		lic Visua		Objectia: 20152	22049349300762 - Sı	ubmission:	2015-07	-14	TI	N: 59-3458145
(99	<u> </u>	Ret	turn of Organ	nization Exempt	From Ir	come	Tax	OM	ИВ No. 1545-0047
Form •	3 3	U		•	4947(a)(1) of the Inter					2013
		ne Treasury e Service		generally o	foundations) numbers on this form as it cannot redact the informati m 990 and its instructions	on on the forn	i. ,	•	C	Open to Public Inspection
A F	or the				g 10-01-2013 , 2013, a	nd ending 09	-30-2014			
	ck if ap	plicable:	Name of organiz	zation 'H SCIENCES CENTER INC				D Employer i	dentifi	ication number
Addre	ss chang	ie						59-345814	.5	
	_	,	Doing Business TAMPA GENERA							
Name	change	-	Number and str	eet (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu	umber	
	return		PO BOX 1289					(813) 844-	7000	
Termi	nated	_			and ZIP or foreign postal code			G Gross receip		457,733,374
		-	TAMPA, FL 336	01						
Amen	ded retu	rn								
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			Steve L Short (icei.			a group returi inates?	n for	☐Yes ✓No
			Attn Corporate P O Box 1289	Accounting		н		subordinates		Yes No
			Tampa, FL 336	501			include	ed? " attach a list.	(000	
I Tax	k-exemp	pt status:	501(c)(3)	501(c) () ◀ (inser	t no.) 4947(a)(1) or	527 H	-	exemption nu	•	,
J W	ebsite	http:/	//www.tgh.org				с.оцр	ожеттреготт та		-
K Forn	n of ora	anization:	✓ Corporation	Trust Associatio	n Other		L Year of form	mation: 1997	M Sta	ate of legal domicile: FL
		,								
<u>Pa</u>	rt I	Summ	ary							
Governance	and our services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care pr effectiveness, and patient experience. With our unique blend of academic and other health care partners, we play a supporting medical education and research in our region.								•	
580		2 Check this box ▶ ☐ 3 Number of voting members of the governing body (Part VI, line 1a)								ciai role in
vittes				urs of the governing hou						
É	I	Number of	voting membe		dy (Part VI, line 1a)				3 4	14
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Revenue	5 T 6 T 7a T b N 8 C 9 F 10 I 11 C 12 T 13 C 14 E 15 S 16a H b T 17 C	Number of Number	voting membe independent ver of individual er of volunteer steed business tans and grants rvice revenue income (Part VIII, ue—add lines similar amour id to or for meher compensal fundraising fing expenses (Part IX, unsees (Part IX, unsee unsees (Part IX, unsees (Part IX, unsees (Part IX, unsees (Part IX, unseed under unseed under unseed unseed unseed under undeer under un	oting members of the ls employed in calendars (estimate if necessare evenue from Part VIII xable income from For (Part VIII, line 1h) . (Part VIII, line 2g) . VIII, column (A), lines 5, 68 through 11 (must exist paid (Part IX, column tembers (Part IX, column tembers (Part IX, column tembers (Part IX, column temployee benefit fees (Part IX, column (Part IX, colu	dy (Part VI, line 1a)	a)	1	6,022,441 .,010,430,381 25,688,257 -6,595,029 .,035,546,050 1,029,444 0 482,254,874	3 4 5 6 7a	14 9 8,218 350 929,510 368,346 Current Year 6,514,142 1,075,363,306 45,755,294 0 1,127,632,742 873,145 0 490,538,942 0 537,758,616
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B.	20 lotal a	issets (Part X, line 16)			•	<u> </u>	1,3/2,90	5,/21	1,491,350,41/
Net Ass Fund Ba		, , , , , , , , , , , , , , , , , , , ,					761,00	•	791,047,462
		sets or fund balances. Subtract	line 21 from line	20			611,96	1,415	700,308,955
		gnature Block f perjury, I declare that I have (avaminad this rot	urn including accom	nanvin	a schodulos	and statemen	ate and to the	host of my
knowl		elief, it is true, correct, and com							
			Signature	e of officer			2015-07-14 Date		
Sign Here			_		١,,,		5400		
				hort CFO and Executive rint name and title	Vice Pre	esident			
	. <u>'r </u>	Print/Type preparer's name Allison Franklin	Preparer's Allison Fra			Date 2015-07-14	Check if	PTIN P00448640	
Paid	d parer	Firm's name KPMG LLP					self-employed Firm's EIN	13-5565207	
	Only								
	U ,	Firm's address 300 North Green Suite 400		Phone no. (336	5) 433-7081				
M	h - IDC di	Greensboro, NC		:				. Ves	
мау с	ne IKS alsci	uss this return with the prepare	snown above? (see instructions) .				. Yes	U No
For P	aperwork	Reduction Act Notice, see the	e separate instr	uctions.		Cat. No. 11	.282Y		Form 990 (2013)
				— Page 2 ——					
Form	990 (2013)								Page 2
Part	III Sta	tement of Program Servi	ce Accomplis	hments					
	Che	ck if Schedule O contains a resp	onse or note to a	any line in this Part II	Ι.				🔽
1	Briefly des	cribe the organization's mission:							
our re	egion.	our unique blend of academic a						dicai educatio	n and research in
_	-	orm 990 or 990-EZ?						Yes	✓ No
	If "Yes," de	scribe these new services on So	chedule O.						
3	Did the org	anization cease conducting, or	make significant	changes in how it con	nducts,	any progra	m services?		
					• •			☐ Yes	✓ No
4		scribe these changes on Schedu		to for oach of its thre		at arearan	. comileos as	manaurad bu	.vnonese
•	Section 50	ne organization's program servic 1(c)(3) and 501(c)(4) organizat and revenue, if any, for each pr	ions are required	to report the amount	_		•	•	expenses.
4a	(Code:) (Expenses \$	784,899,586	including grants of \$) (Revenue \$	1,024,135	5,138)
	Florida servi over 6,500 e medical helic home to one successful hi coast of Flor Medical Cent are provided outpatient re Tampa Gene services. TG program. In	iervices: Tampa General Hospital, a lang a dozen counties with a population imployees, is one of the region's large copters, we are able to transport critic of the leading organ transplant centeart transplant in 1985. TGH is a statidia. Other outstanding centers including, which features a nine-bed pediatr in a variety of locations. A range of enabilitation services in an offsite facinal is committed to providing area relation, TGH provides trauma care of the patient days: 279,625, Emergence of the provides medical services to those addition, TGH provides trauma care of the provides medical services to those addition, TGH provides trauma care of the provides medical services to those addition.	n in excess of 4 milliest employers. TGH cally injured or ill paers in the country, he-certified comprehe cardiovascular, or ic intensive care unidiagnostic and therality and primary and sidents with exceller unable to pay through a regional basis a	on. As one of the largest is the area's only Level 1 tients from 23 surroundi aving performed more the ensive stroke center, and thopedics, high risk and it and one of just three opeutic outpatient serviced a specialty physician servit and compassionate heigh various means, includis well as other services.	t hospita I Trauma ing coun han 6,00 I its 32-t normal coutpatien es are pr vices in v alth care ding the at no ch	als in Florida, a center and of titles to receive to acceive the solid ped Neuroscie obstetrics, urat pediatric di ovided on the various offsite e ranging fror Hillsborough arge to eligib	Tampa General i one of just four e the advanced organ transplan ence Intensive Cology, ENT, endo alysis units in the TGH campus I e clinics. As the renthe simplest to County Health P	s licensed for 1, burn centers in facare they need they need the state. Services n addition, TGH egion's leading to the most comp lan and the State State. Services n addition, TGH egion's leading to the most comp lan and the State.	018 beds, and with Florida. With four The hospital is state's first irgest on the west le Children's for outpatients provides safety net hospital, lex medical e Medicaid
4b	(Code:) (Expenses \$	20,520,220	including grants of \$) (Revenue \$	9,003	,036)
	affiliated wit teaching affi year. The Me General Hos receive part during our F	caching program (the revenues and e th the University of South Florida ("US liate of the Morsani College of Medici- dicare program funds approximately pital for specialty training in areas rai of their training at Tampa General Ho iscal Year 2014. Faculty of the Morsai physicians, many of whom also serve	F") College of Medine at the University 200 residents, with aging from general inspital on an annual of College of Medicin	cine since the school was of South Florida. TGH ha the remaining slots fund thernal medicine to neur basis. University of Sout e at the University of So	s created as appro led solel osurger th Tampa	I in the early ximately 300 y by the hosp y. In addition a has 120 me	1970s. Tampa G residents that re bital. These resid , medical, nursin dical students re	ieneral Hospital intate through the lents are assigned and physical totaling at Tampa	is the primary e hospital each ed to Tampa herapy students all General Hospital

4c	(Code:) (Expenses \$	2,238,075	including grants of \$) (Revenue \$	2,209,073)						
	Tampa General Hospital is committed to supporting review processes designe and private physicians. OCR administrative servic for the duration of the stu pricing, and arrangement:	s uniquely poised to condinvestigators, sponsors, a d to fulfill the potential of uring fiscal year 2014, theses, the TGH Center for Oldy. Pre-study services in s for special services. Stu	uct cutting-edge clir nd patients particip clinical investigator e OCR provided ove utpatient Research l clude study placeme dy coordination ser	ical trials advancing the state ating in clinical trials. We pro is and their research staff. To rsight for a total of 578 active excellence (CORE) provides c ent, coordination of pre-study vices include recruitment, scr	e of medicine every day. The vide strategic services, educa it is actively engaged in clinie e studies including 218 newly coordination services that beging it is visit, regulatory work, le eening, subject enrollment, s	ine at the University of South Florid Office of Clinical Research (OCR) is tion and training, and comprehensis cal trials with university physicians approved studies. In addition to the in before site initiation and continue aboratory and radiology research tudy visits/procedures, in completion, and long term record						
	(Code: Tampa General Hospital's from restrictions, and oth			including grants of \$	2,784,943) (Revenue \$ ge revenues, pharmacy sales	39,086,549) to employees, net assets released						
	Other program services (Describe in Schedule O.)											
4d	Other program service	•				39,086,549)						
4d	(Expenses \$	35,053,083 incl	uding grants of \$	2,784,943	(Revenue \$	39,086,549)						
			uding grants of \$ 842,710,96	<u> </u>	(Revenue \$	39,086,549)						
4d 4e	(Expenses \$			<u> </u>	(Revenue \$	39,086,549) Form 990 (201						
4d 4e	(Expenses \$			<u> </u>	(Revenue \$	· · · ·						

