


<b>efile Public Visual Render</b>		<b>ObjectID: 202132289349304528 - Submission: 2021-08-16</b>	<b>TIN: 59-3458145</b>
<div>Form <b>990</b></div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		OMB No. 1545-0047 <b>2019</b> <b>Open to Public Inspection</b>
	<b>A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020</b>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FLORIDA HEALTH SCIENCES CENTER INC  Doing business as TAMPA GENERAL HOSPITAL  Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1289  City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33601	<b>D</b> Employer identification number  59-3458145  <b>E</b> Telephone number  (813) 844-7000  <b>G</b> Gross receipts \$ 1,921,903,494	
<b>F</b> Name and address of principal officer: MARK RUNYON PO BOX 1289 TAMPA, FL 33601		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.TGH.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1997	<b>M</b> State of legal domicile: FL
<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE HEAL. WE TEACH. WE INNOVATE. CARE FOR EVERYONE. EVERY DAY.		
	<b>2</b> Check this box <input type="checkbox"/>		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .	<b>5</b>	10,065
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	697	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	2,318,862	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .	<b>7b</b>	1,347,533	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,745,155	33,666,472
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,395,047,179	1,512,005,087
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,828,016	25,393,076
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	500,400
		1,422,620,350	1,571,565,035
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	633,044	1,176,700
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	619,879,701	649,109,074
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	747,427,536	807,294,094
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,367,940,281	1,457,579,868
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	54,680,069	113,985,167
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,893,124,366	2,374,163,804
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	786,432,279	1,100,001,206
	1,106,692,087	1,274,162,598	
<b>Part II Signature Block</b>			

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

<b>Sign Here</b>	Signature of officer		2021-08-16	
	Date			
<b>Paid Preparer Use Only</b>	MARK RUNYON EXECUTIVE VP & CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01226647
	Firm's name ▶ KPMG LLP		Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 300 N GREENE ST SUITE 400		Phone no. (336) 275-3394	
	GREENSBORO, NC 27401			
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b>			Cat. No. 11282Y	Form <b>990</b> (2019)

<b>Part III Statement of Program Service Accomplishments</b>	
Check if Schedule O contains a response or note to any line in this Part III . . . . . <input checked="" type="checkbox"/>	
<b>1</b>	Briefly describe the organization's mission:  AS THE REGION'S LEADING SAFETY NET HOSPITAL, TAMPA GENERAL HOSPITAL IS COMMITTED TO PROVIDING AREA RESIDENTS WITH EXCELLENT AND COMPASSIONATE HEALTH CARE RANGING FROM THE SIMPLEST TO THE MOST COMPLEX MEDICAL SERVICES. OUR SHARED PURPOSE: WE HEAL. WE TEACH. WE INNOVATE. CARE FOR EVERYONE. EVERY DAY.THE TGH VISION: WE WILL BE THE SAFEST AND MOST INNOVATIVE ACADEMIC HEALTH SYSTEM IN AMERICA.
<b>2</b>	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If "Yes," describe these new services on Schedule O.
<b>3</b>	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If "Yes," describe these changes on Schedule O.
<b>4</b>	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
<b>4a</b>	(Code: ) (Expenses \$ <b>1,073,655,018</b> including grants of \$ ) (Revenue \$ <b>1,387,550,291</b> ) HEALTHCARE SERVICES: TAMPA GENERAL HOSPITAL, A LEADING SAFETY NET, PRIVATE NOT-FOR-PROFIT HOSPITAL, IS ONE OF THE MOST COMPREHENSIVE MEDICAL FACILITIES IN WEST CENTRAL FLORIDA, SERVING A DOZEN COUNTIES WITH A POPULATION IN EXCESS OF 4 MILLION. AS ONE OF THE LARGEST HOSPITALS IN FLORIDA, TAMPA GENERAL IS LICENSED FOR 1,006 BEDS, IS A LEVEL 1 TRAUMA CENTER, AND IS ONE OF JUST FOUR BURN CENTERS IN FLORIDA. WITH FIVE MEDICAL HELICOPTERS, WE ARE ABLE TO TRANSPORT CRITICALLY INJURED OR ILL PATIENTS FROM 23 SURROUNDING COUNTIES TO RECEIVE THE ADVANCED CARE THEY NEED. THE HOSPITAL IS HOME TO ONE OF THE LEADING ORGAN TRANSPLANT CENTERS IN THE COUNTRY, HAVING PERFORMED MORE THAN 10,000 TRANSPLANTS, INCLUDING THE STATE'S FIRST SUCCESSFUL HEART TRANSPLANT IN 1985. TGH IS A NATIONALLY-DESIGNATED COMPREHENSIVE STROKE CENTER, AND ITS 32-BED NEUROSCIENCE INTENSIVE CARE UNIT IS THE LARGEST ON THE WEST COAST OF FLORIDA. OTHER OUTSTANDING CENTERS INCLUDE INTERNAL MEDICINE, CARDIOVASCULAR, ORTHOPEDICS, HIGH RISK AND NORMAL OBSTETRICS, UROLOGY, ENT, ENDOCRINOLOGY, AND THE CHILDREN'S MEDICAL CENTER, WHICH FEATURES A NINE-BED PEDIATRIC INTENSIVE CARE UNIT AND ONE OF JUST THREE OUTPATIENT PEDIATRIC DIALYSIS UNITS IN THE STATE. SERVICES FOR OUTPATIENTS ARE PROVIDED IN A VARIETY OF LOCATIONS. A RANGE OF DIAGNOSTIC AND THERAPEUTIC OUTPATIENT SERVICES ARE PROVIDED ON THE TGH CAMPUS. IN ADDITION, TGH PROVIDES OUTPATIENT REHABILITATION SERVICES IN AN OFFSITE FACILITY AND PRIMARY AND SPECIALTY PHYSICIAN SERVICES IN VARIOUS OFFSITE CLINICS. AS THE REGION'S LEADING SAFETY NET HOSPITAL, TAMPA GENERAL IS COMMITTED TO PROVIDING AREA RESIDENTS WITH EXCELLENT AND COMPASSIONATE HEALTH CARE RANGING FROM THE SIMPLEST TO THE MOST COMPLEX MEDICAL SERVICES. TGH PROVIDES MEDICAL SERVICES TO THOSE UNABLE TO PAY THROUGH VARIOUS MEANS, INCLUDING THE HILLSBOROUGH COUNTY HEALTH PLAN AND THE STATE MEDICAID PROGRAM. IN ADDITION, TGH PROVIDES TRAUMA CARE ON A REGIONAL BASIS AS WELL AS OTHER SERVICES AT NO CHARGE TO ELIGIBLE PATIENTS THROUGH ITS CHARITY CARE PROGRAM. STATISTICS: TOTAL PATIENT DAYS: 285,296, EMERGENCY ROOM VISITS: 115,004, DELIVERIES: 6,355, AND SURGERIES: 29,694.
<b>4b</b>	(Code: ) (Expenses \$ <b>27,737,280</b> including grants of \$ ) (Revenue \$ <b>6,486,338</b> ) RESIDENTS' TEACHING PROGRAM (THE REVENUES AND EXPENSES DISCLOSED IN THIS SECTION INCLUDE DIRECT GRADUATE MEDICAL EDUCATION ONLY): TAMPA GENERAL HOSPITAL HAS BEEN AFFILIATED WITH THE UNIVERSITY OF SOUTH FLORIDA ("USF") COLLEGE OF MEDICINE SINCE THE SCHOOL WAS CREATED IN THE EARLY 1970S. TAMPA GENERAL HOSPITAL IS THE PRIMARY TEACHING AFFILIATE OF THE MORSANI COLLEGE OF MEDICINE AT THE UNIVERSITY OF SOUTH FLORIDA. TGH HAS APPROXIMATELY 340 RESIDENT POSITIONS THAT ROTATE THROUGH THE HOSPITAL EACH YEAR. THE MEDICARE PROGRAM FUNDS APPROXIMATELY 210 RESIDENTS, WITH THE REMAINING SLOTS FUNDED SOLELY BY THE HOSPITAL. THESE RESIDENTS ARE ASSIGNED TO TAMPA GENERAL HOSPITAL FOR SPECIALTY TRAINING IN AREAS RANGING FROM GENERAL INTERNAL MEDICINE TO NEUROSURGERY. IN ADDITION, MEDICAL, NURSING, AND PHYSICAL THERAPY STUDENTS ALL RECEIVE PART OF THEIR TRAINING AT TAMPA GENERAL HOSPITAL ON AN ANNUAL BASIS. UNIVERSITY OF SOUTH FLORIDA HAD APPROXIMATELY 100 MEDICAL STUDENTS ROTATING AT TAMPA GENERAL HOSPITAL DURING OUR FISCAL YEAR 2020. FACULTY OF THE MORSANI COLLEGE OF MEDICINE AT THE UNIVERSITY OF SOUTH FLORIDA ADMIT AND CARE FOR PATIENTS AT TAMPA GENERAL HOSPITAL, AS DO COMMUNITY PHYSICIANS, MANY OF WHOM ALSO SERVE AS USF ADJUNCT CLINICAL FACULTY.
<b>4c</b>	(Code: ) (Expenses \$ <b>4,497,240</b> including grants of \$ ) (Revenue \$ <b>1,784,610</b> ) CLINICAL RESEARCH: AS THE REGION'S ONLY LEVEL 1 TRAUMA CENTER AND THE PRIMARY TEACHING HOSPITAL FOR THE MORSANI COLLEGE OF MEDICINE AT THE UNIVERSITY OF SOUTH FLORIDA, TAMPA GENERAL HOSPITAL IS UNIQUELY POISED TO CONDUCT CUTTING-EDGE CLINICAL TRIALS ADVANCING THE STATE OF MEDICINE EVERY DAY. THE OFFICE OF CLINICAL RESEARCH (OCR) IS COMMITTED TO SUPPORTING INVESTIGATORS, PROVIDING OUR PATIENTS PARTICIPATING IN

