financial assistance. COMMUNICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE WITHIN THE COMMUNITY Notification about financial assistance available from TGH shall be disseminated by TGH to the community by various means, which may include, but are not limited to, publishing this Policy on the TGH website, placing posters around the hospital, and making brochures available at all patient registration areas. REGULATORY REQUIREMENTS In implementing this Policy, TGH will comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy. AVAILABILITY OF FORMS AND POLICY Copies of the Financial Assistance Policy and applications will be made available upon request and without charge by contacting a Financial Assistance Specialist or by submitting a written request to Tampa General Hospital. The hospital's Financial Assistance Specialist is also available to answer any questions about this Policy.

SchH_P06_S00_L04

Schedule H, Part VI, Line 4

Tampa General Hospital's primary service area is Hillsborough County, Florida. As part of the CHNA completed during FY 2013, a complete assessment of the service area's demographics was completed and is attached to this filing. The highlights from the assessment are detailed below. * The primary service area population is currently 1,314,699 * Slight population growth is expected for individuals aged 18-44 (3.2%). Moderate population growth is expected for individuals aged 0-17 (5.8%) and 45-64 (9.2%). The population of women at childbearing age is expected to grow slightly (2.8%). By 2017, substantial population growth is expected for individuals 65 years and older (21.2%). * The most common race/ethnicity in the service area is white (51.8%), followed by Hispanic (26.5%), black/African American (15.6%), Asian (3.7%), individuals of two races (1.9%) and other (0.5%). * Minority and other race populations are expected to grow faster than the white population. Substantial growth is expected for the Asian (20.6%), Hispanic (17.5%), individuals of two races (15.0%) and black/African American (10.7%) populations. The population of other race individuals is expected to grow moderately (5.3%), while marginal growth is expected for the white population (0.5%). * According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, Hillsborough County's unemployment rate (10.5%) is equal to Florida's. * According to the U.S. Census 2010 American Community Survey (ACS), Hillsborough County has a slightly higher median household income (\$47,677) than Florida (\$46,077). Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2010, the poverty threshold for a family of four was \$22,314. The ACS estimates indicate that 14.2% of Hillsborough County residents and 15.0% of Florida residents are living below poverty level. Children in Hillsborough County are slightly less likely to be living below poverty level (19.9%) compared to all children in Florida (21.3%). * The American Community Survey (ACS) publishes estimates of the highest level of education completed for residents 25 years and older. The ACS 2008-2010 estimates indicate that the percentages of individuals 25 years and older with less than a high school degree in Hillsborough County and in Florida are similar (14.2% and 14.5%, respectively). In Hillsborough County and Florida, approximately 85% of residents have either a high school degree or equivalent or a bachelor's degree. * Fourth and eighth grade math and reading proficiencies are all slightly lower in Hillsborough County compared to Florida and fall between the 25th and 50th percentiles. * Domestic violence and homicide rates are slightly lower in Hillsborough County than in Florida, while the aggravated assault, forced sex offense and robbery rates are substantially lower in Hillsborough County compared to Florida.