Form 990 (2013) Page **3**

 Is the organize Schedule A Is the organize Schedule A Is the organize of public office A Section 501 Did the organize assessments, Part III 6 Did the organize of provide addorse to provide addorse provide addo				Page 3
Schedule A Is the organiz Did the organiz For public offit Section 501 Did the organiz Is the organiz assessments, Part III Did the organiz to provide ad D, Part I Did the organit the environm Did the organic Schedule D, F Did the organic amounts reservices? If " The organiz The organ	Checklist of Required Schedules	ı		
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3 Did the organ for public office public office public office or public office of office office of office off	rganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete le A	1	Yes	
for public office 4 Section 501 Did the organing assessments, Part III 6 Did the organite provide add D, Part I 7 Did the organite environm 8 Did the organite environm 8 Did the organite of amounts or services? If " 10 Did the organite or X as applice or X as appl	rganization required to complete Schedule B, Schedule of Contributors (see instructions)? 5	2	Yes	
Did the organing "Yes," completed assessments, Part III • 6 Did the organited provide add D, Part I • 7 Did the organited environm 8 Did the organited environm 8 Did the organited for amounts or services? If "" 10 Did the organized permanent environm 11 If the organized or X as applied a Did the organized or X as applied a Did the organited for amounts or X as applied a Did the organized permanent environment environ	organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates lic office? If "Yes," complete Schedule C, Part I	3		No
assessments, Part III . 6 Did the organ to provide ad D, Part I . 7 Did the organ the environm 8 Did the organ for amounts reservices? If " 10 Did the organ permanent er 11 If the organizor X as applicated a Did the organ assets reported by Did the organ total assets redulated by Did the organ in Part X, line e Did the organ the organizat 12a Did the organ If "Yes," complete Did the organ in Part X, line by Did the organ the organizat Did the organ the organizat Did the organ If "Yes," complete Did the Organ If "Yes,"	organizations. organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If complete Schedule C, Part II	4	Yes	
to provide ad D, Part I . 7 Did the organ the environm 8 Did the organ Schedule D, F 9 Did the organ for amounts reservices? If "" 10 Did the organ permanent er a Did the organ If "Yes," complete to Did the organ assets reported assets reported Did the organ in Part X, line e Did the organ the organizat Tab Did the organ the organizat Did the organ the organizat Did the organ the organizat Did the organ If "Yes," complete Did the organ the organizat Did the organ If "Yes," complete Did	rganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, nents, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i>	5		No
the environm 8 Did the organ Schedule D, F 9 Did the organ for amounts r services? If " 10 Did the organ permanent er 11 If the organiz or X as applic a Did the organ If "Yes," comp b Did the organ assets reporte c Did the organ total assets re d Did the organ in Part X, line e Did the organ f Did the organ in Part X, line c Did the organ in Part X, line b Did the organ the organizat 12a Did the organ If "Yes," comp b Was the organ	organization maintain any donor advised funds or any similar funds or accounts for which donors have the right de advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule I	6		No
Schedule D, R Did the organ for amounts r services? If "" To Did the organ permanent er the organ of the organ of the organ of the organ assets reported to the organ of the	organization receive or hold a conservation easement, including easements to preserve open space, ironment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
for amounts r services? If "" 10 Did the organ permanent er or X as applic or X as applic a Did the organ If "Yes," complete to Did the organ assets reported assets reported Did the organ in Part X, line e Did the organ the organizat 12a Did the organ If "Yes," complete Was the organ If "Yes," complete Was the organ If "Yes," complete Did the organ If "Yes," complete Was the organ If "Yes," complete Table 1.	organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete le D, Part III</i>	8		No
permanent er 11 If the organiz or X as applic a Did the organ If "Yes," comp b Did the organ assets reported to Did the organ total assets re d Did the organ in Part X, line e Did the organ the organ the organizat 12a Did the organ If "Yes," comp b Was the organ	organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian bunts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation of If "Yes," complete Schedule D, Part IV	9		No
or X as applic a Did the organ If "Yes," com, b Did the organ assets report c Did the organ total assets re d Did the organ in Part X, line e Did the organ the organ 212a Did the organ If "Yes," com, b Was the organ	organization, directly or through a related organization, hold assets in temporarily restricted endowments, ent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10	Yes	
If "Yes," comp b Did the organ assets report c Did the organ total assets re d Did the organ in Part X, line e Did the organ f Did the organ the organizat 12a Did the organ If "Yes," comp b Was the organ	rganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, applicable.			
assets reporte c Did the organ total assets re d Did the organ in Part X, line e Did the organ f Did the organ the organizat 12a Did the organ If "Yes," com b Was the organ	organization report an amount for land, buildings, and equipment in Part X, line 10? " complete Schedule D, Part VI. 📆	11a	Yes	
total assets ro d Did the organ in Part X, line e Did the organ f Did the organ the organizat 12a Did the organ If "Yes," com b Was the organ	organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
in Part X, line e Did the organ f Did the organ the organizat 12a Did the organ If "Yes," comp b Was the organ	organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
f Did the organizat the organizat 12a Did the organ If "Yes," comp b Was the organ	organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
the organizat 12a Did the organ If "Yes," comp b Was the organ	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😸	11e	Yes	
If "Yes," comp	organization's separate or consolidated financial statements for the tax year include a footnote that addresses anization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
b Was the orga	organization obtain separate, independent audited financial statements for the tax year? " complete Schedule D, Parts XI and XII	12a		No
	e organization included in consolidated, independent audited financial statements for the tax year? " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13 Is the organiz	rganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		Nie
- B. I. I.		13		No

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14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
				A (2012

----- Page 4 -----

	990 (2013) t IV Checklist of Required Schedules (continued)			Pag
			V	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		N
.6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		N
.7	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		N
8.	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):			
а	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	
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		N
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
3	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	Yes	
4	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	

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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b Yes within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related No 36

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 Yes 38

Yes

35a

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 38 All Form 990 filers are required to complete Schedule O. Form **990** (2013) Page 5 -Form 990 (2013) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 684 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Yes 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 8,218 2b Yes 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a Yes **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. Yes 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes **b** If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . No **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization No solicit any contributions that were not tax deductible as charitable contributions? . . . b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с No If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 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, have excess 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? . . . 9b Section 501(c)(7) organizations. Enter:

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_	Taibiation for and anital anti-hutian included an Dark VIII line 12	140-1		ı	i	ı
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	1,457,733,374			
b	Gloss receipts, included on Form 990, rait viii, line 12, for public use of club facilities	100	1,437,733,374			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	990 in li	eu of Form 1041?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state? Note additional information the organization must report on Schedule O.	. See th	e instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in					
	which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax ye			14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	on in Sci	nedule O	14b	orm 00	0 (2013
					01111 33	0 (2013
	Page 6 ————					
	990 (2013)					Page
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re	cnonce	to lines 82 8h or 10	h hali	ow doc	cribo
	the circumstances, processes, or changes in Schedule O. See instruction	•	to lines oa, ob, or 10	D DEIC	w, ues	CIIDE
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ction A. Governing Body and Management					1
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed b supervision of officers, directors or trustees, or key employees to a management comparation.	iny or o	ther person? .	3		No
4	Did the organization make any significant changes to its governing documents since the	•	orm 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization		ı'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					
b	members of the governing body?) memb	ers, stockholders, or	7a 7b	Yes Yes	
8	persons other than the governing body?					
•	the following: The governing body?			8a	Yes	
	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				, , ,	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	uired b	y the Internal Revenue	e Cod		1
	500 m to 1 m to				Yes	No
	Did the organization have local chapters, branches, or affiliates?		ala alamater a compa	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activiti and branches to ensure their operations are consistent with the organization's exempt p			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its grammar.	•		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990.				İ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	

		, , ,							-		ı		ı
	conflicts?			•	•	•				•	12b	Yes	
С	Did the organization regularly and consists Schedule O how this was done	ently monitor ar	nd enfor	ce co	mpl	liand	ce with	h th	e policy? <i>If "Yes," d</i>	escribe in	12c	Yes	
13	Did the organization have a written whistle	blower policy?									13	Yes	
14	Did the organization have a written docum					olicy	/? .				14	Yes	
15	Did the process for determining compensa persons, comparability data, and contemporate persons are contemporated by the contemporate persons are contemporated by the contemporat									dependent			
а	The organization's CEO, Executive Director							nı aı	id decision:		15a	Yes	
a b	Other officers or key employees of the org			лпсіа		•	•	•			15a	Yes	
	If "Yes" to line 15a or 15b, describe the pro-			ee ind	• struc	ctior	ns)	•			155	103	
16a	Did the organization invest in, contribute a		•				,	or s	similar arrangement	with a			
	taxable entity during the year?		•		•	٠					16a		No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic				_		_						
	status with respect to such arrangements?							_	•	ni s exempt	16b		
Se	ction C. Disclosure										100	1	
17	List the States with which a copy of this Fo	orm 990 is requ	ired to	be file	ed▶								
			/				FL						
18	Section 6104 requires an organization to n available for public inspection. Indicate how							,,	,	(c)(3)s only)			
	Own website Another's website	Upon req	luest	_ c	Othe	r (e	xplain	in S	Schedule O)				
19	Describe in Schedule O whether (and if so, policy, and financial statements available t						vernir	ng d	ocuments, conflict o	of interest			
20	State the name, physical address, and tele		of the p	oerso	n wl	ho p	osses	ses	the books and reco	rds of the org	anizat	ion:	
	Steve L Short EVP and CFO 1 Tampa Ger	neral Cir Tam	pa, FL 3	3606	(81	13) 8	344-7	000				Fa 00	o (2012)
												Form 99	U (2013)
				Page	- 7								
Form	990 (2013)												Page 7
Par	VII Compensation of Officers, D		stees,	Key	/ En	mpl	oyee	es, I	Highest Compe	nsated Emp	loye	es,	
	and Independent Contracto												
	Check if Schedule O contains a resp										•		<u>. U</u>
	omplete this table for all persons required to	· · ·								-	o ora	nization	'c tay
year.	omplete this table for all persons required to	be listed. Rep	DIT COIII	penso	atioi	11 101	the t	aiei	idai yeai ending wi	tii oi witiiiii ti	ie orga	ailizatioii	S Lax
	List all of the organization's current officers							or	organizations), rega	ardless of amo	unt		
	mpensation. Enter -0- in columns (D), (E), a	. ,	•					tion	of "kov omplovoo"	i			
	ist all of the organization's current key em ist the organization's five current highest o										ee)		
who i	received reportable compensation (Box 5 of vization and any related organizations.												
_	ist all of the organization's former officers,	key employees	, or hig	hest	com	ipen	sated	em	ployees who receive	ed more than	\$100,	000	
	portable compensation from the organization	•	_						,				
	ist all of the organization's former directo nization, more than \$10,000 of reportable co										the		
List p	ersons in the following order: individual tru	stees or directo		-				•	-				
	ensated employees; and former such perso												
	Check this box if neither the organization no		rganizat I	ion c			ated a	any		ctor, or trustee	e. T		
	(A) Name and Title	(B)	Doc	ition	(C)		check	,	(D) Reportable	(E)		(F Estim	
	Name and Title	Average hours per	more		•				compensation	Reportable compensation		amount (
		week (list	pers	on is	both	h an	office	er	from the	from relate	d	comper	
		any hours for related	_	a dir	-	·	ustee		organization (W- 2/1099-MISC)	organization (W- 2/1099		from organizat	
		organizations	Individual trustee or director	ins	Officer	Key employee	Highest o employee	Former	,,	MISC)		rela	ted
		below dotted line)	iii d	ŧ	ĕ	em	lest loy	ner				organiz	ations
		iiie)	ğ E	Institutional		응	8 8	-					
			as			уөө	퓛						
			99	Trustee			ens						
				99			Highest compensated employee						
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воага мешрег	0		1 1		1			
(3) Devanand Mangar MD Board Member	0	х				0	0	0
(4) John B McKibbon III Board Member	1	х				0	0	0
(5) Eugene H McNichols Board Member	0	х				0	0	0
(6) Pamela S Muma Board Member	0	х				0	0	0
(7) Shelton E Quarles Board Member	0	х				0	0	0
(8) Dana L Shires MD Board Member	0	х				0	0	0
(9) John T Sinnott MD Board Member	0	х				0	0	0
(10) David A Straz Jr 	0	х		x		0	0	0
(11) Joseph W Taggart Board Member	0	х				0	0	0
(12) John T Touchton Jr Board Member	0	Х				0	0	0
(13) Erika Wallace Board Member	0	х				0	0	0
(14) Bruce Zwiebel MD Board Member	4.00	Х				61,667	0	0
(15) Michael Gorsage Senior Vice President of Strategic Svcs and Business Development	50	Х				0	0	0
(16) Laura Haubner MD Vice President Chief Quality Officer	50	Х				0	0	0
(17) James Tanner MD Senior Vice President TGMG	50	х				0	0	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)	pers and	n on on is	e bo both ecto	che x, u n an r/tru	nless office ustee)	r	(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
(18) Rebecca Zucarelli	50 	X						0	0	0
Senior Vice President Patient Experience Officers										
(19) Mark Anderson	50	Х						0	0	0
	1	^	I					U	U	U