MEDICINE EVERY DAY. THE OFFICE OF CLINICAL RESEARCH (OCR) IS COMMITTED TO SUPPORTING INVESTIGATORS, SPONSORS, AND PATIENTS PARTICIPATING IN CLINICAL TRIALS. WE PROVIDE STRATEGIC SERVICES, EDUCATION AND TRAINING, AND COMPREHENSIVE REVIEW PROCESSES DESIGNED TO FULFILL THE POTENTIAL OF CLINICAL INVESTIGATORS AND THEIR RESEARCH STAFF. TGH WORKS IN PARTNERSHIP WITH ITS INTERNAL INVESTIGATORS, MULTIPLE UNIVERSITIES, COMMUNITY BASED PHYSICIANS, AND TAMPA GENERAL MEDICAL GROUP PHYSICIANS TO DEVELOP AND TEST GROUND-BREAKING TREATMENTS THAT WILL INCREASE THE MEDICAL COMMUNITY'S KNOWLEDGE AND POTENTIALLY ADVANCE THE QUALITY OF MEDICAL CARE. THIS PROGRAM PROVIDES INNOVATIVE AND CUTTING-EDGE SCIENCE THAT MAY BENEFIT OUR DIVERSE PATIENT POPULATION NOW AND IN THE FUTURE; SCIENCE AND TECHNOLOGY THAT MAY BECOME GENERALIZABLE FOR THE PUBLIC AND MEDICAL PROFESSIONALS. IN ADDITION TO THE OCR ADMINISTRATIVE SERVICES, THE TGH CENTER FOR OUTPATIENT RESEARCH EXCELLENCE (CORE) PROVIDES COORDINATION SERVICES THAT BEGIN BEFORE SITE INITIATION AND CONTINUE FOR THE DURATION OF THE STUDY. PRE-STUDY SERVICES INCLUDE STUDY PLACEMENT, COORDINATION OF PRE-STUDY SITE VISIT, REGULATORY WORK, LABORATORY AND RADIOLOGY RESEARCH PRICING, AND ARRANGEMENTS FOR SPECIAL SERVICES. STUDY COORDINATION SERVICES INCLUDE RECRUITMENT, SCREENING, SUBJECT ENROLLMENT, STUDY VISITS/PROCEDURES, INVESTIGATIONAL DRUG SERVICES, ADMINISTRATION AND ACCOUNTABILITY, PACKAGING AND SHIPPING, SOURCE DOCUMENTATION, CASE REPORT FORM COMPLETION, AND LONG TERM RECORD STORAGE.

(Code: ) (Expenses \$ 80,459,743 including grants of \$ 1,176,700 ) (Revenue \$ 116,656,657 )

TAMPA GENERAL HOSPITAL'S OTHER PROGRAM SERVICES INCLUDE CAFETERIA AND VENDING SALES, PARKING GARAGE REVENUES, PHARMACY SALES TO EMPLOYEES, NET ASSETS RELEASED FROM RESTRICTIONS, AND OTHER MISCELLANEOUS REVENUE.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 80,459,743 including grants of \$ 1,176,700 ) (Revenue \$ 116,656,657 )

**4e** Total program service expenses 1,186,349,281

Form 990 (2019)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	

<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	

Form **990** (2019)

Part IV	Checklist of Required Schedules (continued)		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and</i> . . . . .			

34	Yes	
35a	Yes	
35b		No
36		No
37		No
38	Yes	

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 ☐

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	735	1c	Yes	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					

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Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10,065	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		4a	Yes	
b	If "Yes," enter the name of the foreign country: <input type="text"/>					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c		7c		No
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		9b		
10	<b>Section 501(c)(7) organizations.</b> Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				



<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			No

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 15		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	Yes
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	Yes
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes

Comments:		12c	Yes	No
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12c</b>	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

## Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶ MARK RUNYON EXEC VP & CFO 1 TAMPA GENERAL CIRCLE TAMPA, FL 33606 (813) 844-7000

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Part VII	<b>Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b>
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Check if Schedule O contains a response or note to any line in this Part VII ☐

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN COURIS .....	50.00 .....			X				1,946,915	0	50,417
PRESIDENT & CEO	1.00									
(2) STEVE L SHORT .....	45.00 .....				X			1,251,531	0	22,946
EXEC VP & CFO	5.00									
(3) SALLY HOUSTON MD	45.00							222,122	0	22,000

EXEC VP & CMO	5.00							663,100	0	30,923
(4) DEBBIE A RINDE-HOFFMAN MD	50.00					X		831,140	0	39,290
TRANSPLANT CARDIOLOGIST										
(5) JUDITH PLOSZEK	0.00						X	841,639	0	28,265
FORMER CFO										
(6) MARK W WESTON MD	50.00					X		799,357	0	36,280
TRANSPLANT CARDIOLOGIST										
(7) KELLY CULLEN	50.00				X			786,921	0	29,732
EXEC VP & COO										
(8) BENJAMIN D MACKIE MD	50.00					X		701,052	0	38,882
TRANSPLANT CARDIOLOGIST										
(9) VICTOR D BOWERS MD	50.00					X		712,678	0	21,047
TRANSPLANT SURGEON										
(10) PETER J BERMAN MD	50.00					X		690,608	0	33,919
TRANSPLANT CARDIOLOGIST										
(11) CHRIS A ROEDERER	50.00				X			658,820	0	36,652
SENIOR VP & CHIEF HR OFC										
(12) STACEY BRANDT	50.00				X			607,645	0	39,117
SENIOR VP, STRATEGY/MKTG										
(13) SCOTT J ARNOLD	50.00				X			563,599	0	40,191
SENIOR VP & CIO										
(14) ROBIN W DELAVERGNE	50.00				X			412,033	0	26,733
SENIOR VP & EXTERNAL AFFAI										
(15) ADAM SMITH	25.00				X			388,719	0	28,727
SENIOR VP, AMBULATORY SERVICES	25.00									
(16) FRANCES M RICHARDS	1.00				X			306,720	0	9,359
SENIOR VP & CHIEF DEVELOPM	50.00									
(17) JAMES R BURKHART	0.00						X	268,263	0	4,848
FORMER CEO										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAVIENDER BUKKAPATNAM MD	1.40	X						80,229	0	0
BOARD MEMBER	1.00									
(19) JOHN T TOUCHTON JR	2.20	X		X				0	0	0
BOARD MEMBER, CHAIRMAN	0.30									
(20) PHILLIP S DINGLE	2.00	X		X				0	0	0



<p><b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ <a href="#">789</a></p>		<b>Yes</b>	<b>No</b>
<p><b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .</p>	<b>3</b>	Yes	
<p><b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .</p>	<b>4</b>	Yes	
<p><b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .</p>	<b>5</b>		No

1 Complete this table for your five highest c

(A) Name and business address	(B) Description of services	(C) Compensation
UNIV MED SERVICE ASSOC  PO BOX 917492 ORLANDO, FL 328917492	PHYSICIANS/RESIDENTS	26,691,278
LIFELINK FL GA AND PUERTO RICO  PO BOX 102474 ATLANTA, GA 303680308	ORGAN ACQUISITION	15,431,548
ABBOTT LABORATORIES  PO BOX 100997 ATLANTA, GA 303840997	LABORATORY SERVICES	12,099,696
SODEXO AMERICA LLC  PO BOX 360170 PITTSBURGH, PA 152516170	FOOD SERVICES	9,416,776
LIFELINK FOUNDATION INC  PO BOX 102474 ATLANTA, GA 303680308	ORGAN ACQUISITION	7,269,061

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1</b> Contributions, gifts, grants and other similar amounts				
<b>1a</b> Fundraising campaigns				
<b>1b</b> Membership dues				
<b>1c</b> Fundraising events				
<b>1d</b> Fundraising organizations				
<b>1e</b> Government grants (contributions)				
<b>1f</b> Other contributions, gifts, grants, and similar amounts not included above				
<b>1g</b> Noncash contributions included in lines 1a - 1f:				
<b>h Total.</b> Add lines 1a-1f	33,666,472			