SchH_P06_S00_L05	Schedule H, Part VI, Line 5	<p>Tampa General Hospital's commitment to the health of the community it serves is exemplified by its mission statement. The key elements of TGH's mission include the provision of services ranging from wellness and primary care to the most complex specialty and post acute services to all of the residents of West Central Florida, a commitment to a patient centered approach and benchmark performance. With our unique blend of academic and other healthcare partners, TGH plays a special role in supporting medical education and research in the region. The Board also authorizes the use of surplus funds through the annual budget process to fund enhancements to services, the physical plant, infrastructure and financial support for training physicians, nurses and other health care providers, health education to the community and support of other not-for-profit organizations in the community with complimentary goals and missions. The 15 member board is composed of independent community leaders as well as members of the TGH medical staff. The board bylaws specify that its membership will include the elected medical chief of staff, a representative of the University of South Florida and the chairman of the TGH Foundation. TGH utilizes its surplus funds for the development of inpatient services and to subsidize outpatient services for underserved members of the community. TGH operates a number of outpatient clinics that provide primary and specialty care for the uninsured and under-insured. Services include adult primary and specialty care, pediatrics, and high risk obstetrics. While many of these patients have some funding either through Medicaid or the Hillsborough County Health Plan, the revenue from these sources is insufficient to cover the costs of providing the services. In fiscal year 2013, TGH's clinics provided 175,400 patient visits. The TGH medical staff is open to any physician that meets the requirements of the medical staff bylaws and rules and regulations. The medical staff is composed of community physicians with private practices and physicians on the faculty of the USF Health Morsani College of Medicine (USFHMCOM). Both the community and USFHMCOM physicians are involved in research and training. Many of the community physicians hold clinical appointments with the USFHMCOM and all staff physicians may participate in research. In FY2013, the TGH Office of Clinical Research supported 518 research studies at a net cost of \$1.8 million. These studies received funding from a variety of public agencies and private sponsors, including the Department of Defense and the Children's Oncology Group. Studies were led by both community and university physician principal investigators. This year's research centered on a range of topics, including Phase I studies in the treatment of pediatric cancer and conducting of an evidence based clinical decision support system to predict survival and life expectancy of hospice patients. These research initiatives have immediate benefits to the patients who participate in them as well as long term benefits to the community. TGH is considered a statutory teaching hospital under Florida Law. This designation is only available to hospitals that have made a significant commitment to graduate medical education. In fiscal year 2013, TGH funded approximately 300 GME full time equivalent slots in over 50 specialties. The Medicare program funds a portion of approximately 200 of these GME slots, with the remaining slots funded solely by TGH out of hospital operating funds. In addition to a robust medical education program, TGH is also committed to the training of nurses, pharmacists, and other clinical staff. TGH provides financial support for nursing education at both the University of South Florida and the University of Tampa. Students and residents in a variety of clinical programs (pharmacy, pastoral care, and other programs) rotate through TGH or in some cases are assigned to TGH for their training. Finally, TGH sponsors continuing medical education (CME) for physicians in the community and in outlying areas. In fiscal year 2013, TGH CME sponsorships provided CME education to 983 physicians, none of whom were on the TGH medical staff. The cost of CME sponsorships exceeded \$70,500. In all cases, surplus funds are dedicated to the educational mission of TGH. Tampa General's commitment to improving the health status of the community is evident in the vast array of educational programs, screenings and support groups it provides to the community. In fiscal year 2013, TGH provided 403 free programs and screenings to 7,503 members of the community. Educational programs focused on everything from preventing the flu, to smoking cessation to stress management. Programs were provided in a variety of locations. For example, programs of particular interest to seniors were provided at several senior living facilities within the primary service area including Sun City, University Village, Bayshore Presbyterian and Tampa Baptist Manor. In fiscal year 2013, TGH participated in three programs in collaboration with its community partners. Health, & Fit for Life is a program for kids and their parents that focus on making healthy food choices and increasing exercise as a way of maintaining and controlling weight. Health, & Fit was designed with More Health, a community based health education program for children in Hillsborough & Pinellas Counties. This program was provided at the University Area Community Development Center. Living Healthy and Matter of Balance</p>
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Community Development Center. Living Healthy and Matter of Balance are both multi-week programs aimed at individuals with chronic illnesses or balance concerns. These programs were provided in conjunction with the Florida's West Coast Area Agency on Aging. Our commitment to provide our community with free resources to improve their health was demonstrated by the addition of two new programs, "Active Living Every Day" and "Healthy Living Every Day". Eight weeks each, these programs focus on the importance of being active and eating healthy. Screenings provided during fiscal year 2013 ranged from blood pressure and diabetes to screenings for memory loss, hearing, peripheral vascular disease and abdominal aortic aneurysms. TGH has a dedicated staff responsible for developing programs as well as identifying high risk areas within the county that might benefit most from screenings and health prevention and promotion programs. In addition to providing educational programs and screenings, TGH also provides financial support to other community not-for-profit organizations. This funding is another way that TGH utilizes its surplus funds to support the community health and well being. In fiscal year 2013, TGH provided financial support to numerous not-for-profit organizations. This support ranged from donations under \$1,000 to commitments in excess of \$250,000. Three organizations in particular receive significant support from TGH: More Health Inc., Ronald McDonald Mobile Health Van and Tampa Community Health Center. For more than 20 years, TGH has been the largest single sponsor of More Health, Inc. More Health provides health education in Hillsborough and Pinellas County public and private schools. Innovative, hands on instruction for all grades is a key feature of More Health and more than a million children have benefited from the education provided by More Health. TGH, in conjunction with the USF Health Morsani College of Medicine and the Ronald McDonald Foundation supports a mobile medical van that provides medical and dental services to underserved children in the region. TGH also provides financial support to Tampa Community Health Center (TCHC). TCHC is a federally qualified health center that provides significant amounts of service to underserved populations in Hillsborough County. TGH's donation allows them to expand primary care and other services. In addition TGH supports a variety of other not-for-profits including the American Heart Association, March of Dimes, Ronald McDonald Foundation, Wheels of Success, the Epilepsy Foundation, Joshua House, the Spring and many others. In addition to financial support, many TGH employees volunteer their time and participate in fundraising events like the Heart Walk for the American Heart Association.