Sr Vice President of Ambulatory Services (20) James R Burkhart										
(20) James K Burkhart	50			Х				1,032,108	0	6,685
President - CEO										
(21) Janet H Davis	50			Х				517,502	0	39,143
Senior Vice President, CNO	۵۵	••••		, ,				517,562		33/1.0
(22) Robin W DeLaVergne	50			V				202 844	0	20.207
Senior Vice President Development	<u></u> o			X				392,844	0	30,397
(23) Cheryl A Eagan	50									
Senior Vice President Support Services	·····			Х				393,370	0	33,654
(24) Anthony D Escobio	50									
Vice President Patient Financial Services				Х				296,829	0	36,675
(25) Sally H Houston										
	50	ļ		Х				670,810	0	51,355
Senior Vice President, CMO (26) Jean M Mayer										
(20) Scan in Mayer	50			Х				463,581	0	41,111
Senior Vice President Strategic Services										
(27) Deana L Nelson	50			Х				967,971	0	70,175
Executive Vice President, COO	ο									
(28) John H Bond Jr	50			x				326,494	0	38,564
Vice President Surgical Services	۵							320,134		30,304
(29) Mark W Campbell	50			V				205 472		22.101
Vice President Materials Management	۵م	 		Х				285,472	0	32,194
(30) Scott J Arnold	50									
Senior Vice President Information Systems	····			Х				316,103	0	32,757
(31) Maureen Ogden	50									
Vice President Cardiovascular Comisees				Х				372,705	0	26,726
Vice President Cardiovascular Services (32) Judith M Ploszek										
	50			Х				569,768	0	45,201
Senior Vice President Finance Administration (33) Chris A Roederer										
	50			Х				451,674	0	37,464
Senior Vice President Human Resources										
(34) Steve L Short	50			Х				870,656	0	79,127
Executive vice Fresident, Cl O										
(35) Jana Gardner Vice President Physician Practice Operations	50			Х				232,376	0	37,334
Vice President Physician Practice Operations	Δ	••••								
(36) Vincent D Perron	50			x				297,825	0	26,693
Vice President Medical Affairs	<u></u>			^				297,823	0	20,093
(37) Pamela G Sanders	50								_	
Vice President Women and Children Svcs				Х				165,034	0	24,578
(38) Julita C Kallenborn	50									
Vice President Acute Care	.			Х				194,532	0	32,712
(39) David K Robbins										
	50 م			Х				341,571	0	41,242
Vice President Professional Svcs (40) Balaji Ramadoss										
	50	<u> </u>		х				221,229	0	21,944
vice President Chief Technology Officer			-							
(41) Maja G Gift	50				х			200,087	0	26,533
Director of Pharmacy										
(42) Mark W Weston	50					х		765,401	0	56,813
Internal Medicine Cardiology	ο							705,101	0	30,013
(43) Debbie A Rinde-Hoffman	50					Х		758,366	0	F6 624
Internal Medicine Cardiology	۵م	<u> </u>	1			L^		/50,366		56,634
(44) Peter J Berman	50					· ·			=	
Internal Medicine Cardiology		ļ				Х		527,258	0	54,936
(45) Ting C Huang	50									
Transplant Physician Surgery	۵	ļ				Х		432,690	0	39,369
(46) Guy W Neff MD			1							
		 				Х		503,067	0	35,307
Transplant Physician (47) Richard L Paula			1							
(,	50	1	1	1	1	l	х	306,162	0	31,558

d Total (add lines 1b and 1c)		 •	•		▶		17,401,357		0		1,161,563 rm 990 (2013)
c Total from continuation sheets to Par	•				•		17 101 257				1 161 560
1b Sub-Total				1	-						
President, CEO							3/2 :	-,			
(50) Ronald A Hytoff	50					x	3.84	3,375		0	27.912
Senior Vice President Information Technology	·······················					Х	40	6,294		U	27,920
(49) Elizabeth J Lindsay-Wood	50					_	40	. 204		0	27.020
Vice President Emergency Services						^	21	0,550		J	10,030
(48) Amy J Paratore	50					x	21	6,536		0	18,850

Page 9 Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (A) (B) (C) (D) Total revenue Unrelated Revenue Related or exempt business excluded from function revenue tax under sections 512-514 revenue 1a Federated campaigns . . **b** Membership dues . 1b and Other Similar Amounts Contributions, Gifts, Grants c Fundraising events . 1c 0 d Related organizations 2,671,408 e Government grants (contributions) 3,671,239 f All other contributions, gifts, grants, and similar amounts not included **1f**above 171,495 171,495 Noncash contributions included in lines 1a-1f:\$ h Total.Add lines 1a-1f . 6,514,142 Program Service Revenue **Business Code** 622000 1,009,494,444 1,009,494,444 0 2a Patient Service Revenue 622000 23,643,730 23,643,730 0 **b** Disproportionate Share Revenue 446110 **c** Outpatient Pharmacy Sales-Employees 23,082,325 23,082,325 0 621990 **d** Research, Meaningful Use and Other 18,213,297 18,213,297 0 621500 929,510 929,510 0 e Commercial Lab ${f f}$ All other program service revenue. 0 0 1,075,363,306 g Total.Add lines 2a-2f 3 Investment income including dividends, interest, and other 17,206,147 17,206,147 0 similar amounts) 8,877 0 8,877 4 Income from investment of tax-exempt bond proceeds **5** Royalties . (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) d

(i) Securities

(ii) Other

358,640,902

330,100,632

net rental income or (loss)

7a Gross amount

from sales of assets other than inventory **b** Less: cost or

other basis and

d All other revenue .

12

Total. Add lines 11a-11d . .

Total revenue. See Instructions. . .

Form **990** (2013)

45,755,294

929,510

Page 10

1,127,632,742

1,074,433,796

Form 990 (2013) Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	873,145	873,145	general expenses	
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,329,538	2,025,179	7,304,359	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,823,283		4,823,283	
7 Other salaries and wages	372,989,008	307,539,213	65,449,795	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,705,827	10,484,228	2,221,599	
9 Other employee benefits	63,229,845	54,009,658	9,220,187	
0 Payroll taxes	27,461,441	22,556,975	4,904,466	
1 Fees for services (non-employees):		•	•	
a Management	5,701,084	1,231,864	4,469,220	
b Legal	3,605,544	1,500	3,604,044	
c Accounting	338,676	-,	338,676	
-	371,864	371,864	330,070	
d Lobbying	371,001	371,001		
e Professional fundraising services. See Part IV, line 17	2,182,467		2 192 467	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	110,043,179	96,065,670	2,182,467	
2 Advertising and promotion	4,065,725	17,376	4,048,349	
3 Office expenses	270,751,898	249,931,729	20,820,169	
	31,251,751	11,459,572	19,792,179	
4 Information technology	31,231,731	11,135,372	15,752,175	
5 Royalties	15,478,536	12 621 112	1 057 424	
6 Occupancy		13,621,112	1,857,424	
7 Travel	1,572,531	579,546	992,985	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	181,227	96,424	84,803	
O Interest	16,336,401	14,376,033	1,960,368	
1 Payments to affiliates	46,712		46,712	
2 Depreciation, depletion, and amortization	43,148,593	28,592,019	14,556,574	
3 Insurance 4 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	13,932,052	13,932,052		
expenses on Schedule O.) a Assessments	13,949,209	13,949,209	0	
b Dues and Memberships	1,958,358	478,017	1,480,341	
c Property Taxes and Other Taxes	135,324	32,705	102,619	
d Recruitment Costs	1,431,698	231,591	1,200,107	
e All other expenses	1,275,787	254,283	1,021,504	
Total functional expenses. Add lines 1 through 24e	1,029,170,703	842,710,964	186,459,739	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