		Business Code				
<b>2a</b> PATIENT SERVICE REVENUE		622110	1,385,731,830	1,385,731,830		
	<b>2b</b> OUTPATIENT PHARMACY SALES - EMPLO	446110	91,233,294	91,233,294		
	<b>2c</b> RESEARCH, MEANINGFUL USE AND OTHE	621990	26,735,163	26,735,163		
	<b>2d</b> DISPROPORTIONATE SHARE REVENUE	622110	6,486,338	6,486,338		
	<b>2e</b> COMMERCIAL LAB	621500	1,818,462		1,818,462	
	<b>2f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f.			1,512,005,087			
<b>3</b> Investment income (including dividends, interest, and other similar amounts)			17,651,252			17,651,252
<b>4</b> Income from investment of tax-exempt bond proceeds			2			2
<b>5</b> Royalties						
<b>6a</b> Gross rents	(i) Real					
	(ii) Personal					
	<b>6b</b> Less: rental expenses		500,400			
	<b>6c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss)			500,400		500,400	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
	(ii) Other					
	<b>7b</b> Less: cost or other basis and sales expenses		358,080,281			
	<b>7c</b> Gain or (loss)		350,338,459			

Other Revenue	<b>d</b> Net gain or (loss) . . . . . ▶		7,741,822			7,741,822
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	<b>8b</b> Less: direct expenses . . . . .	8b				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
	<b>9b</b> Less: direct expenses . . . . .	9b				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	10a				
	<b>10b</b> Less: cost of goods sold . . . . .	10b				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a–11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions . . . . . ▶			1,571,565,035	1,510,186,625	2,318,862	25,393,076

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<b>Part IX Statement of Functional Expenses</b>				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX . . . . . <input type="checkbox"/>				
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,176,700	1,176,700		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	8,201,100	1,779,638	6,421,462	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	504,004,553	420,672,106	83,332,447	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	20,425,539	16,419,444	4,006,095	
<b>9</b> Other employee benefits . . . . .	79,875,584	64,105,599	15,769,985	
<b>10</b> Payroll taxes . . . . .	36,602,298	29,318,441	7,283,857	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	3,061,877	425,601	2,636,276	
<b>b</b> Legal . . . . .	7,612,439		7,612,439	
<b>c</b> Accounting . . . . .	583,038		583,038	

<b>d</b> Lobbying . . . . .	310,121	577	309,544	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	72,412		72,412	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	115,341,529	109,072,756	6,268,773	
<b>12</b> Advertising and promotion . . . . .	7,940,118	90,104	7,850,014	
<b>13</b> Office expenses . . . . .	470,713,648	433,920,194	36,793,454	
<b>14</b> Information technology . . . . .	36,954,905	18,917,216	18,037,689	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	35,147,781	30,930,047	4,217,734	
<b>17</b> Travel . . . . .	1,075,865	509,483	566,382	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	439,849	76,578	363,271	
<b>20</b> Interest . . . . .	11,749,281	10,339,367	1,409,914	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	65,854,261	27,798,322	38,055,939	
<b>23</b> Insurance . . . . .	21,843,234		21,843,234	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ASSESSMENTS	17,791,212	17,791,212		
<b>b</b> ALL OTHER EXPENSES	6,171,575	1,259,253	4,912,322	
<b>c</b> DUES AND MEMBERSHIPS	2,218,302	591,124	1,627,178	
<b>d</b> RECRUITMENT COSTS	1,397,166	258,854	1,138,312	
<b>e</b> All other expenses	1,015,481	896,665	118,816	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,457,579,868	1,186,349,281	271,230,587	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form **990** (2019)

Part X

Balance Sheet

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

☐

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	17,775	<b>1</b>	17,773
	<b>2</b> Savings and temporary cash investments . . . . .	52,893,949	<b>2</b>	336,246,568
	<b>3</b> Pledges and grants receivable, net . . . . .	713,868	<b>3</b>	812,366
	<b>4</b> Accounts receivable, net . . . . .	348,607,756	<b>4</b>	408,743,662
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	27,740,932	<b>8</b>	36,757,427
	<b>9</b> Prepaid expenses and deferred charges . . . . .	77,713,446	<b>9</b>	100,219,971
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,229,540,180		
	<b>b</b> Less: accumulated depreciation	694,190,478	540,006,835	<b>10c</b> 535,349,702
	<b>11</b> Investments—publicly traded securities . . . . .	789,611,825	<b>11</b>	839,680,459
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,546,050	<b>12</b>	29,264,897
<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		

	<b>14</b>	Intangible assets . . . . .	1,812,312	<b>14</b>	1,208,208
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	52,459,618	<b>15</b>	85,862,771
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,893,124,366	<b>16</b>	2,374,163,804
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	340,618,990	<b>17</b>	448,654,249
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .	272,197	<b>19</b>	138,832,203
	<b>20</b>	Tax-exempt bond liabilities . . . . .	357,723,835	<b>20</b>	349,402,677
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	21,333,298	<b>23</b>	56,756,708
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	66,483,959	<b>25</b>	106,355,369
Net Assets or Fund Balances	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	786,432,279	<b>26</b>	1,100,001,206
		<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b>	Net assets without donor restrictions . . . . .	1,100,960,166	<b>27</b>	1,262,946,730
	<b>28</b>	Net assets with donor restrictions . . . . .	5,731,921	<b>28</b>	11,215,868
		<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .	1,106,692,087	<b>32</b>	1,274,162,598
	<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	1,893,124,366	<b>33</b>	2,374,163,804

Form 990 (2019)

Part XI

Reconciliation of Net Assets

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,571,565,035
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,457,579,868
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	113,985,167
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	1,106,692,087
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	43,737,037
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	9,748,307
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,274,162,598

Part XII

Financial Statements and Reporting

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

<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	

<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>	Yes	

Form **990** (2019)

Form 990 (2019)

<b>Additional Data</b>	<b>Return to Form</b>
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Software ID:

<b>efile Public Visual Render</b>	<b>ObjectID: 202132289349304528 - Submission: 2021-08-16</b>	<b>TIN: 59-3458145</b>
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<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <b>2019</b> Open to Public Inspection
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<b>Name of the organization</b> FLORIDA HEALTH SCIENCES CENTER INC	<b>Employer identification number</b> 59-3458145
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

**1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

**2** ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

**3** ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

**4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

**5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

**6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

**7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

**8** ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

**9** ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

**10** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

**12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

**c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

**d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations . . . . .

**g** Provide the following information about the supported organization(s).

<b>(i)</b> Name of supported organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization	<b>(iv)</b> Is the organization listed in your governing document?	<b>(v)</b> Amount of monetary support	<b>(vi)</b> Amount of other support (see instructions)
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organization		organization (described on lines 1- 10 above (see instructions))	in your governing document?		monetary support (see instructions)	other support (see instructions)
			Yes	No		
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ☐

**Schedule A (Form 990 or 990-EZ) 2019**

Page 4

Schedule A (Form 990 or 990-EZ) 2019

Page **4**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Schedule A (Form 990 or 990-EZ) 2019**

Page 5

Schedule A (Form 990 or 990-EZ) 2019

Page **5**

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>			
<b>3b</b>			

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2020. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

Schedule A (Form 990 or 990-EZ) (2019)

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<b>efile Public Visual Render</b>	<b>ObjectID: 202132289349304528 - Submission: 2021-08-16</b>	<b>TIN: 59-3458145</b>
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <b>2019</b>
Name of the organization FLORIDA HEALTH SCIENCES CENTER INC		<b>Employer identification number</b> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Name of organization FLORIDA HEALTH SCIENCES CENTER INC	<b>Employer identification number</b> 59-3458145
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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	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 3

Name of organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

efile Public Visual Render ObjectID: 202132289349304528 - Submission: 2021-08-16 TIN: 59-3458145

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$
- Volunteer hours for political campaign activities (see instructions) ▶

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities from

\$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

\$

3

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....

\$

4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No

5

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Page 2

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

A

Check

☐

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

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-.															
i Subtract line 1f from line 1c. If zero or less, enter -0-.															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		102,925
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		442,029
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			544,954
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	Yes	No
<b>1</b>			

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

<b>Name of the organization</b> FLORIDA HEALTH SCIENCES CENTER INC	<b>Employer identification number</b> 59-3458145
---	---

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the		

organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

- 6 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? . . . . .

☐ Yes ☐ No

## Part II Conservation Easements.

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

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

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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	
2a	Total number of conservation easements . . . . .
2b	Total acreage restricted by conservation easements . . . . .
2c	Number of conservation easements on a certified historic structure included in (a) . . . . .
2d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Page 2

Schedule D (Form 990) 2019

Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
c ☐ Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

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



- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

### Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,133,621	919,194	919,194	915,531	912,821
<b>b</b> Contributions . . . . .		214,427		3,663	2,710
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,133,621	1,133,621	919,194	919,194	915,531

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

- a** Board designated or quasi-endowment ▶

- b** Permanent endowment ▶ 100.000 %

- c** Term endowment ▶

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

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

- (i)** Unrelated organizations . . . . .

- (ii)** Related organizations . . . . .