SchH_P06_S00_L06	Schedule H, Part VI, Line 6	Not Applicable
SchH_P06_S00_L07	Schedule H, Part VI, Line 7	Florida
SchH_P06_S00_L08	Schedule H, Part VI, Line 8	Not Applicable

Schedule H (Form 990) 2012

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TIN: 59-3458145

Schedule I
(Form 990)

OMB No. 1545-0047

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

2012

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

Open to Public
Inspection

DEPARTMENT OF TREASURY

FLORIDA HEALTH SCIENCES CENTER INC

▶ Attach to Form 990

Employer identification number

59-3458145

Part I
General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

2 ☒ Yes ☐ No

Page 2

Part II
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

For each organization or government	Amount of cash assistance received from the organization or government	Amount of non-cash assistance received from the organization or government (if applicable)	Amount of cash assistance received from the organization or government (if applicable)	Amount of non-cash assistance received from the organization or government (if applicable)	(g) Description of non-cash assistance (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
(1) Tampa Family Health Center Inc 2103 N Rome Ave Tampa, FL 33607	59-2420282	501(c)3	300,000			
Provides support for hiring additional primary care physicians to serve underserved populations 3821 Henderson Blvd Tampa, FL 33629	59-3397472	501(c)3	288,271			

Support mission to provide health education to students in Hillsborough County House no 28 Columbia Drive Tampa, FL 33606	59-1835985	501(c)3	79,000
Support mission to provide temporary lodging and other support to University of South Florida students of Tampa, FL 33620	59-3102112	501(c)3	60,000
Tampa General Hospital and University of South Florida together support the American Heart Association Heart Disease and Stroke Prevention Unit. The unit provides medical services to children.	13-5613797	501(c)3	50,000
Support the mission of the American Heart Association via sponsorship of Tampa American Heart Association fundraising events.	59-0624459	501(c)3	47,667
Support education of healthcare professionals by funding a portion of art instruction at the University of South Florida 4202 E Fowler Ave Tampa, FL 33620	59-3102112	501(c)3	33,002
Support education of healthcare professionals by funding a portion of art instruction at the University of South Florida 4202 E Fowler Ave Tampa, FL 33620	13-1846366	501(c)3	25,000
Support the mission of the March of Dimes via sponsorship of various March of Dimes Distance Classic fundraising events. PO Box 1881 Tampa, FL 33601	59-0943559	501(c)3	19,530
Provide free screening and medical services prior to and on the day of the 610 Friends of the Riverwalk 101 E Kennedy Blvd Suite 2000 Tampa, FL 33602	20-3146250	501(c)3	8,500
Support community development of outdoor spaces. (11) Hillsborough Organization for Progress and Equality Inc 5103 N Central Ave Tampa, FL 33603	59-2914463	501(c)3	7,500
Donation to H.O.P.E. (12) WEDU 1300 North Boulevard Tampa, FL 336075646	59-0840626	501(c)3	7,500

Sponsorship of programming for preventing substance abuse			
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	12
3	Enter total number of other organizations listed in the line 1 table	▶	0

Part III
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III. Grants and other assistance to individuals. If additional space is needed, attach separate sheets.		(f) Description of non-cash assistance
(b) Number of recipients	(c) Amount of cash grant	
(d) Amount of		

non-cash assistance

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ObjectID: 201411979349300346 - Submission: 2014-07-09

TIN: 59-3458145

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

Part I
Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☒ First-class or charter travel ☐ Housing allowance or residence for personal use
- ☐ Travel for companions ☐ Payments for business use of personal residence
- ☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees
- ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes 2

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

2 Yes 3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- ☒ Compensation committee ☒ Written employment contract
- ☒ Independent compensation consultant ☒ Compensation survey or study
- ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee

During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

Yes c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

No b Any related organization?