CI	neck nere ► ☐ IT TOIIOWING SUP 98-2 (ASC 958-720).			
				Form 990 (2013)
	Page 11			
·a 0	00 (2012)			
Part	90 (2013) X Balance Sheet			Page 11
· aic	Check if Schedule O contains a response or note to any line in this Part IX .			
	Check it Schedule O contains a response of flote to any line in this Part 1x	(A)	•	(B)
		Beginning of year		End of year
1 (Cash-non-interest-bearing	21,645	1	21,845
2 9	Savings and temporary cash investments	125,131,782	2	150,760,813
3 F	Pledges and grants receivable, net	566,765	3	841,303
4	Accounts receivable, net	140,200,302	4	121,034,857
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedul	е	5	
9	coans 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 peneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7 1	Notes and loans receivable, net		7	
8	inventories for sale or use	20,167,792	8	20,553,796
9	Prepaid expenses and deferred charges	6,178,463	9	16,227,701
	Land, buildings, and equipment: cost or other pasis. Complete Part VI of Schedule D 10a 842,736,45	_		
b 1	Less: accumulated depreciation 388,838,96		10c	453,897,496
11 1	investments—publicly traded securities .	610,935,246	11	686,229,999
12]	investments—other securities. See Part IV, line 11	7,261,894	12	9,412,578
13]	investments—program-related. See Part IV, line 11		13	
	Intangible assets	5,436,943	14	4,832,838
	Other assets. See Part IV, line 11	8,047,671	15	27,543,191
	Fotal assets.Add lines 1 through 15 (must equal line 34)	1,372,968,721	16	1,491,356,417
	Accounts payable and accrued expenses	175,938,189	17	209,793,009
	Grants payable	41,194	18	
	Deferred revenue	398,755,102	19 20	396,507,365
	Fax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	390,733,102	21	390,307,303
22 l	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
ļ	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	2,235,310	23	324,537
24 (Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	184,037,511	25	184,422,551
26	Fotal liabilities. Add lines 17 through 25	761,007,306	26	791,047,462
	Organizations that follow SFAS 117 (ASC 958), check here V and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	602,195,811	27	691,556,436
	Femporarily restricted net assets	9,765,604	28	8,752,519
	Permanently restricted net assets	9,700,004	29	0,732,319
ā	Organizations that do not follow SFAS 117 (ASC 958), check here hand complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
3 1 [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	611,961,415	33	700,308,955
34	Total liabilities and net assets/fund balances	1,372,968,721	34	1,491,356,417

Form 000 /20131

art	XI Reconci	lliation of Net Assets				
ait		chad be 0 and the control of the con				
	Check ii s	chedule O contains a response or note to any line in this Part XI		•	· ·	•
	Total revenue (m	ust equal Part VIII, column (A), line 12)	1		1,127	.63
	•	nust equal Part IX, column (A), line 25)	2		1,029	
	-	enses. Subtract line 2 from line 1	3			,46
		d balances at beginning of year (must equal Part X, line 33, column (A))	4		611	_
		nins (losses) on investments	5			,90
	_	and use of facilities	6			,
	Investment expe		7			
	•	stments	8			
	'	net assets or fund balances (explain in Schedule O)	9		-5	,21
	_	d balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))			700	•
		al Statements and Reporting			, , ,	,
		Schedule O contains a response or note to any line in this Part XII				
	Circui	ocheans a response of foce to any line in any fare All 1 1 1 1 1 1 1			Yes	
	Accounting math	od used to prepare the Form 990: Cash 🗸 Accrual 🗆 Other				
	•	od used to prepare the Form 990:				
	Schedule O.	Traininged its meeting of decounting from a prior year of enceived outer, explain in				
ı	Were the organiz	ation's financial statements compiled or reviewed by an independent accountant?		2a		
	If 'Yes,' check a b	ox below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, c	onsolidated basis, or both:				
	Separate b	asis Consolidated basis Both consolidated and separate basis				
	Word the organiz	ation's financial statements audited by an independent accountant?		2b	Yes	
	_	ox below to indicate whether the financial statements for the year were audited on a separate	hacic	20	163	
	consolidated basi	, , , , , , , , , , , , , , , , , , ,	. Dasis,			
	Separate b	asis Consolidated basis Both consolidated and separate basis				
	•	a or 2b, does the organization have a committee that assumes responsibility for oversight		20	Voc	
	of the audit, revi	ew, or compilation of its financial statements and selection of an independent accountant?	edule O	2c	Yes	
	of the audit, revi	· · · · · · · · · · · · · · · · · · ·	edule O.	2c	Yes	
	of the audit, revi If the organization As a result of a fo	ew, or compilation of its financial statements and selection of an independent accountant? In changed either its oversight process or selection process during the tax year, explain in Schederal award, was the organization required to undergo an audit or audits as set forth in the S				
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m le	of the audit, revi- If the organization As a result of a factor of the Audit Act and OM If "Yes," did the caudit or audits, earning 990, Special Public Visual Public Visual Public Visual Public Visual Public Visual A 990 or 990EZ) ent of the Treasury Revenue Service of the organiza A HEALTH SCIENCES Table 1 Reason 1 ganization is not a A church, c	ew, or compilation of its financial statements and selection of an independent accountant? In changed either its oversight process or selection process during the tax year, explain in Schederal award, was the organization required to undergo an audit or audits as set forth in the State of Britanian Companization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required application why in Schedule O and describe any steps taken to undergo such audits. Condition Description: Special Condition Description Special Condition Description 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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer id 59-3458145 For Public Charity Status (All organizations must complete this part.) See instruction private foundation because it is: (For lines 1 through 11, check only one box.)	TII OI entificat	3a 3b N: 59- MB No. 20 Open t Insp	Yes Yes Yes 34581 1545-00 13 co Publicection	45
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(c)2011

(d)2012

(e)2013

(f)Total

(b)2010

line 4

Calendar year

Section B. Total Support

(or fiscal year beginning in)7 Amounts from line 4. .8 Gross income from interest,

(a)2009

	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	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, et	c. (see instruct	tions)			12	
13	First five years. If the Form 990 is for	the organization	on's first, second,	third, fourth, or f	ifth tax year as a	501(c)(3) organiz	ation, check this
	box and stop here						▶ □
	ection C. Computation of Public						
	Public support percentage for 2013 (line			L. column (f))		14	
	Public support percentage for 2012 Sche		•			15	
	33 1/3% support test—2013. If the or						nic hov
	and stop here. The organization qualification						
b	33 1/3% support test—2012. If the	-			·	•	
	box and stop here. The organization q						🟲 🗌
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization			•	•	•	
	in Part IV how the organization meets th	ne "facts-and-c	ircumstances" tes	st. The organization	on qualifies as a p	ublicly supported	
	organization						. —
							🕨 🗌
b	10%-facts-and-circumstances test	—2012. If the	organization did	not check a box o	n line 13, 16a, 16	b, or 17a, and line	e
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization	meets the "fac	cts-and-circumsta	nces" test. The o	rganization qualifi	es as a publicly	. —
	supported organization						▶□
18	Private foundation. If the organization	n did not check	a box on line 13,	16a, 16b, 17a, c	or 17b, check this l	oox and see	
	instructions						🕨 🗌
					Sche	dule A (Form 99	0 or 990-EZ) 2013
			_				
			Page				
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Scho	dula A (Form 990 or 990 E7) 2013			. •			Daga 3
Sche	dule A (Form 990 or 990-EZ) 2013						Page 3
	art III Support Schedule for			I in Section 50			
	Support Schedule for (Complete only if you complete	checked the b	ox on line 9 of	I in Section 50 Part I or if the	organization fail		
	art III Support Schedule for	checked the b	ox on line 9 of	I in Section 50 Part I or if the	organization fail		
P	Support Schedule for (Complete only if you complete	checked the b	ox on line 9 of	I in Section 50 Part I or if the	organization fail		
P	Support Schedule for (Complete only if you of the organization fails to	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Se	Support Schedule for (Complete only if you of the organization fails to ection A. Public Support	checked the b	ox on line 9 of	I in Section 50 Part I or if the	organization fail		
Se	art III Support Schedule for (Complete only if you of the organization fails to ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Se Calc	Support Schedule for (Complete only if you of the organization fails to ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Se Calc (or 1	Support Schedule for (Complete only if you of the organization fails to the organization fails to the organization fails to the cection A. Public Support sindar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Se Calc (or 1	Support Schedule for (Complete only if you of the organization fails to the organization fails to ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Se Calc (or 1	art III Support Schedule for (Complete only if you of the organization fails to the organization	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Se Calc (or 1	Support Schedule for (Complete only if you of the organization fails to the organization's tax-exempt purpose the organization's tax-exempt purpose of the organization fails to	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Se Calc (or 1	Support Schedule for (Complete only if you of the organization fails to the organization from a dmissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Second 1	Support Schedule for (Complete only if you of the organization fails to the organization for the organization for the organization for the organization fail fail fail fail fail fail fail fail	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Second 1	Support Schedule for (Complete only if you of the organization fails to the organization for services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Second 1	Support Schedule for (Complete only if you of the organization fails to the organization for th	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Se Cali (or 1 2 3 4 5	Support Schedule for (Complete only if you of the organization fails to the organization for the organization without the organization without charge.	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
See Calc (or 1 2 3 4 5 6	Art III Support Schedule for (Complete only if you conthe organization fails to the organization fails for the organization fails fail fail fail fail fail fail fail fail	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
See Calc (or 1 2 3 4 5 6	Support Schedule for (Complete only if you of the organization fails to the organization's tax-exempt purpose or facilities furnished in any activity that is related to the organization's tax-exempt purpose organization's tax-exempt purpose organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Se Calc (or 1 2 3 4 5 6	(Complete only if you of the organization fails to the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Sec California 2 3 4 5 6 6 7a	Support Schedule for (Complete only if you of the organization fails to the organization for the org	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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Sec California 2 3 4 5 6 6 7a	Support Schedule for (Complete only if you of the organization fails to the organization or the organization or the organization of the organization o	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
Sec California 2 3 4 5 6 6 7a	(Complete only if you of the organization fails to the organization for the organization fails to the organization fails fail fail fail fail fail fail fail fail	thecked the boot qualify unde	oox on line 9 of er the tests liste	I in Section 50 Part I or if the ed below, pleas	organization fail e complete Part	II.)	nder Part II. If
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 efile Public Visual Render
 ObjectId: 201522049349300762 - Submission: 2015-07-14
 TIN: 59-3458145

 Schedule R
 OMB No. 1545-0047

(Form 990, 990-EZ,

Schedule of Contributors

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

2013

or 990-PF) Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization FLORIDA HEALTH SCIENCES CENTER INC 59-3458145 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** 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. **Special Rules** 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 for 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 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 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 its Form 990PF, Part I, line 2, 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) (2013) For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X for Form 990, 990-EZ, or 990-PF. Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 2 Name of organization **Employer identification** FLORIDA HEALTH SCIENCES CENTER INC number

17 of 45

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
RESTRICTED	RESTRICTED RESTRICTED RESTRICTED RESTRICTED, RESTRICTED RESTRICTED	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Form 990,	990-EZ, or 990-PF) (2013)
Schedule B (F	Page 3 ———————————————————————————————————		Page 3
Name of orga		Employer	identification number
	Cash Property (see instructions) Use duplicate copies of Part II if additional space is needed	59-345814	5

(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
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efile Public Visual Render

ObjectId: 201522049349300762 - Submission: 2015-07-14

TIN: 59-3458145 OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

201

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs. any form 990.