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	12,427,593	46,639,634		59,067,227
<b>b</b> Buildings . . . . .		563,583,357	273,534,117	290,049,240
<b>c</b> Leasehold improvements		27,836,231	12,490,684	15,345,547
<b>d</b> Equipment . . . . .		548,393,931	406,454,770	141,939,161
<b>e</b> Other . . . . .		30,659,434	1,710,907	28,948,527
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				535,349,702

Schedule D (Form 990) 2019

### Part VII InvestmentsOther Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other		
(B)		
(C)		
(D)		
(E)		
(F)		

(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

## Part VIII

### InvestmentsProgram Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

## Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

106,355,369

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

59-3458145

## Schedule F (Form 990) 2019

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

Page 3

Page 3

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2019

Page 4

Page 4

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

☒ Yes ☐ No

- Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

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## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

<b>efile Public Visual Render</b>	<b>ObjectId: 202132289349304528 - Submission: 2021-08-16</b>	<b>TIN: 59-3458145</b>
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**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Hospitals

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

► **Attach to Form 990.**

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public Inspection**

Name of the organization

FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

59-3458145

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

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .
- b** If "Yes," was it a written policy? . . . . .
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other \_\_\_\_\_ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	Yes	

<b>c</b>	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>		No
<b>6a</b>	Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b>	If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			61,012,447	6,486,338	54,526,109	3.740 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			252,251,514	192,701,553	59,549,961	4.090 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			26,334,761	9,047,456	17,287,305	1.190 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			339,598,722	208,235,347	131,363,375	9.020 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			3,332,151		3,332,151	0.230 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			52,557,421	18,665,950	33,891,471	2.330 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			16,659,091	7,307,595	9,351,496	0.640 %
<b>h</b> Research (from Worksheet 7) . . . . .			4,497,240	1,784,610	2,712,630	0.190 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,854,188		1,854,188	0.130 %
<b>j Total.</b> Other Benefits . . . . .			78,900,091	27,758,155	51,141,936	3.520 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			418,498,813	235,993,502	182,505,311	12.540 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense		Yes	No
<b>1</b>	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes
<b>2</b>	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	18,338,535
<b>3</b>	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>	
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	254,184,518

6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	277,877,926		
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-23,693,408		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				
	<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				

Section C. Collection Practices

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

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

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

Schedule H (Form 990) 2019

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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 FL LIC NO 4044	X	X		X		X	X			



[illegible]

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## Section B. Facility Policies and Practices

FHSC INC DBA TAMPA GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

:

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	
	No		
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	2	
	No		
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . .	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply):		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		

<b>i</b> <input type="checkbox"/> Other (describe in Section C)			
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.TGH.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url): <u>WWW.TGH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	
No			
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

FHSC INC DBA TAMPA GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>13</b>	Yes
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.TGH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.TGH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.TGH.ORG</u>		

<b>d</b> <input checked="" type="checkbox"/>	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/>	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/>	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/>	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/>	Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/>	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/>	Other (describe in Section C)		

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

**Billing and Collections**

FHSC INC DBA TAMPA GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		<b>Yes</b>	<b>No</b>
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b>	Yes

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

<b>a</b> <input type="checkbox"/>	Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/>	Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/>	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/>	Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/>	Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/>	None of these actions or other similar actions were permitted		

**19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .

<b>19</b>	
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No

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

<b>a</b> <input type="checkbox"/>	Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/>	Selling an individual's debt to another party		

<b>c</b>	<input type="checkbox"/> Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b>	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

FHSC INC DBA TAMPA GENERAL HOSPITAL

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

	Yes	No
<b>22</b>		
Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/>	
The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/>	
The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/>	
The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with		

Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

**d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

**23**

No

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

**24**

No

If "Yes," explain in Section C.

**Part V Facility Information** (continued)

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

Form and Line Reference	Explanation
FHSC, INC. D/B/A TAMPA GENERAL HOSPITAL	PART V, SECTION B, LINE 5: TAMPA GENERAL HOSPITAL'S (TGH) 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS BASED ON PARTICIPATION IN A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT. THE FLORIDA DEPARTMENT OF HEALTH COORDINATED AND LED THIS COLLABORATIVE ASSESSMENT FOR THE GREATER TAMPA BAY AREA. COLLABORATING PARTNERS INCLUDED LOCAL AREA HOSPITALS, COUNTY HEALTH DEPARTMENTS AND OTHER AREA HEALTH ORGANIZATIONS IN HILLSBOROUGH, PASCO, PINELLAS AND POLK COUNTIES. IN ORDER TO PROVIDE COMMUNITY INPUT, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) METHODOLOGY INCLUDED ASSESSMENT OF COMMUNITY PERCEPTIONS, STRENGTHS, AND THEMES. SURVEYS WERE ADMINISTERED TO MEMBERS OF THE COMMUNITY, AND KEY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF COMMUNITY-BASED ORGANIZATIONS. THIS METHODOLOGY PROVIDED BOTH QUALITATIVE AND QUANTITATIVE INFORMATION THAT SUPPLEMENTED DATA AVAILABLE FROM SECONDARY DATA SOURCES ON A VARIETY OF HEALTH STATUS INDICATORS. AN ONLINE CHNA SURVEY WAS CONDUCTED FROM FEBRUARY 21 - MAY 1, 2019. THE SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH VERSIONS AND WAS PROMOTED ON HEALTH DEPARTMENT AND HOSPITAL WEBSITES AND OTHER SOCIAL MEDIA PLATFORMS. IN ADDITION, PAPER SURVEYS WERE DISSEMINATED TO CERTAIN DEMOGRAPHIC POPULATIONS IN EFFORTS TO OBTAIN PROPORTIONAL REPRESENTATION WITH THAT OF THE COMMUNITY AT LARGE. SURVEY PARTICIPANTS WERE DIRECTED TO COMPLETE THE SURVEY FOR THE COUNTY THEY LIVED IN. A TOTAL OF 5,304 INDIVIDUALS FROM HILLSBOROUGH COUNTY PARTICIPATED IN THE SURVEY. ADDITIONALLY, INTERVIEWS WERE CONDUCTED WITH KEY STAKEHOLDERS

REPRESENTING COMMUNITY-BASED ORGANIZATIONS PROVIDING SERVICES IN HILLSBOROUGH COUNTY. A SURVEY MONKEY QUESTIONNAIRE WAS DISTRIBUTED TO INDIVIDUALS IDENTIFIED BY THE COMMUNITY COLLABORATIVE AS EXPERTS IN THEIR FIELD WITH SPECIFIC KNOWLEDGE OF COMMUNITY NEED AND VULNERABLE POPULATIONS. INTERVIEW TEXT WAS ANALYZED USING THE WEB-BASED QUALITATIVE TOOL, DEDOOSE. EXCERPTS WERE CODED BY RELEVANT TOPIC AREAS AND KEY HEALTH THEMES. HEALTHY COMMUNITIES INSTITUTE'S DATA SCORING TOOL WAS UTILIZED TO COMPARE AND SCORE HEALTH-RELATED ISSUES FOR EACH COUNTY PARTICIPATING IN THE CHNA. OVER 141 DEMOGRAPHIC, SOCIAL, ECONOMIC AND HEALTH INDICATORS WERE COLLECTED FROM SECONDARY DATA SOURCES. THE SCORING METHODOLOGY QUALITATIVELY SCORES COUNTY DATA TO THE STATE VALUE, THE NATIONAL VALUE AND TARGET VALUE SUCH HAS THE NATIONWIDE HEALTHY PEOPLE 2020 GOALS. SCORES WERE COMPILED FOR EACH INDICATOR AND SUMMARIZED INTO 28 TOPIC AREAS. INFORMATION GATHERED DURING THE CHNA WAS SYNTHESIZED TO IDENTIFY OVERLAPPING NEEDS FROM ALL SOURCES OF INPUT. THE FINDINGS FROM ALL THREE DATA SETS WERE COMPARED AND STUDIED SIMULTANEOUSLY TO GAIN A BETTER UNDERSTANDING OF THE SIGNIFICANT HEALTH NEEDS FOR HILLSBOROUGH COUNTY. ELEVEN HEALTH ISSUES WERE IDENTIFIED AS SIGNIFICANT HEALTH NEEDS ACROSS ALL THREE DATA SOURCES AND WERE USED FOR FURTHER PRIORITIZATION. A PRIORITIZATION SESSION WAS HELD ON JULY 24, 2019 WITH APPROXIMATELY 150 INDIVIDUALS FROM THE COMMUNITY REPRESENTING SCHOOLS, HOSPITAL SYSTEMS AND MEDICAL PROVIDERS, LOCAL BUSINESSES, LOCAL GOVERNMENT, CHURCHES AND OTHER COMMUNITY-BASED ORGANIZATIONS. COLLABORATIVE LABS FACILITATED THE ALL-DAY SESSION TO FURTHER REVIEW AND DISCUSS THE TOP IDENTIFIED NEEDS. THESE SESSIONS INCLUDED A DATA PRESENTATION HIGHLIGHTING PRIMARY AND SECONDARY DATA FINDINGS FOR THE ELEVEN SIGNIFICANT HEALTH NEEDS UP FOR CONSIDERATION. FOCUS GROUPS WERE ASSEMBLED TO FURTHER DISCUSS RELEVANT DEMOGRAPHICS AND HEALTH OUTCOMES DATA FOR THE ELEVEN HEALTH CATEGORIES. IN ADDITION, THE FLORIDA DEPARTMENT OF HEALTH CONDUCTED A FORCES OF CHANGE ASSESSMENT. AT THE END OF THE DAY, ALL 150 REPRESENTATIVES FOR HILLSBOROUGH COUNTY PARTICIPATED IN A PRIORITY SETTING EXERCISE. UTILIZING POLLING SOFTWARE AND RESPONSE KEYPADS, PARTICIPANTS PROVIDED A RATING FROM ONE TO TEN FOR TWO CRITERIA FOR EACH OF THE TOP HEALTH NEEDS. THE PRIORITIZATION CRITERIA WEREAS FOLLOWS: \* SCOPE AND SEVERITY (PREVALENCE AND HEALTH CONSEQUENCES RELATED TO THE HEALTH NEED) \* ABILITY TO IMPACT CRITERIA SCORES WERE THEN COMBINED TO CALCULATE AN OVERALL RANKING OF HEALTH NEEDS. AFTER CONSIDERATION, IT WAS DECIDED TO COMBINE THE CATEGORIES OF MENTAL HEALTH AND MENTAL DISORDERS AND SUBSTANCE ABUSE INTO THE SINGULAR CATEGORY OF BEHAVIORAL HEALTH. THUS, THE FINAL THREE TOP HEALTH PRIORITIES FOR HILLSBOROUGH COUNTY ARE: 1) BEHAVIORAL HEALTH; 2) ACCESS TO HEALTH SERVICES; AND 3) EXERCISE, NUTRITION, AND WEIGHT.