5b

No If "Yes," to line 5a or 5b, describe in Part III.

6

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a Yes

b Any related organization?

6b

No If "Yes," to line 6a or 6b, describe in Part III.

7

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes 8

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9
No		

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

Cat. No. 50053T

Schedule J (Form 990) 2012

Page 2

Schedule J (Form 990) 2012

Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Instructions. On row (i). Do not list any individuals that are not listed on Form 990, Part VII.									
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount in column (E). Section A, line 8, applicable column (B) and (E) amounts for that individual.	(A) Name and Title	(B)(i)-(iii) for each listed individual must equal the total amount in column (E). Section A, line 8, applicable column (B) and (E) amounts for that individual.	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(1)	John H Bond JrVice President	199,547 0	38,028 0	121,512 0	21,320 0	14,730 0	395,137 0	0 0	
(2)	Mark W CampbellVice President	169,381 0	32,718 0	31,046 0	14,737 0	14,706 0	262,588 0	0 0	
(3)	Janet H DavisVice President	228,949 0	63,728 0	112,696 0	27,598 0	7,801 0	440,772 0	0 0	
(4)	Robin W DeLaVergneSenior Vice President	248,948 0	58,769 0	110,799 0	22,651 0	8,000 0	449,167 0	0 0	
(5)	Cheryl A EaganVice President	219,346 0	55,687 0	49,292 0	20,891 0	10,269 0	355,485 0	0 0	
(6)	Anthony D EscobioVice President	170,928 0	33,818 0	21,218 0	19,389 0	14,711 0	260,064 0	0 0	
(7)	Sally H HoustonSenior Vice President, CMO	390,117 0	96,038 0	255,663 0	28,132 0	9,856 0	779,806 0	0 0	
(8)	Ronald A HytoffPresident, CEO	1,009,013 0	307,847 0	324,817 0	120,031 0	13,142 0	1,774,850 0	0 0	
(9)	Elizabeth J Lindsay-WoodSenior Vice President	333,138 0	73,859 0	1,236,960 0	20,876 0	14,840 0	1,679,673 0	0 0	
(10)	Veronica B MartinVice President	193,115 0	59,464 0	1,000 0	14,571 0	8,230 0	276,380 0	0 0	
(11)	Jean M MayerSenior Vice President	266,180 0	63,373 0	102,745 0	30,939 0	7,701 0	470,938 0	0 0	
(12)	Deana L NelsonExecutive Vice President, COO	518,273 0	137,021 0	227,698 0	59,198 0	5,659 0	947,849 0	0 0	
(13)	Maureen OgdenVice President	191,269 0	68,261 0	70,191 0	25,247 0	10,241 0	365,209 0	0 0	
(14)	Amy J ParatoreVice President	163,951 0	53,511 0	75,210 0	18,185 0	14,708 0	325,565 0	0 0	
(15)	Richard L PaulaChief Medical Informatics Officer	233,397 0	49,459 0	809 0	16,231 0	13,953 0	313,849 0	0 0	
(16)	Judith M PloszekSenior Vice President	314,899 0	73,055 0	115,534 0	35,849 0	5,487 0	544,824 0	0 0	
(17)	David K RobbinsVice President	213,438 0	40,016 0	1,458 0	18,167 0	14,742 0	287,821 0	0 0	
(18)	Chris A RoedererSenior Vice President	289,409 0	65,937 0	133,023 0	19,314 0	10,309 0	517,992 0	0 0	
(19)	Steve L ShortExecutive Vice President, CFO	516,363 0	137,021 0	188,754 0	59,198 0	14,180 0	915,516 0	0 0	
(20)	Maja G GiftDirector of Pharmacy	179,107 0	19,448 0	1,512 0	18,467 0	8,206 0	226,740 0	0 0	
(21)	Peter J BermanInternal Medicine Cardiology	520,023 0	544 0	4,902 0	38,586 0	14,202 0	578,257 0	0 0	
(22)	Victor D BowersInternal Medicine Surgery	560,030 0	1,904 0	4,902 0	53,353 0	480 0	620,669 0	0 0	
(23)	Debbie A Rinde-HoffmanInternal Medicine Cardiology	753,681 0	544 0	2,622 0	72,666 0	14,202 0	843,715 0	0 0	
(24)	Mark W WestonInternal Medicine Cardiology	759,655 0	544 0	5,852 0	72,832 0	14,202 0	853,085 0	0 0	
(25)	Ting C HuangTransplant Physician Surgery	432,136 0	544 0	984 0	32,786 0	0 0	466,450 0	0 0	
(26)	Balaji RamadossVice President Chief Technology Officer	173,783 0	12,174 0	255 0	9,908 0	5,639 0	201,759 0	0 0	
(27)	Julita C KallenbornVice President Acute Care	139,802 0	17,104 0	408 0	14,832 0	14,685 0	186,831 0	0 0	
(28)	Jana GardnerVP Ambulatory Care	198,115 0	33,861 0	1,699 0	19,523 0	14,712 0	267,910 0	0 0	
(29)	Scott J ArnoldSenior Vice President Information Systems	218,182 0	52,209 0	654 0	15,112 0	14,762 0	300,919 0	0 0	
(30)	Vincent D PerronVice President Medical Affairs	221,288 0	12,038 0	2,326 0	13,173 0	9,695 0	258,520 0	0 0	