Open to Public Inspection

Inspection of the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

- Section 501(c) (other than section 501(c)(3)) digalizations. Complete Parts I-A and C below. Bo not complete Part I-B.
 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 (Lobbying Activities), then
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiz	zations: Complete Part III.		1			
	ne of the organization RIDA HEALTH SCIENCES CENTER INC				oyer iden 58145	tification	number
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is			zation.	
1 2 3	Provide a description of the organ Political expenditures Volunteer hours		paign activities in	Part IV.	5	\$	
		nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	•		\$	
2	Enter the amount of any excise ta	ax incurred by organization managers ur	der section 4955	▶	9	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	nis year?				Yes No
4a	Was a correction made?						Yes No
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt section 50	1(c)(3)	•	
1 2		led by the filing organization for section anization's funds contributed to other or	•			\$	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b 🕨	9	\$	
4	Did the filing organization fileFor	m 1120-POL for this year?					Yes 🗌 No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate po	filing organizatio olitical organizati	n's funds.	Also ente	er the amount
(a)N	Name	(b)Address	(c) EIN	(d) Amount paid fr organization's none, enter	funds. If	contrib and p directly sepa organiz	int of political utions received promptly and of delivered to a rate political cation. If none, inter -0
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Sc	hedule C (I	Form 990	or 990-EZ) 2013
	dule C (Form 990 or 990-EZ) 2013						Page 2
Pa	rt II-A Complete if the or section 501(h)).	ganization is exempt under sec	tion 501(c)(3)	and filed For	m 5768	(election	on under
	Check (if the filing organizate expenses, and share of the filing organizate)	cion belongs to an affiliated group (and l of excess lobbying expenditures). cion checked box A and "limited control"		affiliated group r	member's	name, ad	dress, EIN,
	Limi	ts on Lobbying Expenditures penditures amounts paid or	;		organ	iling nization's otals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opinion (grass roots lobbyin	g)				
h .	Tatal labbuing aumanditures to influ	onco a logiclativo body (direct lobbying)			Ī		İ

Depa Inter N FL	Part IV, line 6, 7, 8 artment of the Treasury nal Revenue Service Attach to Form 990. ► See s 990) and its ame of the organization ORIDA HEALTH SCIENCES CENTER INC Part IV, line 6, 7, 8 990) and its art I Organizations Maintaining Donor A Complete if the organization answered	eparate instructions. Is instructions is at wa	Information al www.irs.gov/forms ther Similar Fu	Employ 59-3458	ver identific	Open to Public Inspection cation number
Depa Inter	artment of the Treasury nal Revenue Service Service Service 990) and its arme of the organization	eparate instructions.	► Information al	Employ	ver identific	Inspection
Depa	artment of the Treasury nal Revenue Service	eparate instructions.	► Information al	<u>990</u> .	`	Inspection
Depa	artment of the Treasury Attach to Form 990. See s	eparate instructions.	► Information al) (Form	•
(2.0	Paul IV line C 7 C		, ııu, ııe, llī, 🛚	L∠a, UF 1∠D	j j	
(= 0		he organization answe				2013
_	CHEDULE D Supplen	nental Financi	al Stateme	nts		
		522049349300762	- Submission:	2015-07-14		FIN: 59-3458145 OMB No. 1545-0047
_	edule C (Form 990 or 990-F7) 2013					Dana 3
		Page 3				
				Schedule	; C (Form 9	90 OF 990-E2) 2013
f	Grassroots lobbying expenditures			Schodule	C (Form 6	990 or 990-EZ) 2013
	(150% of line 2d, column (e))					
е	Grassroots ceiling amount					
d	Grassroots nontaxable amount					
<u> </u>						
c	Total lobbying expenditures					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	· -					
2a	Lobbying nontaxable amount					
	beginning in)	(4)2010	(8)2011	(6)2012	(4)201	(c) lotter
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d)201	.3 (e) Total
	Lobbying Exp	enditures During 4	-Year Averagir	ng Period		T
	(Some organizations that made a columns below. See t			•		he five
		veraging Period Un				
	section 4911 tax for this year?					_ ies _ NC
_	If there is an amount other than zero on either line	1h or line 1i, did the org	anization file Form	4720 reporting		Yes No
h i	Subtract line 1g from line 1a. If zero or less, enter - Subtract line 1f from line 1c. If zero or less, enter -0					
g	Grassroots nontaxable amount (enter 25% of line 1	•				
	Over \$17,000,000	\$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the).		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	20% of the amount on line		_		
•	columns.	-				
f		,	ooth			
	Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and					
d e	Other areas are as a second state of			-		

6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
Pa	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)
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year
а	Total number of conservation easements
a b	Total acreage restricted by conservation easements
_	Number of conservation easements on a certified historic structure included in (a)
c d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic
u	structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
	the tax year
	Number of states where property subject to conservation easement is located
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and
	enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
•	b
	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
7	\$
	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
_	(/ / / / /
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes
	the organization's accounting for conservation easements.
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
	ii)Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
or I	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 201
	· · · · · · · · · · · · · · · · · · ·
	Page 2 ————
Sche	dule D (Form 990) 2013 Page
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection
_	items (check all that apply):
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
С	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Pai	rt 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 900. Part V2

Florida	Health	Sciences	Center Inc -	- Full Filing	 Nonprofi 	it Explorer

ACCRUED CLAIMS PAYABLE W	ORKERS CO	MPENSATION	ı	2,216,000			
2006 BOND ISSUE ARBITRAG				73,820			
CAPTIVE LT LIABILITY				1,889,545			
REFORM INCENTIVE PAYMENT				627,252			
Total. (Column (b) must equal For	m 990, Part X,	col.(B) line 25	5.)	184,422,551			
2. Liability for uncertain tax p organization's liability for unce	ertain tax pos	sitions under	FIN 48 (ASC 740).	Check here if the to	ext of the footnote has		
						Schedule	D (Form 990) 2013
			Pa	ge 4 ————			
Schedule D (Form 990) 2013							Page 4
		-		I Statements W 990, Part IV, line	ith Revenue per R 12a.	eturn	
1 Total revenue, gains, an	nd other supp	ort per audi	ted financial statem	ients		1	1,120,645,566
2 Amounts included on lin			, Part VIII, line 12:	ı	•		
a Net unrealized gains on				2a	-4,901,8		
b Donated services and us		5		. 2b		0	
c Recoveries of prior year				<u>2c</u>		0	
d Other (Describe in Part	. 1			2d		0	
e Add lines 2a through 2d						2e	-4.901.800
			00762 - Submission:		TIN: 59-3458145 OMB No. 1545-0047		
(Form 990)	ement of A	Activities	Outside the Un	lited States	0040		
	► Complete	_	on answered "Yes" to Form 14b, 15, or 16.	1 990,	2013		
Department of the Treasury		ch to Form 990.	See separate instructions		Open to Public Inspection		
Internal Revenue Service Informa Name of the organization	ation about Sched	ule F (Form 990)	and its instructions is at w		ntification number		
FLORIDA HEALTH SCIENCES CENTER IN	IC			59-3458145	nuncation number		
Part I General Information Form 990, Part IV, line		Outside the	United States. Compl		answered "Yes" to		
For grantmakers. Does the orgother assistance, the grantees'	_			-			
to award the grants or assistan		-			Yes		
□ No							
2 For grantmakers. Describe in outside the United States.	Part V the orga	nization's proce	edures for monitoring th	e use of its grants and of	ther assistance		
3 Activites per Region. (The following	ng Part I, line 3 to	able can be dupl	icated 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)	program service, describe specific type of	(f) Total expenditures for and investments in region		
Central America and the Caribbean	1	2	Program Services	Florida Health Sciences Center, Ltd., which was formed in Cayman Islands, began operations on June 1, 2010. It provides professional and general liability insurance to Florida Health Sciences Center, Inc.			
·			l		<u> </u>		

	po,				,	1 .	l I	İ
provide for free or discounted 5a Did the organization budget a	•	-				4	Yes	
the tax year?			· · · ·	· · · · ·		5a	Yes	
b If "Yes," did the organization's	b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?						Yes	
c If "Yes" to line 5b, as a result		_	ion unable to provid	e free or discount	ed	5b		
care to a patient who was elig						5c		No
6a Did the organization prepare	•					6a	Yes	
b If "Yes," did the organization of Complete the following table of with the Schedule H.	·			o not submit these	· · · • worksheets	6b	Yes	
7 Financial Assistance and 0	Certain Other Community	Benefits at Cos	t			<u>. </u>		
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)			51,326,584	13,868,461	37,45	58,123		3.7 %
b Medicaid (from Worksheet 3, column a)			171,253,450	154,005,240	17,24	48,210		1.7 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			29,564,109	10,669,835	18,89	94,274		1.9 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	252,144,143	178,543,536	73.60	00,607		7.3 %
Other Benefits			232,144,143	170,545,550	75,00	10,007		7.5 70
e Community health improvement services and community benefit			2,749,013		2 7/	49,013		0.3 %
operations (from Worksheet 4). f Health professions education			2,743,013		2,77	7,013		0.5 70
(from Worksheet 5) g Subsidized health services (from			38,916,999	15,892,558	23,02	24,441		2.3 %
Worksheet 6)			8,983,911	5,239,009	3,74	14,902		0.1 %
h Research (from Worksheet 7) .			2,815,889	2,209,273	60	06,616		0.1 %
i Cash and in-kind contributions for community benefit (from								
Worksheet 8)	0	0	1,027,981 54,493,793	23,340,840		27,981 52,953		2.9 %
k Total. Add lines 7d and 7j .	0	0	306,637,936	201,884,376	104,75			10.2 %
For Paperwork Reduction Act Notice	, see the Instructions for F			No. 50192T	Schedule H			
Schedule H (Form 990) 2013								Page
during the tax year,	ng Activities Complete and describe in Part VI							ties
communities it serv	a) Number of activities or pro	ograms (optional)						
`		_						
	(b) Persons served (d	optional)						