FHSC, INC. D/B/A TAMPA GENERAL HOSPITAL

PART V, SECTION B, LINE 6A: TAMPA GENERAL HOSPITAL'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN



	<p>CONJUNCTION WITH A COLLABORATIVE ASSESSMENT FOR THE GREATER TAMPA BAY AREA COORDINATED BY THE FLORIDA DEPARTMENT OF HEALTH. COLLABORATING PARTNERS INCLUDED LOCAL AREA HOSPITALS, COUNTY HEALTH DEPARTMENTS, AND OTHER AREA HEALTH ORGANIZATIONS IN HILLSBOROUGH, PASCO, PINELLAS, AND POLK COUNTIES. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN TAMPA GENERAL HOSPITAL'S PUBLICLY AVAILABLE 2019 CHNA.</p>
FHSC, INC. D/B/A TAMPA GENERAL HOSPITAL	<p>PART V, SECTION B, LINE 6B: TAMPA GENERAL HOSPITAL'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS BASED ON THE WORK COMPLETED BETWEEN OCTOBER 2018 AND AUGUST 2019 THROUGH A COLLABORATIVE EFFORT COORDINATED BY THE FLORIDA DEPARTMENT OF HEALTH. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN TAMPA GENERAL HOSPITAL'S PUBLICLY AVAILABLE 2019 CHNA.</p>
FHSC, INC. D/B/A TAMPA GENERAL HOSPITAL	<p>PART V, SECTION B, LINE 11: THE THREE HEALTH PRIORITIES IDENTIFIED IN TAMPA GENERAL HOSPITAL'S 2019 CHNA ARE: 1) BEHAVIORAL HEALTH; 2) ACCESS TO HEALTH SERVICES; AND 3) EXERCISE, NUTRITION, AND WEIGHT. THE INFORMATION BELOW SUMMARIZES TGH'S INITIATIVES FOCUSED ON THESE THREE AREAS. DETAILED DESCRIPTIONS CAN BE FOUND IN TGH'S 2019 CHNA, ALONG WITH FUTURE INITIATIVES IDENTIFIED IN THE IMPLEMENTATION PLAN. THERE ARE NO PRIORITIES THAT ARE NOT BEING ADDRESSED. TGH IS INVOLVED IN NUMEROUS INITIATIVES THAT ADDRESS OBESITY, BOTH DIRECTLY AND INDIRECTLY. THE COMMUNITY RELATIONS DEPARTMENT LEADS PROGRAMS IN THE COMMUNITY AIMED AT DIABETES PREVENTION, EXERCISE, NUTRITION, AND SCREENINGS WHERE OBESITY MAY BE A FACTOR. TGH IS COMMITTED TO INFANT NUTRITION AND PROVIDES BREAST FEEDING EDUCATION AND INDIVIDUAL SUPPORT TO NEW MOTHERS. TGH'S EMPLOYEE HEALTH DEPARTMENT ALSO PROVIDES A NUMBER OF PROGRAMS AIMED AT REDUCING OBESITY AMONG EMPLOYEES. THESE EMPLOYEE HEALTH PROGRAMS INCLUDE WEIGHT WATCHERS, COMMIT TO HEALTHY EATING FOR WELLNESS (CHEW), AND A BETTER WEIGH. FINALLY, TGH IS A SIGNIFICANT SOURCE OF FINANCIAL SUPPORT FOR MORE HEALTH. MORE HEALTH PROVIDES HEALTH EDUCATION IN BOTH PUBLIC AND PRIVATE SCHOOLS, AND THEIR CURRICULUM INCLUDES HEALTHY DIET AND EXERCISE EDUCATION. THE TGH 2019 CHNA IMPLEMENTATION STRATEGY PROVIDES DETAIL ON ACTIVITIES PLANNED FOR THE FUTURE TO ADDRESS OBESITY. TGH IS INVOLVED IN NUMEROUS BEHAVIORAL HEALTH INITIATIVES IN THE COMMUNITY. THE COMMUNITY RELATIONS DEPARTMENT LEADS SEVERAL PROGRAMS INCLUDING COMPLEMENTARY MEDICINE FOR HEALTH AND WELL-BEING, MENTAL AND EMOTIONAL HEALTH EDUCATION, THE POWERFUL TOOLS FOR CAREGIVERS PROGRAM, POST-CONCUSSION MENTAL HEALTH EDUCATION, AND SUPPORT GROUPS. TGH ALSO OFFERS SEVERAL SPECIALIZED PROGRAMS FOR THEIR PATIENTS INCLUDING THE PEDIATRIC OUTPATIENT MEDICAL COPING CLINIC, PRE-TRANSPLANT MENTAL HEALTH COUNSELING, AND CHRONIC PAIN MANAGEMENT PSYCHOLOGY SERVICES. IN ADDITION, TGH PARTICIPATES IN THE HILLSBOROUGH COUNTY HEALTH PLAN'S BEHAVIORAL HEALTH PILOT WHICH COMBINES PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES FOR PARTICIPANTS IN THE COUNTY'S HEALTH PLAN (WHICH SERVES AN INDIGENT POPULATION). THE TGH 2016 CHNA IMPLEMENTATION STRATEGY PROVIDES DETAIL ON ACTIVITIES PLANNED FOR THE FUTURE TO ADDRESS BEHAVIORAL HEALTH ISSUES. IN 2016, TGH INVESTED IN A MENTAL HEALTH</p>

2016, TGH INVESTED IN A MENTAL HEALTH PLATFORM, MY STRENGTH, THAT ALLOWS FREE ACCESS TO ONLINE MENTAL HEALTH RESOURCES FOR EMPLOYEES AND THE COMMUNITY. THIS PLATFORM IS PROMOTED TO ALL EMPLOYEES AND ALL PATIENTS OF OUR PRIMARY CARE CLINICS. THERE IS NO FEE TO REGISTER OR PARTAKE IN THE RESOURCES. TGH OFFERS A VARIETY OF PROGRAMS THAT ADDRESS HEALTHCARE ACCESS ISSUES. THE COMMUNITY RELATIONS DEPARTMENT LEADS SEVERAL INITIATIVES AVAILABLE TO THE COMMUNITY, INCLUDING SCREENINGS FOR COMMUNITY MEMBERS, EDUCATIONAL PROGRAMS ON HEALTH-RELATED ISSUES, SUPPORT GROUPS, SEMINARS ON SMOKING CESSATION, AND INFORMATIONAL PROGRAMS ON DIFFERENT TYPES OF INSURANCE. TGH FINANCIAL COUNSELORS PARTICIPATED IN LOCAL EFFORTS TO ENROLL INDIVIDUALS IN THE AFFORDABLE CARE ACT HEALTH EXCHANGES. TAMPA GENERAL MEDICAL GROUP (TGMG) HAS 16 PRIMARY CARE LOCATIONS THROUGHOUT HILLSBOROUGH COUNTY. TWO PROVIDER-BASED SITES PROVIDE PRIMARY CARE AND SPECIALTY SERVICES TO RESIDENTS WITH LIMITED OR NO FINANCIAL RESOURCES. IN 2017, TGH OPENED THE BRANDON HEALTHPLEX, A COMPREHENSIVE AMBULATORY CENTER THAT IS DESIGNED TO BE A CONVENIENT DESTINATION FOR PATIENTS TO ACCESS A BROAD SPECTRUM OF QUALITY OF HEALTHCARE SERVICES. THE TGH 2019 CHNA IMPLEMENTATION STRATEGY PROVIDES ADDITIONAL DETAIL ON ACTIVITIES PLANNED FOR THE FUTURE TO ADDRESS ACCESS.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 17