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.

Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	TGH pays membership dues for the University Club of Tampa for Mr. Ronald Hytoff. These membership dues were not treated as taxable compensation to the recipient. Any international travel by an executive is booked with a first class ticket.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Within the framework of applicable law, Tampa General Hospital will establish and maintain compensation goals, policies,

		and programs that enable the hospital to recruit, develop, and retain the most qualified and talented staff. Tampa General Hospital strives to effect a strategic investment in the people who support the hospital's mission. Compensation goals, policies, and programs are guided by and reflect our values and principles, which are consistent with the high quality of the hospital's achievement in the furtherance of medical science. Differences in pay will not be based upon such factors as race, religion, gender, national origin, ancestry, age, marital status, or disability. To ensure that TGH is paying reasonable compensation and not violating the private inurement prohibition, the Compensation Committee of the Board of Directors annually reviews and sets the compensation of officers, the executive group and key employees. The Committee utilizes the outside consulting firm of Towers Watson to provide expert information regarding industry-wide compensation norms.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Schedule J, Part 1, Line 4 -Tampa General Hospital provides the executive staff with a supplemental retirement plan (SERP). Participants of this plan are listed on Statement 4 column C3 (Officers). As these participants become vested, the incremental amount of vested benefits is included on Form W-2; however, distributions are not made until either the participant retires or leaves the organization. The compensation reported in the 2012 W-2s includes the following vested amounts: Amy J. Paratore: \$74,448; Anthony D. Escobio: \$20,735; Cheryl A. Eagan: \$40,216; Chris A. Roederer: \$130,401; David K. Robbins: \$141,000; Deana L. Nelson: \$225,203; Elizabeth Lindsay-Wood: \$1,234,122; Janet H. Davis: \$109,977; Jean M. Mayer: \$95,221; John H. Bond: \$116,614; Judith M. Ploszek: \$112,725; Mark W. Campbell: \$30,722; Maureen Ogden: \$68,418; Robin DeLaVergne: \$107,417; Ronald A. Hytoff: \$298,909; Sally Houston: \$253,648; and Steve L. Short: \$186,259.
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	A portion of the bonuses and incentive is based achieving certain financial targets. The remaining bonuses are based on the achievement of certain quality indicators and other non-financial metrics.
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	33.33% of the total bonus and incentive is based on achieving certain financial targets. The remaining bonus is based on the achievement of certain quality indicators and other non-financial metrics.