(c) Total community building expense

(d) Direct offsetting revenue

(e) Net community building expense

(f) Percent of total expense

		11111	•					
1	Physical improvements and housing	<u> </u>	<u> </u>					
2	Economic development		<u> </u>					
3	Community support	 	<u> </u>					
4	Environmental improvements	 	<u> </u>					
5	Leadership development and training for community members							
6	Coalition building							
7	Community health improvement advocacy							
8	Workforce development	ШП	Ī					
9	Other	ПП	Ī					
10	Total	ПП	Ī					
Pa	art III Bad Debt, Medicare,	& Collection Practices	<u> </u>					
Se	ction A. Bad Debt Expense						Yes	No
1	Did the organization report bad d	ebt expense in accordance with Heathcare I	inancial Manag	ement As	ssociation Statement	1	Yes	
2	Enter the amount of the organiza	tion's bad debt expense. Explain in Part VI	the					
	methodology used by the organiz	ation to estimate this amount		2	10,473,642			
3	Enter the estimated amount of th	e organization's bad debt expense attributa	ble to patients					
		inancial assistance policy. Explain in Part VI						
	methodology used by the organiz including this portion of bad debt	ation to estimate this amount and the ratio as community benefit.	nale, if any, for	_				
		•	•	3	0			
4		footnote to the organization's financial state ote is contained in the attached financial sta		cribes ba	d debt expense or the			
Se	ction B. Medicare							
5	Enter total revenue received from	Medicare (including DSH and IME)		5	237,377,621			
6	Enter Medicare allowable costs of	care relating to payments on line 5		6	241,807,134			
7	Subtract line 6 from line 5. This is	s the surplus (or shortfall)		7	-4,429,513			
8		which any shortfall reported in line 7 should ng methodology or source used to determine method used:						
	Cost accounting system	Cost to charge ratio	Other					
Sec	ction C. Collection Practices							
9a	Did the organization have a writte	en debt collection policy during the tax year	?			9a	Yes	
ŀ	contain provisions on the collection	llection policy that applied to the largest nuon practices to be followed for patients who				9b	Yes	
P	art IV Management Compani	es and Joint Ventures(owned 10% or more	by officers, directors,	trustees, key	employees, and physicians—see i	nstruct	ions)	
	(a) Name of entity	(b) Description of primary activity of entity	(c) Orga	nization's or stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e	Physic ofit % or ownershi	r stock
1						+		
2								
3								
4								
5								
6								
	·							

Schedule H (Form 990) 2013

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Part V Facility Information										
Clist in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1 Florida Health Sciences Center Inc dba Tampa General Hospital PO Box 1289 Tampa, FL 33601 www.tgh.org 4044	X	X		X		X	X			

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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

Yes

Yes

No

hospital facilities? \$

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)	1
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining 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
If "Yes," indicate what the CHNA report describes (check all that apply):	
a 🗸 A definition of the community served by the hospital facility	
b ✓ Demographics of the community	
Evicting health care facilities and recovered within the community that are available to recovered to the	1

Existing health care facilities and resources within the community that are available to respond to the health needs of the community How data was obtained The health needs of the community Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups \mathbf{q} The process for identifying and prioritizing community health needs and services to meet the community health needs h The process for consulting with persons representing the community's interests i ✓ Information gaps that limit the hospital facility's ability to assess the community's health needs i Other (describe in Part VI) 2 Indicate the tax year the hospital facility last conducted a CHNA: 20 13 3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the 3 Yes community, and identify the persons the hospital facility consulted 4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities No 5 5 Did the hospital facility make its CHNA report widely available to the public? Yes If "Yes," indicate how the CHNA report was made widely available (check all that apply): Hospital facility's website (list url): www.tgh.org Other website (list url): Available upon request from the hospital facility **d** 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 as of the end of the tax year): a 🗸 Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA **b V** Execution of the implementation strategy **c** Participation in the development of a community-wide plan **d** Participation in the execution of a community-wide plan **e** Inclusion of a community benefit section in operational plans f Adoption of a budget for provision of services that address the needs identified in the CHNA q V Prioritization of health needs in its community h V Prioritization of services that the hospital facility will undertake to meet health needs in its community 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 7 Yes 8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by 8a No **b** If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? 8b c 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

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Part V Facility Information (continued)			
Financial Assistance Policy			
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 free care?			

financial assistance policy e Other (describe in Section C) **Policy Relating to Emergency Medical Care** No 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 19 Yes

4/10/25, 7:12 AM 32 of 45

eligibility under the hospital facility's financial assistance policy?

engionicy and or the hoopital raciney o interioral	additional points.	L				
If "No," indicate why:						
The hospital facility did not provide care f						
The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)						
d Other (describe in Part VI)	ne to receive care for emergency medical conditions (describe in rait v1)					
Charges to Individuals Eligible for Assistance	e under the FAP (FAP-Eligible Individuals)					
20 Indicate how the hospital facility determined, individuals for emergency or other medically n	during the tax year, the maximum amounts that can be charged to FAP-eligible					
	ated commercial insurance rate when calculating the maximum amounts that					
can be charged						
maximum amounts that can be charged	s three lowest negotiated commercial insurance rates when calculating the					
	es 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 individual to whom the hospital facility provided emergency						
	and the amounts generally billed to individuals who had insurance covering such					
care?		21	No			
•	arge any FAP-eligible individual an amount equal to the gross charge for any					
service provided to that individual?		22	No			
If "Yes," explain in Section C.	Cabadada	11 /5	m 990) 2013			
	Schedule	п (гог	m 990) 2013			
Schedule H (Form 990) 2013			Page			
Part V Facility Information (continue	ed)					
in a facility reporting group, designated by Form and Line Reference Schedule H, Part V, Section B, Line 1-Florida	Explanation In order to provide community input, the					
Health Sciences Center Inc	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! What					

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 Jovce 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: 3 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 Introductions. Explanation of the purpose of the focus group. 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: Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community. Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted. Participants instruct the facilitator on which like items, if any, they would like to combine. Participants are instructed to separately rank the items most important (3) to least important (1) Each member calls out round robin style their 3's,

expect over the next five years? * what other

Schedule H, Part V, Section B, Line 3-Florida	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: Was there anything that surprised you? Why do you feel these are the top health concerns? How do you feel these needs could be addressed in the community? Session Conclusion - 15 minutes. Summary of findings. Closing discussion. Distribution of incentives for participation.
Health Sciences Center Inc	·
Schedule H, Part V, Section B, Line 12-Florida Health Sciences Center Inc	Family size in combination with household income is used to determine eligibility for either free or discounted care.
Schedule H, Part V, Section B, Line 16-Florida Health Sciences Center Inc	TGH engages in standard collection activities such as statements and telephone calls.
Schedule H, Part V, Section B, Line 20-Florida Health Sciences Center Inc	Medicaid rate is used in rare instances for those who are not able to afford amounts generally billed by Medicare and commercial insurance.
	<u> </u>

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Part V Facility Information (continued)

(**¥**)

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

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

Name and address		Type of Facility (describe)
1	Transplant Abdominal Clinic 409 Bayshore Blvd Tampa, FL 33606	Transplant clinic.
2	Family Care Center Brandon 214 Morrison Rd Brandon, FL 33511	Family care clinic.
3	Family Care Center Lois 2106 South Lois Avenue Tampa, FL 33629	Family care clinic
4	Family Care Center Carrollwood	Family care clinic

~	13860 North Dale Mabry Highway Tampa, FL 33618	runny care came
5	Family Care Center Riverview 10647 Big Bend Road Suite 212 Riverview, FL 33579	Family care clinic
6	Family Care Sun City 1647 Sun City Center Plaza Sun City Center, FL 33573	Primary care clinic
7	Family Care Center Westchase 10718 Countryway Blvd Tampa, FL 33626	Primary care clinic
8	Family Care Center Tampa Palms 16011 Tampa Palms Blvd W Tampa, FL 33647	Primary Care clinic
9	Family Care Center Boyette 11966 Boyette Rd Riverview, FL 33569	Primary care clinic
10	Family Care Center Manhattan 4212 S Manhattan Ave Tampa, FL 33611	Family care clinic
11	TGH Community Health Education 2106 S Lois Ave Tampa, FL 33629	Community health education center

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Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	TGH developed a community benefit report for the period ending September 30, 2013 during fiscal year 2014. This report reflected community benefit activities as well as cost. The report was sent to a selected number of stakeholders and made available on the hospital's website.
Schedule H, Part I, Line 7	The hospital's cost accounting system was used to calculate the amounts reported in line 7. For the purposes of computing subsidized services, both direct and indirect costs were considered. For research, only direct costs were considered.
Schedule H, Part III, Section A, Line 4	For receivables associated with services provided to patients who have third party coverage, the Center analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third party coverage exists for part of the bill, the Center records a significant provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. 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. The calculation of bad debt, at cost, is based on Medicare's cost to charge ratio.
Schedule H, Part III, Section B, Line 8	The \$4.2 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 2014 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.
chedule H, Part III, Section C, Line 9	Fach and some street in a solution to determine it as a sound by Madisaid Hillshore and County and Association
	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 how to apply for financial assistance; describes how TGH will widely publici
	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.
chedule 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. 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 (www.tgh.org). As required by the Treasury
	Department ("Treasury") and the Internal Revenue Service (IRS), the TGH CHNA includes the following: */ description of the community served; * A description of the process and methods used to conduct the CHN.
	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; *
	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 FY2014, TGH did not complete any addition
chedule H, Part VI, Line 3	assessments of the health care community it serves. For fiscal year 2014, the costs associated with charity care, unreimbursed Medicaid, and the unreimbursed
chedule 11, Fait VI, Line 3	costs of other means-tested government programs exceeded \$73.6 million. These include patients who
	qualify for free care under Tampa General Hospital's (TGH) charity care policy or are enrolled in programs f 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. Enrollment assistance is provided to individuals for government programs such as
	Medicaid, Medicare Disability, Healthcare marketplace, 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 th
	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 DETERMINATIO AND SCREENING PROCESS All patients seeking financial assistance are required to complete the TGH
	Financial Assistance application. Patients will be instructed to complete the forms and return them by mail 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 under-funded 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 w
	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 poster
	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 reque
	to Tampa General Hospital. The hospital's Financial Assistance Specialist is also available to answer any
chedule H. Part VI. Line 4	request and without charge by contacting a Financial Assistance Specialist or by submitting a written reque to Tampa General Hospital. The hospital's Financial Assistance Specialist is also available to answer any questions about this policy. Tampa General Hospital's primary service area is Hillsborough County, Florida. As part of the CHNA
chedule H, Part VI, Line 4	to Tampa General Hospital. The hospital's Financial Assistance Specialist is also available to answer any questions about this policy.