Name and address	Type of Facility (describe)
<b>1</b> 1 - TGH FAMILY CARE CENTER KENNEDY 2501 WEST KENNEDY BOULEVARD TAMPA, FL 33609	FAMILY CARE CLINIC
<b>2</b> 2 - TGMG BRANDON	FAMILY CARE CLINIC

	214 MORRISON ROAD BRANDON, FL 33511	
3	3 - TGH FAMILY CARE CENTER HEALTHPARK 5802 NORTH 30TH STREET TAMPA, FL 33610	FAMILY CARE CLINIC
4	4 - TGMG FISHHAWK 13421 FISHHAWK BLVD LITHIA, FL 33547	FAMILY CARE CLINIC
5	5 - TGMG CARROLLWOOD 13860 N DALE MABRY HIGHWAY TAMPA, FL 33618	FAMILY CARE CLINIC
6	6 - TGMG LOIS 2106 S LOIS AVENUE TAMPA, FL 33629	FAMILY CARE CLINIC
7	7 - TGMG WESLEY CHAPEL 2324 OAK MYRTLE LANE WESLEY CHAPEL, FL 33544	FAMILY CARE CLINIC
8	8 - TGMG TAMPA PALMS 16011 TAMPA PALMS WEST BLVD TAMPA, FL 33647	FAMILY CARE CLINIC
9	9 - TGMG SUN CITY CENTER 1647 SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573	FAMILY CARE CLINIC
10	10 - TGMG WESTCHASE 10718 COUNTRYWAY BOULEVARD TAMPA, FL 33626	FAMILY CARE CLINIC
11	11 - TGMG AT THE TGH BRANDON HEALTHPLEX 10740 PALM RIVER ROAD TAMPA, FL 33619	FAMILY CARE CLINIC
12	12 - TGMG TRINITY 2433 COUNTRY PLACE BLVD TRINITY, FL 34655	FAMILY CARE CLINIC
13	13 - TGMG VALRICO 2211 LITHIA CENTER LN VALRICO, FL 33596	FAMILY CARE CLINIC
14	14 - TGMG RIVERVIEW 10647 BIG BEND ROAD RIVERVIEW, FL 33579	FAMILY CARE CLINIC
15	15 - TGMG APOLLO BEACH 6488 N US HIGHWAY 41 APOLLO BEACH, FL 33572	FAMILY CARE CLINIC
16	16 - TGMG ARMENIA 2333 W HILLSBOROUGH AVE TAMPA, FL 33603	FAMILY CARE CLINIC
17	17 - TGH COMMUNITY HEALTH EDUCATION CENTER 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.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 6A:	TGH DEVELOPED A COMMUNITY BENEFIT REPORT FOR THE PERIOD ENDING SEPTEMBER 30, 2018 DURING FISCAL 2019 (10/1/2018-9/30/2019). THIS REPORT SUMMARIZES TGH'S COMMUNITY BENEFIT COST, AS REPORTED TO THE IRS IN SCHEDULE H, AS REQUIRED BY THE AFFORDABLE CARE ACT. THE REPORT CAN BE FOUND ON THE HOSPITAL'S WEBSITE AT TGH.ORG

	BE FOUND ON THE HOSPITAL'S WEBSITE AT TGH.ORG.
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.
PART III, LINE 2:	BAD DEBT REPRESENTS THE DIFFERENCE BETWEEN: 1) GROSS CHARGES LESS CONTRACTUAL ADJUSTMENT (IF ANY) AND DISCOUNTS (IN THE CASE OF SELF-PAY PATIENTS), AND 2) THE AMOUNT THAT THE HOSPITAL EXPECTS TO COLLECT BASED ON HISTORICAL INFORMATION. THE MAJORITY OF BAD DEBT REPRESENTS AN IMPLICIT PRICE CONCESSION. THIS IS BECAUSE THE HOSPITAL CONTINUES TO PROVIDE SERVICES TO A PATIENT (OR PATIENT CLASS) EVEN WHEN HISTORICAL EXPERIENCE INDICATES THAT IT IS NOT PROBABLE THAT THE ENTITY WILL COLLECT SUBSTANTIALLY ALL OF THE DISCOUNTED CHARGES (GROSS OR STANDARD CHARGES LESS ANY CONTRACTUAL ADJUSTMENTS OR DISCOUNTS). THIS IS APPLICABLE FOR BOTH PATIENTS WHO HAVE INSURANCE WITH THIRD PARTIES, AS WELL AS THOSE PATIENTS WHO ARE UNINSURED. FOR UNINSURED PATIENTS, THE GROSS CHARGES ARE HIGHLY DISCOUNTED. ALTHOUGH IT MAY NOT BE PROBABLE THAT THE DISCOUNTED CHARGES WILL BE COLLECTED, THE HOSPITAL STILL ATTEMPTS TO COLLECT THE CHARGES. A PORTION OF THE BAD DEBT BALANCE HAS BEEN CONCLUDED TO BE TRULY BAD DEBT DUE TO THE HOSPITAL HAVING CHOSEN TO ACCEPT THE RISK OF DEFAULT BY THE PATIENT. THE PORTION THAT IS CONSIDERED BAD DEBT INCLUDES INSTANCES IN WHICH THE PATIENT IS TRULY IN DISTRESS (FOR EXAMPLE, THE PATIENT IS IN BANKRUPTCY). THE HOSPITAL HAS A MECHANISM IN PLACE FOR TRACKING THESE TYPES OF ACCOUNTS. SIMILAR TO THE ESTIMATION OF THE CONTRACTUAL ADJUSTMENTS, THE HOSPITAL UTILIZES THE MODEL WITHIN THE RCA TOOL. THE BAD DEBT ALLOWANCE AND CHARITY ADJUSTMENTS ARE BASED OFF OF THE AVERAGE EXPERIENCE FROM A SERIES OF SIX YEARLY HINDSIGHT TRENDING REPORTS. CHARITY IS BASED OFF OF THE HISTORICAL AVERAGE PERCENTAGE OF CHARITY BY IP/OP, FINANCIAL CLASS AND AGING BUCKET. BAD DEBT IS BASED OFF OF THE HISTORICAL AVERAGE PERCENTAGE OF BAD DEBT COMBINED WITH THE AVERAGE PERCENTAGE OF REMAINING BALANCES BY IP/OP, FINANCIAL CLASS AND AGING BUCKET. ALL BALANCES GREATER THAN 361 DAYS ARE RESERVED AT 100%. THE RESERVE PERCENTAGE APPLIED TO THE A/R BALANCE VARIES BASED ON THE FINANCIAL CLASS, AS WELL AS THE AGING OF THE GROSS ACCOUNTS RECEIVABLE BALANCE (FOR EXAMPLE, FOR THE "MEDICAID IP" PORTFOLIO, THE RESERVE PERCENTAGE WILL BE DIFFERENT FOR THE A/R THAT IS IN THE 31-60 DAY AGING BUCKET FROM THE A/R THAT IS IN THE 91-120 DAY AGING BUCKET). THE RESERVE PERCENTAGES ARE APPLIED TO THE GROSS A/R BALANCE TO ESTIMATE THE BAD DEBT BALANCE.
PART III, LINE 4:	SEE FOOTNOTE 1(V) ON PAGE 14 IN THE ATTACHED FINANCIAL STATEMENTS.
PART III, LINE 8:	THE \$23.7 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 ADDITIONAL COSTS ASSOCIATED WITH TREATING LOW INCOME MEDICARE BENEFICIARIES, COSTS ASSOCIATED WITH THE TGH LIVER, HEART, KIDNEY, LUNG AND PANCREAS ORGAN TRANSPLANT PROGRAMS, AND THE SIZABLE MEDICAL EDUCATION PROGRAMS, WHICH ARE A SIGNIFICANT BENEFIT TO ALL PATIENTS IN THESE PROGRAMS AND THE COMMUNITY AS A WHOLE. MEDICARE REVENUE AND COSTS ARE BASED ON THE 2020 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.
PART III, LINE 9B:	EACH SELF-PAY PATIENT IS EVALUATED TO DETERMINE IF COVERED BY MEDICAID, HILLSBOROUGH COUNTY, AND/OR CHARITY ASSISTANCE. THE FINANCIAL INFORMATION PROVIDED BY THIS EVALUATION DETERMINES INTO WHICH CATEGORY A PATIENT RESIDES. PATIENTS WHO DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE ARE THEN EVALUATED IN ACCORDANCE WITH HOSPITAL POLICY FOR CHARITY AND DISCOUNTED CARE. PATIENT BALANCES WILL EITHER QUALIFY FOR A TOTAL WRITE-OFF OR A DISCOUNT BASED ON THE PATIENT'S HOUSEHOLD INCOME AND FAMILY SIZE IN RELATION TO THE FEDERAL POVERTY LIMITATIONS. TGH'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY, FOLLOWING THE GUIDELINES OF THE INTERNAL REVENUE SECTION 501(R) REQUIREMENT: INCLUDES ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE FREE AND DISCOUNTED (PARTIAL CHARITY) CARE; DESCRIBES HOW TO APPLY FOR FINANCIAL ASSISTANCE; DESCRIBES HOW TGH WILL WIDELY PUBLICIZE THE POLICY WITHIN THE COMMUNITY SERVED BY THE HOSPITAL; LIMITS THE AMOUNTS THAT THE HOSPITAL WILL CHARGE FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE TO THE AMOUNT GENERALLY BILLED FOR MEDICALLY NECESSARY CARE.
PART VI, LINE 2:	DURING FISCAL 2019, TAMPA GENERAL HOSPITAL (TGH) COMPLETED ITS THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT SIGNED INTO LAW IN 2010. THE CHNA IS AVAILABLE TO THE COMMUNITY FOR REVIEW ON THE HOSPITAL'S WEBSITE (TGH.ORG).
PART VI, LINE 3:	FOR FISCAL YEAR 2020, THE COSTS ASSOCIATED WITH CHARITY CARE, UNREIMBURSED MEDICAID, AND THE UNREIMBURSED COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS EXCEEDED \$131 MILLION. THESE INCLUDE PATIENTS WHO QUALIFY FOR FREE CARE UNDER TAMPA GENERAL HOSPITAL'S (TGH) CHARITY CARE POLICY OR ARE ENROLLED IN PROGRAMS FOR LOW-INCOME OR UNDER-INSURED INDIVIDUALS SPONSORED BY STATE AND LOCAL GOVERNMENTS. WHILE TGH RECEIVED REIMBURSEMENT FOR SOME OF THESE PATIENTS, THE AMOUNTS ARE NOT SUFFICIENT TO COVER THE COSTS OF CARE PROVIDED. FREE CARE IS PROVIDED TO PATIENTS WHO QUALIFY BASED ON AN EVALUATION OF THEIR INCOME AND ASSETS. INDIVIDUALS WITH AN INCOME THAT IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL (FPL) ARE ELIGIBLE FOR CHARITY OR FREE CARE AS ARE INDIVIDUALS WHOSE INCOME IS LESS THAN 400% OF THE FPL BUT WHOSE HOSPITAL CHARGES ARE GREATER THAN 25% OF THEIR ANNUAL INCOME. FINANCIAL COUNSELORS WORK WITH INDIVIDUALS WHO SEEK CARE AND ARE UNINSURED. 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. THE PATIENT SHALL BE ELIGIBLE FOR A DISCOUNT THAT IS ANNUALLY CALCULATED USING A "LOOK-BACK" METHOD. PATIENTS ELIGIBLE FOR MEDICAID OR OTHER INDIGENT CARE PROGRAMS MAY BE ELIGIBLE FOR FREE OR DISCOUNTED CARE FOR NON-COVERED SERVICES (INCLUDING CHARGES FOR DAYS EXCEEDING ANY LENGTH OF STAY LIMIT). NON-ELIGIBLE SERVICES AND BALANCES: FINANCIAL ASSISTANCE WILL NOT APPLY TO THE FOLLOWING SERVICES OR PATIENT RESPONSIBILITIES: * COSMETIC PROCEDURES THAT ARE NOT MEDICALLY NECESSARY * BALANCES PAYABLE BY OTHER INSURANCE (MEDICARE, MEDICAID, AUTOMOBILE INSURANCE, WORKER'S COMPENSATION, OR LIABILITY INSURANCE) * VENTRICULAR ASSIST DEVICES * TRANSPLANTS * EFFECTIVE