Schedule J (Form 990) 2012

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TIN: 59-3458145

Schedule K
(Form 990)

OMB No. 1545-0047

2012

Open to Public
InspectionName of the organization
Internal Revenue Service
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

59-3458145

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Hillsborough County Industrial Development Authority	59-1293512	43233ACT1	09-28-2006	190,910,329	Hospital Expansion		X		X		X
B Hillsborough County Industrial Development Authority	59-1293512	43233AEA0	02-28-2013	186,480,570	Hospital Expansion and Refunding 2003 Bond Issue		X		X		X
C Hillsborough County Industrial Development Authority	59-1293512		09-19-2013	50,889,807	Refunding 2003 Bond Issue		X		X		X

Part II Proceeds

	A		B		C		D	
	1	2	3	4	5	6	7	8
1 Amount of bonds retired	4,550,000	0	0					
2 Amount of bonds legally defeased	0	0	0					
3 Total proceeds of issue	202,380,091	186,480,570	50,889,807					
4 Gross proceeds in reserve funds	0	0						
5 Capitalized interest from proceeds	0	0	0					
6 Proceeds in refunding escrows	0	134,532,845	50,593,688					
7 Issuance costs from proceeds	2,184,896	1,945,528	161,750					
8 Credit enhancement from proceeds	0	0	0					
9 Working capital expenditures from proceeds	0	0	0					
10 Capital expenditures from proceeds	199,158,149	19,672,822	0					
11 Other spent proceeds	870,854	0	0					
12 Other unspent proceeds	166,192	30,329,375	134,369					
13 Year of substantial completion	2009		2015		2014			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X			X	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

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

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Schedule K (Form 990) 2012

Page 2

Schedule K (Form 990) 2012

Page 2

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		

d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . ▶	0%		0%		0%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0%		0%		0%		%
6	Total of lines 4 and 5	0%		0%		0%		%
7	Does the bond issue meet the private security or payment test?		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.		%		%		%	%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		

Part IV Arbitrage

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

Schedule K (Form 990) 2012

Page 3

Schedule K (Form 990) 2012

Page 3

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	Transamerica Life							
c	Term of GIC	2.25							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

Part VI**Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SchK_P01_S00_L00e	Schedule K, Part I, Column e	Differences between "Issue Price" (column e) and "Total Proceeds of Issue" (line 3) are the result of investment earnings.
SchK_P04_S00_L02c	Schedule K, Part IV, Line 2c	100% of these funds were utilized to defease other outstanding issues; therefore, no arbitrage calculation is required.

Schedule K (Form 990) 2012

Additional Data

Return to Form

Software ID: 12000197

Software Version: v1.00

efile Public Visual Render	ObjectID: 201411979349300346 - Submission: 2014-07-09	TIN: 59-3458145
Schedule L (Form 990 or 990-EZ)	Transactions with Interested Persons ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.	OMB No. 1545-0047 2012 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

Name of the organization FLORIDA HEALTH SCIENCES CENTER INC	
Employer identification number	
Part I 59-3458145 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" (b) Relationship between disqualified person and the organization, or Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a.	
2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.												
(a) Name of the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a.	(b) Relationship between person and organization	(c) Amount of loan	(d) From 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a		(e) Original principal amount	(f) Balance due	(g) Line 26a? If the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a.		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefitting Interested Persons.				
(a) Name of the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a.	(b) Relationship between person and organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Page 2					
Part IV Business Transactions Involving Interested Persons.					
(a) Name of the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 38a.	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DeLaVergne & Company	Business owned by son of Robin DeLaVergne	51,840	Real Estate Commission		No

Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).		
Identifying information SchL_P04_S00_L00	Return Reference Schedule L, Part IV	Explanation Schedule L, Part IV - DeLaVergne & Company is a real estate brokerage firm owned by the son of Robin DeLaVergne (Senior Vice President of FHSC). FHSC engages DeLaVergne & Company for commercial real estate services, which are paid at fair market value. Florida Orthopedic is an orthopedic care center, of which Dr. Thomas Bernasek (former board director and Chief of Staff at FHSC) is a shareholder and employee. FHSC engages Florida Orthopedic Institute for orthopedic services, which are paid at fair market value. Suntrust Bank is a national bank, of which Fred Dobbins (board director of FHSC) is an employee. FHSC has commercial bank accounts with Suntrust Bank that are maintained in the ordinary course of business. Lifelink Foundation is an organ procurement organization, of which Dr. Dana Shires (board director at FHSC) is co-founder, former CEO and current Chairman of the Foundation. FHSC purchases organs for transplantation at fair market value from the Lifelink Foundation. Gulf to Bay Anesthesiologists is a physician group practice, of which Dr. David M. Morgan (board director and former Chief of Staff at

Dr. Devanand Mangar (board director and former Chief of Staff at FHSC) is President and an employee. FHSC engages Gulf to Bay Anesthesiologists for the provision of anesthesiology services, which are paid at fair market value. Radiology Associates of Tampa is a physician group practice, of which Dr. Bruce Zweibel (board director and Chief of Staff at FHSC) is a shareholder and employee. FHSC engages Radiology Associates for the provision of radiology services, which are paid at fair market value.