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%). st 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

Schedule H, Part VI, Line 5

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 16 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 2014, TGH's clinics provided 198,103 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 FY2014, the TGH Office of Clinical Research supported 578 research studies at a net cost of \$2.2 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 treament 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 2014, TGH funded approximately 300 GME full time equivalent slots in over 50 specialties. The Medicare program reimburses TGH for a portion of approximately 200 of these GME slots supplemented by minimal reimbursement from the Medicaid and TRICARE programs. Approximately 100 slots are funded almost solely by TGH out of 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

efile Public Visua	Render ObjectId: 201522049349300762 - Submission: 2015-07-14	TIN: 59-34581
Schedule I	O	OMB No. 1545-0047
(Form 990)	Grants and Other Assistance to Organizations,	2044
(Governments and Individuals in the United States	2014
Department of the Treasury	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/for	Inspection
Internal Revenue Service	,	
Name of the organization		Employer identification number
		59-3458145
Part I Genera	I Information on Grants and Assistance	
	ration maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants eria used to award the grants or assistance?	
2 Describe in Part	IV the organization's procedures for monitoring the use of grant funds in the United States.	
D 1 TT	A CHARLES TO A CONTRACT OF THE	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable		unt of cash ant	e) Amoun casl assista	h	(f) Metho (book, FN o) Descrip -cash as		(h) Purp or assist	ose of grant ance
(1) 2103 N Rome Ave Tampa, FL 33607	59-2420282	50	1(c)(3)	300,0	000		0 Am	ount pai	d.					Support for hiring additional primary care physicians to serve
(2) 3821 Henderson Blvd Tampa, FL 33629	59-3397472	50	1(c)(3)	238,	715		0 Am	ount Pai	i		NA			uninsured patients. Support mission to provhealth education to students in Hillsborough
(3)	59-1835985	50	1(c)(3)	74,0	000		0 Am	ount Pai	d		NA			County at no charge. Support mission to prov
efile Public Visual Reno	ler ObjectId:	201522049349	300762 - Sı	ubmission: 2	2015-07	'-14	T)	N: 59	3458	3145				
chedule J	(Compensat	ion Infor	mation			0	MB No.	1545-0	0047				
orm 990)			ated Employe	es	_			20	13					
epartment of the Treasury	Complete if the d Att Information about:	ach to Form 990.	See separa	te instruction	ıs.		,	Open t						
ternal Revenue Service Name of the organization	Inioiniation about		o <u>rm990</u> .	Ilisti uctions i			identifica	Insp	ectio					
FLORIDA HEALTH SCIENCES CEN	TER INC					9-345814		1011111	illibei					
Part I Questions Re	garding Compen	sation							Yes	No				
1a Check the appropiate b									res	NO				
990, Part VII, Section A First-class or cha	•	art III to provide ar	•	rmation regard vance or reside	-		e							
Travel for compar			Payments for	business use o	of persona	l residenc								
Discretionary spe				rices (e.g., mai										
b If any of the boxes in lin					ng payme	nt or reim	bursemen	t						
or provision of all of the Did the organization red	•		-	•	by all			1b	Yes					
directors, trustees, office	ers, including the CEO	D/Executive Directo	r, regarding th	e items checke	d in line 1	.a?		2	Yes	-				
Indicate which, if any, o														
organization's CEO/Exe used by a related organ						Part III.								
 Compensation co Independent com 	mmittee pensation consultant	✓		oyment contract										
Form 990 of othe		✓		the board or co	-	on commit	tee							
During the year, did any related organization:	person listed in Forn	n 990, Part VII, Sec	ction A, line 1a	with respect to	the filing	organiza	tion or a							
a Receive a severance pa								4a	Yes					
 Participate in, or receive Participate in, or receive If "Yes" to any of lines 	e payment from, an e	quity-based compe	nsation arrang	ement?				4b 4c	Yes	No				
Only 501(c)(3) and 5 For persons listed in For compensation continger	m 990, Part VII, Sect	ion A, line 1a, did t			e any									
a The organization?b Any related organization	-							5a		No				
b Any related organization If "Yes," to line 5a or 5th								5b		No				
6 For persons listed in For compensation continger			he organizatio:	n pay or accrue	e any									
a The organization?	-							6a	Yes					
b Any related organization If "Yes," to line 6a or 6b								6b		No				
7 For persons listed in For payments not described								7	Yes					
8 Were any amounts reposition subject to the initial cor in Part III	tract exception descr	ibed in Regulations	section 53.49	58-4(a)(3)? If '	'Yes," des			8		No				
9 If "Yes" to line 8, did th 53.4958-6(c)?	<u> </u>					· .	section	9	990)					
or approved					30, 110, 50			. (,					
			Page 2								-			
Part II Officers, Dire	ctors, Trustees,	Key Employees	, and Highe	st Compens	ated Em	ployees	. Use du	plicate	copies	s if add	ditional	space is	needed.	Page 2
or each individual whose connstructions, on row (ii). Do no					the organ	nization or	row (i) ar	nd from	related	d organ	izations,	described	d in the	_
lote. The sum of columns (B														
(A) Name and Title		Breakdown of W-2 compensation	and/or 1099-N (ii) Bonus & incentive compensation	Other	(iii) reportable pensation	oth	etirement er deferre npensation	d		Nontaxa enefits			of columns (i)-(D)	(F) Compensation reported as deferred in prior Form 990
John H Bond JrVice President Surgical S	envices (i)	182,571	55,4		88,50	06	2	3,440			15,124		365,05	8
Conn H Bond Jrvice President Surgical S	(ii)	0		0		0	_	0			. 0			

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1					1	
3 Janet H DavisSenior Vice President, CNO (i	84,000 0	198,601 0	30,938 0	8,205 0	556,645 0	0 0
4Robin W DeLaVergneSenior Vice President Development (i	83,530 0	70,997 0	24,288 0	6,109 0	423,241 0	0
5Cheryl A EaganSenior Vice President Support Services (i	79,150 0	98,528 0	22,995 0	10,659 0	427,024 0	0 0
6Anthony D EscobioVice President Patient Financial Services (i	50,983 0	75,733 0	21,564 0	15,110 0	333,503 0	0
7Sally H HoustonSenior Vice President, CMO (i	150,747 0	114,801 0	41,092 0	10,263 0	722,165 0	0
8Ronald A HytoffPresident, CEO (i	1,376 0	2,908,087 0	17,260 0	10,652 0	3,871,287 0	0
9Elizabeth J Lindsay-WoodSenior Vice President (information Technology	0	113,334 0	12,690 0	15,230 0	434,214 0	0
10Jean M MayerSenior Vice President Strategic (i	90,073 0	121,158 0	33,118 0	7,993 0	504,692 0	0
11Deana L NelsonExecutive Vice President, COO (i	194,751 0	295,944 0	64,124 0	6,050 0	1,038,145 0	0
12Maureen OgdenVice President Cardiovascular (i Services	91,181 0	84,840 0	16,091 0	10,635 0	399,431 0	0
13Amy J ParatoreVice President Emergency Services (i	0	58,024 0	3,752 0	15,098 0	235,386 0	0 0
14Richard L PaulaChief Medical Informatics Officer (i	70,298 0	4,519 0	17,214 0	14,344 0	337,720 0	0
15Judith M PloszekSenior Vice President Finance (i	106,750 0	157,903 0	39,317 0	5,885 0	614,970 0	0 0
16Scott J ArnoldSenior Vice President Information Systems (i	71,984 0	829 0	17,601 0	15,156 0	348,860 0	0
17Peter J BermanInternal Medicine Cardiology (i	544 0	9,713 0	39,644 0	15,292 0	582,194 0	0
18 James R Burkhart President - CEO (i	368,112 0	32,564 0	0	6,685 0	1,038,793 0	0
19Jana GardnerVice President Physician Practice (i	53,046 0	5,663 0	22,219 0	15,115 0	269,710 0	0
20Maja G GiftDirector of Pharmacy (i	17,163 0	17,521 0	17,936 0	8,597 0	226,620 0	0
21Ting C HuangTransplant Physician Surgery (i	544 0	946 0	24,009 0	15,360 0	472,058 0	0
22Guy W Neff MDTransplant Physician	408 0	103,229 0	19,971 0	15,336 0	538,374 0	0
23Vincent D PerronVice President Medical Affairs (i	63,269 0	2,596 0	16,595 0	10,098 0	324,518 0	0
24Balaji RamadossVice President Chief Technology Officer (i	20,885	5,647 0	15,874 0	6,069 0	243,172 0	0
25Debbie A Rinde-HoffmanInternal Medicine Cardiology (i	544 0	107,021 0	42,042 0	14,592 0	815,000 0	0 0
26David K RobbinsVice President Professional Svcs (i	61,250 0	72,472 0	26,097 0	15,145 0	382,813 0	0
27Chris A RoedererSenior Vice President Human Resources	93,717 0	91,727 0	26,763 0	10,701 0	489,138 0	0
28Pamela G SandersVice President Women and Children Svcs	26,402 0	2,631 0	16,008 0	8,569 0	189,611 0	0
29Steve L ShortExecutive Vice President, CFO (i	194,751 0	201,048 0	64,535 0	14,592 0		0 0
30Mark W WestonInternal Medicine Cardiology (i	544 0	112,464 0	42,221 0	14,592 0	822,214 0	0 0
31Julita C KallenbornVice President Acute Care (i	34,372 0	10,226 0	18,192 0	14,521 0		0
32Mark AndersonSr Vice President of Ambulatory Services (i	0	0	0	0		0
33Michael GorsageSenior Vice President of Strategic Svcs and Business Development (i	0	0	0	0	0	0 0
34Laura Haubner MDVice President Chief Quality Officer (i	0	0	0	0	7	0
35James Tanner MDSenior Vice President TGMG (i	0	0	0	0		0
36Rebecca ZucarelliSenior Vice President Patient Experience Officers (i	0	0	0	0		0
					•	I (Form 990) 2013

Schedule J (Form 990) 2013

Page 3

Schedule J (Form 990) 2013 Page 3

Part III Supplemental Information

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

Also complete this part for any additional information.

Return Reference

Any international travel by an executive is booked with a first class ticket. TGH paid temporary housing expenses during relocation period for Mr. James R Burkhart. 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 affect 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, sexual orientation, 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.

Explanation

efile Public Visual Render ObjectId: 201522049349300762 - Submission: 2015-07-14

Schedule K (Form 990)

Schedule J, Part I, Line 1a

Schedule J, Part I, Line 3

Supplemental Information on Tax Exempt Bonds

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

Attach to Form 990.