	<p>COMPENSATION, OR LIABILITY INSURANCE) VENTRICULAR ASSIST DEVICES TRANSPLANTS ELECTIVE PROCEDURES FOR PATIENTS RESIDING OUTSIDE HILLSBOROUGH COUNTY, FLORIDA DETERMINATION AND SCREENING PROCESS: ALL PATIENTS SEEKING FINANCIAL ASSISTANCE ARE REQUIRED TO COMPLETE THE TGH FINANCIAL ASSISTANCE APPLICATION. PATIENTS WILL BE INSTRUCTED TO COMPLETE THE FORMS AND RETURN THEM BY MAIL OR IN PERSON TO A FINANCIAL ASSISTANCE SPECIALIST. PATIENTS WHO APPEAR TO QUALIFY FOR GOVERNMENT ASSISTANCE WILL BE OFFERED COURTESY ASSISTANCE WITH THE APPLICATION PROCESS. UNFUNDED OR 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 WILL BE COMMUNICATED TO THE RESPONSIBLE PARTY WITHIN 30 DAYS OF RECEIPT OF ALL REQUIRED DOCUMENTATION. THE GRANTING OF FINANCIAL ASSISTANCE SHALL BE BASED ON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED AND MEDICAL NECESSITY, AND SHALL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRANT STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION.RELATIONSHIP TO COLLECTIONS AND BILLING POLICY: TGH MAINTAINS A SEPARATE POLICY OUTLINING ITS BILLING AND COLLECTION PROCEDURES. IN ACCORDANCE WITH ITS BILLING AND COLLECTIONS POLICY, TGH WILL NOT ENGAGE IN, NOR WILL IT AUTHORIZE ITS COLLECTION AGENCY TO ENGAGE IN, EXTRAORDINARY COLLECTION ACTIONS WITHOUT VERIFYING THAT PATIENTS HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE.COMMUNICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE WITHIN THE COMMUNITY: NOTIFICATION ABOUT FINANCIAL ASSISTANCE AVAILABLE FROM TGH SHALL BE DISSEMINATED BY TGH TO THE COMMUNITY BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PUBLISHING THIS POLICY ON THE TGH WEBSITE, PLACING POSTERS AROUND THE HOSPITAL, AND MAKING BROCHURES AVAILABLE AT ALL PATIENT REGISTRATION AREAS.REGULATORY REQUIREMENTS: IN IMPLEMENTING THIS POLICY, TGH WILL COMPLY WITH ALL OTHER FEDERAL, STATE, AND LOCAL LAWS, RULES, AND REGULATIONS THAT MAY APPLY TO ACTIVITIES CONDUCTED PURSUANT TO THIS POLICY.AVAILABILITY OF FORMS AND POLICY: COPIES OF THE FINANCIAL ASSISTANCE POLICY AND APPLICATIONS WILL BE MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE BY CONTACTING A FINANCIAL ASSISTANCE SPECIALIST, OR BY SUBMITTING A WRITTEN REQUEST TO TAMPA GENERAL HOSPITAL. THE HOSPITAL'S FINANCIAL ASSISTANCE SPECIALISTS ARE ALSO AVAILABLE TO ANSWER ANY QUESTIONS ABOUT THIS POLICY.</p>
PART VI, LINE 4:	<p>TAMPA GENERAL HOSPITAL'S PRIMARY SERVICE AREA IS HILLSBOROUGH COUNTY, FLORIDA. 71% OF THE INPATIENTS WHO ARE TREATED AT TGH ARE RESIDENTS OF HILLSBOROUGH COUNTY. THE REMAINING 29% COME FROM OTHER AREAS OF FLORIDA AND THE UNITED STATES. HILLSBOROUGH COUNTY IS LOCATED IN WEST CENTRAL FLORIDA ALONG TAMPA BAY, AND IS HOME TO THREE INCORPORATED CITIES - TAMPA, TEMPLE TERRACE, AND PLANT CITY. TAMPA IS THE LARGEST CITY AND THE COUNTY SEAT. HILLSBOROUGH COUNTY HAS A HUMID SUBTROPICAL CLIMATE CHARACTERIZED BY FREQUENT THUNDERSTORMS DURING THE WARM AND HUMID SUMMER, AND COOLER, DRIER WINTERS. HILLSBOROUGH COUNTY'S MEDIAN HOUSEHOLD INCOME IS ESTIMATED TO BE \$48,968, WITH AN ESTIMATED 13.7% OF ALL COUNTY RESIDENTS LIVING BELOW THE FEDERAL POVERTY LEVEL. HILLSBOROUGH COUNTY IS HOME TO MANY COLLEGES, UNIVERSITIES, AND TECHNICAL/CAREER SCHOOLS INCLUDING HEALTH PROFESSION SCHOOLS SUCH AS THE UNIVERSITY OF SOUTH FLORIDA COLLEGE OF PUBLIC HEALTH, MORSANI COLLEGE OF MEDICINE, COLLEGE OF NURSING, AND COLLEGE OF PHARMACY. FOR THIS REASON, MANY PERSONS IN THE COUNTY ARE HERE TO PURSUE EDUCATIONAL INTERESTS AS WELL AS CAREER OPPORTUNITIES. APPROXIMATELY 30% OF HILLSBOROUGH COUNTY RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER. A LARGE PERCENTAGE OF THE ADULT POPULATION (58%) IS IN THE LABOR FORCE, WITH HEALTH CARE AND SOCIAL ASSISTANCE BEING THE PRIMARY EMPLOYMENT SECTOR.</p>
PART VI, LINE 5:	<p>TAMPA GENERAL HOSPITAL'S COMMITMENT TO THE HEALTH OF THE COMMUNITY IT SERVES IS EXEMPLIFIED BY ITS MISSION STATEMENT. THE KEY ELEMENTS OF TGH'S MISSION INCLUDE THE PROVISION OF SERVICES RANGING FROM WELLNESS AND PRIMARY CARE TO THE MOST COMPLEX SPECIALTY AND POST-ACUTE SERVICES TO ALL OF THE RESIDENTS OF WEST CENTRAL FLORIDA, AND A COMMITMENT TO A PATIENT-CENTERED APPROACH AND BENCHMARK PERFORMANCE. WITH ITS UNIQUE BLEND OF ACADEMIC AND OTHER HEALTHCARE PARTNERS, TGH PLAYS A SPECIAL ROLE IN SUPPORTING MEDICAL EDUCATION AND RESEARCH IN THE REGION. THE BOARD ALSO AUTHORIZES THE USE OF SURPLUS FUNDS THROUGH THE ANNUAL BUDGET PROCESS TO FUND ENHANCEMENTS TO SERVICES, THE PHYSICAL PLANT, INFRASTRUCTURE AND FINANCIAL SUPPORT FOR TRAINING PHYSICIANS, NURSES AND OTHER HEALTH CARE PROVIDERS, HEALTH EDUCATION TO THE COMMUNITY, AND SUPPORT OF OTHER NOT-FOR-PROFIT ORGANIZATIONS IN THE COMMUNITY WITH COMPLIMENTARY GOALS AND MISSIONS. THE 15-MEMBER VOLUNTEER 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 THROUGH EITHER MEDICAID OR THE HILLSBOROUGH COUNTY HEALTH PLAN, THE REVENUE FROM THESE SOURCES IS INSUFFICIENT TO COVER THE COSTS OF PROVIDING THE SERVICES. 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. DURING FISCAL YEAR 2020, THE TGH OFFICE OF CLINICAL RESEARCH SUPPORTED MANY CURRENT ACTIVE RESEARCH STUDIES WHICH 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. 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</p>