Schedule L (Form 990 or 990-EZ) 2012

Additional Data

[Return to Form](#)

Software ID: 12000197

Software Version: v1.00

[efile Public Visual Render](#)

ObjectID: 201411979349300346 - Submission: 2014-07-09

TIN: 59-3458145

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 to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection
2012Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

59-3458145	Identifier	Return Reference	Explanation
F990_P06_S0A_L07a		Form 990, Part VI, Section A, Line 7a	USF designates one individual to participate in FHSC's board. In addition, the Chairman of the Board of the Tampa General Hospital Foundation is also a member of FHSC's board.
F990_P06_S0A_L07b		Form 990, Part VI, Section A, Line 7b	The Hillsborough County Hospital Authority has the right to approve amendments to FHSC's Articles of Incorporation.
F990_P06_S0B_L11b		Form 990, Part VI, Section B, Line 11b	The IRS Form 990 is prepared by the Finance Department and sent to Tampa General Hospital's tax accountants for review. Following the revisions made at the suggestion of Tampa General Hospital's tax accountants, the IRS Form 990 is provided to the Chief Financial Officer (CFO) and the President/Chief Executive Officer (CEO) for comment and recommended changes. The Finance Department makes all appropriate revisions. The CFO reviews the Form 990 with the Audit Committee and considers any changes recommended by the Audit Committee. Any agreed-upon changes are incorporated and the draft Form 990, along with the Mission Statement, is distributed to the Board of Directors for review and approval. Upon approval by the Board, the Form 990 is filed with the IRS.
F990_P06_S0B_L12c		Form 990, Part VI, Section B, Line 12c	The monitoring and enforcing of the conflict of interest policy is a joint effort between Corporate Compliance and Human Resources. All new hires are required to review, complete, and sign the conflict of interest (COI) statement. The leadership group and all Board members are required to review, complete, and sign the COI annually. In addition, existing employees are required as part of their annual performance evaluation to review, complete, and sign the COI. All the COIs are reviewed by Human Resources. If there is a COI disclosed on the form, additional information is requested from the employee and in some cases Corporate Compliance is included where additional input or guidance is needed by Human Resources. Employees are also advised to disclose COIs that may arise during the course of the year. Employees and other TGH healthcare partners can similarly report COIs to Corporate Compliance using the compliance line, email, phone, etc. Periodically, in newsletters issued by Corporate Compliance, reference is made to COI. It is the responsibility of Corporate Compliance to

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TIN: 59-3458145

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

59-3458145

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Tampa General Hospital Foundation Inc PO Box 1289 Tampa,FL33601 23-7354477	Fundraising to support TGH's mission	FL	501(c)(3)	Line 7	N/A		No
(2) Tampa General Hospital Auxiliary Inc P O Box 1289 Tampa,FL33601 59-0810712	Support Tampa General Hospital	FL	501(c)(3)	Line 11c - Type III	N/A		No
(3) Tampa General Medical Group Inc P O Box 1289 Tampa,FL33601 27-4749421	Physician Specialty Offices	FL	501(c)(3)	Line 9 (509)(a)(2)	N/A		No

Schedule R (Form 990) 2012											Page 2		
Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Florida Health Sciences Center LTD c/o Marsh Management Svcs 23 Lime Tree Bay Av Bd 4 Fl 2 Georgetown,Grand CaymanKY1-1102 CJ 98-0695992	Professional liability & general liability coverage to TGH on a claims made basis.	CJ	Florida Health Scences Center Inc	C		75,437,268	100 %	Yes	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			No
b Gift, grant, or capital contribution to related organization(s)			No
c Gift, grant, or capital contribution from related organization(s)		Yes	
d Loans or loan guarantees to or for related organization(s)			No
e Loans or loan guarantees by related organization(s)			No
f Dividends from related organization(s)			No

1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No

TIN: 59-3458145

4/10/25, 7:12 AM