See separate instructions

OMB No. 1545-0047

TIN: 59-3458145

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e of the orgar	e rreasury Service	▶Information a	bout Schedule K (Fo	orm 990) and its	instructions	s is at <u>www.ir</u>	s.gov/for	<u>m990</u> .			Inspe			
	nization TH SCIENCES CENTER IN	С								er identifica	tion num	iber		
tI B	ond Issues								59-345	08145				_
	Issuer name	(b)Issuer EIN	(c)CUSIP #	(d)Date issue	ed (e)	Issue price	(f) Description o	f purpose	(g)De	feased	(h)		(i)
												beha issu		fina
	Hillsborough									Yes	No	Yes	No	Yes
	County Industrial													
	Development	59-1293512	43233ACT1	09-28-2006		190,910,329	Hospital I	Expansion			Х		Х	
	Authority													
	Hillsborough County													
	Industrial Development	59-1293512	43233AEA0	02-28-2013		186,480,570	Hospital I 2003 Bor	Expansion and nd Issue	Refunding		Х		Х	
	Authority													
	Hillsborough													
	County Industrial	59-1293512		09-19-2013		50,889,807	Refunding	g 2003 Bond I	ssue		х		Х	
	Development Authority (PNC)													
art II P	roceeds													
						4	ı	В	С			D		
	of bonds retired of bonds legally defeased					5,590,000		0 134,532,845		0 50,593,688				
	ceeds of issue					202,380,091		186,485,298		50,889,807				
	oceeds in reserve funds					0		0		0				
	ed interest from proceed s in refunding escrows .			•		0		0		0				-
	costs from proceeds .					2,184,896		1,945,528		296,119				1
	nhancement from procee					0		0		0				
	capital expenditures from expenditures from procee					0 199,158,149		33,096,528		0				-
	ent proceeds			•		870,854		134,532,845		50,593,688				
Other un	spent proceeds					166,192		16,910,397		0				
Year of s	substantial completion .				Yes 20	09 No	Yes 20	15 No	201 Yes	4 No	Yes	.	No	
Were the	bonds issued as part of	a current refunding is	sue?		ies	X	X	140	X	140	163		140	
Were the	bonds issued as part of	an advance refunding	issue?			х		х		X				
	final allocation of proceed				Х			Х	Х					
	e organization maintain a		cords to support the fir	nal allocation of	Х		Х		Х					
														_
art III P	rivate Business Use	1				۱		В	C			D		-
					Yes	No	Yes	No	Yes	No	Yes		No	
			ctId: 20152		00763	Cubmia	oion.	2015 07	14		TTNI.	FO 3	2450	145
	blic Visual Re								-14		TIN:			
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form 990 (or 990-EZ)	"Y"	F Comp on Form 990, F	plete if the				20h au 2	0-				4.0	
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			ich to Form 99	0 or Form 9	90-EZ. 🕽	See sepa	arate ir				_	•	. •	
•	the Treasury	▶Informatio	on about Scheo	dule L (Forn www.irs.g			and its	instruction	ons is at		•	en to		
ernal Revenu				www.ms.	<u>901/1011</u>			1 =	mployer	idontif		spe		1
Name of		ENTER INC						-	ilipioyei	iuentii	icatio	II IIUI	iibei	
	TEALTH SCIENCES C								9-345814	15				
FLORIDA H							(4) ora	anization	s only).					
FLORIDA H	Excess Bene		•	. , . ,				000 г	D- I V		D.			-0d2
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on	Form 990, P	art IV, lin	e 25a or 2	5b, or F					(4) C	arract	.eu:
Part I	Excess Bene	organization an	swered "Yes" on (b) Relations	Form 990, P	art IV, lin disqualifi	e 25a or 2	5b, or F	orm 990-E escription				(d) C Yes		Nο
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F					(d) C Yes		No
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							No
art I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							No
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Name of the FLORIDA H	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							<u>No</u>
Part I	Excess Benerous Complete if the	organization an	swered "Yes" on (b) Relations	Form 990, P hip between	art IV, lin disqualifi	e 25a or 2	5b, or F							No
Part I 1 (a	Excess Benerous Complete if the	organization an: alified person	swered "Yes" on (b) Relations person	Form 990, Phip between and organize	art IV, lin disqualifi ation	e 25a or 2.	5b, or F (c) Do	escription	of transa	ction				<u>No</u>
2 Ente	Excess Bener Complete if the a) Name of disqua	organization and silified person	wered "Yes" on (b) Relations person	Form 990, Phip between and organization	art IV, lin disqualifi ation	e 25a or 2. ed persons du	5b, or F (c) Do	escription	of transa	ction				<u>No</u>

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		o or from the ization?	(e)Original principal amount	(f) Balance due	(g) defa		(h Approv boar comm	d or		i) Written greement?
			То	From			Yes	No	Yes	No	Yes	No
1											-	
											-	
											_	
										,		
											•'	
Total .					▶ \$							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2013

Page 2

Schedule L (Form 990 or 990-EZ) 2013

Page 2

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	haring of zation's nues? No
(1) Gulf to Bay Anesthesiology Associate	Dr. Devanand Mangar, a board member, is president and employee of Florida Gulf to Bay Anesthesiology		Gulf to Bay Anesthesiology provides anesthesiology services which are paid at fair market value.		No
(2) Lifelink Foundation Inc	Dr. Dana L Shires (board member at FHSC) is co- founder and current Chairman of the Lifelink		Lifelink Foundation provides organ procurement services for FHSC at fair market value		No

efile Public Visual Render

ObjectId: 201522049349300762 - Submission: 2015-07-14

TIN: 59-3458145 OMB No. 1545-0047

SCHEDULE 0

(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.

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

Open to Public Inspection

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

59-3458145

Return Reference	Explanation
Form 990, Part III, Line 4d	Tampa General Hospital's Other Program Services includes cafeteria and vending sales, parking garage revenues, pharmacy sales to employees, net assets released from restrictions, and other miscellaneous revenue.
Form 990	USE designates one individual to participate in FHSC's board. In addition, the Chairman of the Board of the Tampa General

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Part VI, Section A, Line 7a	Hospita	Il Foundation is also a membe				,								
Form 990,	The Hill	Isborough County Hospital Au	uthority has the	right to	o approve am	endmen	ts to FHS	SC's Articl	es of	Incorpo	oration			_
efile Public Visu	ıal Render	ObjectId: 20152204934930	0762 - Submissio	n: 20:	15-07-14							IN: 59	-345	8145
					•							IB No. 1		
SCHEDULE	K	Related	Organizatio	ns a	nd Unrelate	ed Part	nershi	ps						
(Form 990)		Complete if the org	ganization answered	d "Yes"	on Form 990, Pa	art IV, line	33, 34, 35	b, 36, or 37.				20	13	
			Attach to Form 99 It Schedule R (Form					/form990			0	pen to	Publi	c
Department of the Treasury Internal Revenue Service				,				-				Inspe		
Name of the organiza		16						Employ	er iden	tification	numbe	r		
FLORIDA HEALTH SCIEN	ICES CENTER IN	NC						59-3458	145					
Part I Ident	tification o	of Disregarded Entities Complete	if the organization	answe	red "Yes" on For	m 990, Pa	rt IV, line :	•						
Name, addre	ess, and EIN (if	(a) applicable) of disregarded entity	(b) Primary acti	vity	(c) Legal domicile (sta or foreign country	ite Total	d) income	(e) nd-of-year asse	ts	Direc	(f) Direct controlling entity			
(1) FHSC Real Property P O Box 1289 Tampa, FL 33601 47-1396315	/ Holding Comp	any LLC	Real Estate Hold Company	ing	FL		0		0 N/A					
(2) TGH Architecture & PO Box 1289 Tampa, FL 33601	Engineering LL	С	Organized to des		FL		0		0 N/A					
46-4515477														
		of Related Tax-Exempt Organiza organization answered "Yes" on Form		34 bed	cause it had one	or more r	elated tax	-exempt org	ganizat	ions dur	ing the t	tax yea	r.	
Name,		(a) IN of related organization	(b) Primary activi	ity	(c) Legal domicile (star or foreign country		(d) Code section	Public chari (if section 5	ty status			ontrolling S		g) n 512(b) ontrolled tity?
(1)Tampa General Hos PO Box 1289	pital Foundation	n Inc	Fundraising to supp TGH's mission	ort	FL	501(c)(3	3)	Line 7		21/2			Yes	No No
Tampa, FL 33601 23-7354477										N/A				
(2)Tampa General Hos	pital Auxiliary Ir	ne	Support Tampa Gen Hospital	eral	FL	501(c)(3	3)	Line 11c - Ty	pe III					No
P O Box 1289			поѕрісаі							N/A				
Tampa, FL 33601										1.47.				
59-0810712 (3)Tampa General Med	ical Croup Inc		Dhysisian Cassialty	Offices	FL	501(c)(3	1)	Line 9 (509)	(=)(2)					No
	icai Group Inc		Physician Specialty	Offices	FL	501(c)(3	•)	Line 9 (509)	(a)(2)					No
P O Box 1289										N/A				
Tampa, FL 33601 27-4749421														
For Donomicoul Doo		Nation and the Testerrations for Form	- 000		Cot No E0	11.2EV				C-h	edule R	/Earm (200) 2	013
ror Paperwork Rec	iuction Act i	Notice, see the Instructions for Forn			Cat. No. 50	1331				Sch	edule K	(FOIIII :	990) 2	013
			age 2 ————											
Schedule R (Form 99	90) 2013												Pag	je 2
		of Related Organizations Taxable organization answered "Yes" on Fore			cause it had one	or more r	elated org	anizations t	reated	as a par	rtnership	o during	g the t	ax
		(a) , address, and EIN of lated organization	(b) Primary activity	(c) Legal domicile (state or foreign	controlling inc entity excl un	(e) redominant ome(related, unrelated, uded from tax der sections	Share of total income		(h) Disproprt allocati	ionate Coons? amo	(i) de V-UBI ount in box 20 of edule K-1 rm 1065)	(j) General managir partner	or Perc	(k) entage ership
				country)		512-514)			Yes	No		Yes N	0	

1k No **k** Lease of facilities, equipment, or other assets from related organization(s) 11 No $Performance\ of\ services\ or\ membership\ or\ fundraising\ solicitations\ for\ related\ organization(s)$ $\boldsymbol{m} \ \ \text{Performance of services or membership or fundraising solicitations by related organization}(s)$ 1m No 1n Yes ${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . 10 Yes Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses 1p No 1q No Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 1s Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2013 Page 4

Page 4

(1)Tampa General Hospital Foundation Inc

(2)Tampa General Hospital Foundation Inc

(3)Florida Health Sciences Center LTD

(4)Tampa General Hospital Auxiliary Inc

type (a-s)

2,534,007

511,418

3,659,145

137,401

Based on disbursements from Tampa General Hospital

Based on salaries and benefits of shared employees.

Funds received from the TGH Auxiliary for hospital

Schedule R (Form 990) 2013

Claims reimbursed from captive.

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

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

(a) Name, address, and E	N of entity F	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	Share of end-of-year assets	(h) Disproprtiona allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	ng	(k) Percenta ownersh
				512-514)	Yes	No			Yes	No		Yes	No	
													7 1	
													+	
													\Box	
											Schedule	e R (Forr	n 990	0) 201
		- Page 5 -							_					
dule R (Form 990) 2013														Page
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	rmation for responses to ques	tions on Sche	edule R (se	e instructions	i).									
Return Reference						Explana	tion							
											Sci	nedule R (Form	990) 2

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