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 2020, TGH FUNDED APPROXIMATELY 340 GME FULL-TIME EQUIVALENT SLOTS IN APPROXIMATELY 60 SPECIALTIES. THE MEDICARE PROGRAM REIMBURSES TGH FOR APPROXIMATELY 210 OF

[efile Public Visual Render](#)

ObjectID: 202132289349304528 - Submission: 2021-08-16

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**Schedule I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**Open to Public  
InspectionDepartment of the  
Treasury  
Internal Revenue ServiceName of the organization  
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number

59-3458145

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	187,500				SUPPORT THE MISSION OF THE AHA VIA SPONSORSHIP OF VARIOUS FUNDRAISING EVENTS.
(2) COPPERHEAD CHARITIES INC 36750 US HIGHWAY 19 N PALM HARBOR, FL 34684	59-2319162	501(C)(3)	15,000				SUPPORT THE MISSION TO AID TAMPA BAY AREA CHARITIES THROUGH FUNDRAISING EVENTS CENTERED AROUND PROFESSIONAL GOLF.
(3) JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND STREET TAMPA, FL 33613	59-1098499	501(C)(3)	22,500				SUPPORT THE MISSION OF JA TO EMPOWER THE FUTURE OF LOCAL STUDENTS.
(4) ACADEMY PREP CENTER OF TAMPA INC 1407 EAST COLUMBUS DR TAMPA, FL 33605	59-3622978	501(C)(3)	5,000				SUPPORT THE MISSION OF ACADEMY PREP CENTER OF TAMPA AND IMPROVE THE COMMUNITY FOR LOCAL STUDENTS.
(5) AFTER-SCHOOL ALL-STAR 5900 WILSHIRE BLVD SUITE 2000 LOS ANGELES, CA 90036	95-4441208	501(C)(3)	5,000				SUPPORT THE MISSION OF AFTER-SCHOOL ALL-STAR AND IMPROVE THE COMMUNITY FOR LOCAL STUDENTS.
(6) MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	50,000				TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH, AND INFANT MORTALITY THROUGH RESEARCH, COMMUNITY SERVICE, EDUCATION AND ADVOCACY.
(7) AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	25,000				SUPPORT ACS' MISSION TO SAVE LIVES, CELEBRATE LIVES, AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER.
(8) RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC 35 DAVIS BLVD TAMPA, FL 33606	59-1835985	501(C)(3)	45,000				PROVIDE COMFORT AND CARE TO CHILDREN AND THEIR FAMILIES, AND PROVIDE A HOME-AWAY-FROM-HOME FOR FAMILIES OF PEDIATRIC PATIENTS AT AREA HOSPITALS.
(9) INDIA FESTIVAL TAMPAGUJARATI SAMAJ OF TAMPA BAY 5513 LYNN ROAD TAMPA, FL 33624	59-2657408	501(C)(3)	15,000				SUPPORT MISSION TO PROMOTE CULTURAL VALUE
(10) UNIVERSITY OF SOUTH FLORIDA FOUNDATION 4202 EAST FOWLER AVENUE TAMPA, FL 33620	59-0879015	501(C)(3)	45,000				SUPPORT THE UNIVERSITY'S HEALTH AND EDUCATION MISSION.
(11) ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	10,000				SUPPORT THE MISSION OF ARTHRITIS FOUNDATION AND PROMOTE AWARENESS
(12) BIG BROTHERS BIG SISTERS OF TAMPA BAY INC 4630 WOODLAND CORPORATE BLVD 300 TAMPA, FL 33614	59-2173085	501(C)(3)	5,000				SUPPORT THE MISSION OF BIG BROTHERS BIG SISTERS OF TAMPA BAY AND IMPROVE THE COMMUNITY FOR LOCAL STUDENTS.

(13) GASPARILLA DISTANCE CLASSIC ASSOCIATION INC PO BOX 1881 TAMPA, FL 33601	59-1943559	501(C)(3)	10,000			PROMOTE RUNNING AND TRACK AS SPORTS IN THE TAMPA BAY AREA TO RAISE FUNDS FOR CHARITABLE ORGANIZATIONS WHICH SERVE YOUTH IN THE TAMPA BAY AREA, AND TO DIRECT AND/OR SPONSOR ATHLETIC EVENTS IN THE TAMPA BAY AREA TO FURTHER THESE GOALS.
(14) SPECIALLY FIT FOUNDATION 11118 LAKESIDE VISTA DRIVE RIVERVIEW, FL 33569	83-1994985	501(C)(3)	10,000			SUPPORT THE MISSION TO CHANGE THE COMMUNITY THROUGH FITNESS, PROVIDING EVENTS AND PROGRAMS TO REACH INDIVIDUALS WITH DISABILITIES AND THOSE AT-RISK
(15) FRIENDS OF THE RIVERWALK INC 201 N FRANKLIN ST 2900 TAMPA, FL 33602	20-3146250	501(C)(3)	11,200			PROVIDE SUPPORT TO ENHANCE QUALITY OF LIFE AND BUILD STRONGER SENSE OF COMMUNITY FOR TAMPA BAY
(16) AMERICAN DIABETES ASSOCIATION 204 37TH AVENUE N 432 ST PETERSBURG, FL 33704	13-1623888	501(C)(3)	12,500			SUPPORT MISSION TO PREVENT AND CURE DIABETES AND TO IMPROVE THE LIVES OF ALL PEOPLE AFFECTED BY DIABETES
(17) LIFELINK FOUNDATION PO BOX 102474 ATLANTA, GA 303680308	59-2193032	501(C)(3)	5,000			SUPPORT THE MISSION OF FACILITATING ORGAN AND TISSUE DONATIONS, RESEARCH, AND IMPROVING CLINICAL OUTCOMES
(18) CAREERSOURCE TAMPA BAY 4902 EISENHOWER BLVD SUITE 250 TAMPA, FL 33634	59-3655316	501(C)(3)	7,500			PROVIDE SUPPORT FOR THE MISSION OF THE ORGANIZATION AND IMPROVE LOCAL COMMUNITY.
(19) FLORIDA STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL 9499 NE 2ND AVENUE SUITE 201 MIAMI, FL 33138	59-1746154	501(C)(3)	5,000			PROVIDE SUPPORT FOR THE MISSION OF FOSTERING BUSINESS DEVELOPMENT AND EXPANSION FOR MINORITY BUSINESS ENTERPRISES.
(20) GASPARILLA MUSIC FOUNDATION INC PO BOX 172986 TAMPA, FL 33762	45-2392256	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE MISSION OF NURTURING AND PROMOTING THE CULTURE OF TAMPA BAY, LEADING TO GREATER AWARENESS, ARTS EDUCATION, AND THE CONTINUED URBAN RENEWAL OF DOWNTOWN TAMPA.
(21) HILLSBOROUGH COUNTY BRANCH NAACP PO BOX 4266 TAMPA, FL 33677	59-6200239	501(C)(3)	5,000			PROVIDE SUPPORT FOR THE MISSION OF ENSURING POLITICAL, EDUCATIONAL, SOCIAL, AND ECONOMIC EQUALITY OF RIGHTS OF ALL PERSONS AN TO ELIMINATE RACE-BASED DISCRIMINATION.
(22) MEDAL OF HONOR OF TAMPA BAY 2019 INC PO BOX 7618 WESLEY CHAPEL, FL 33545	82-1777795	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE 2019 CONGRESSIONAL MEDAL OF HONOR CONVENTION
(23) MORE HEALTH INC 3821 HENDERSON BLVD TAMPA, FL 33629	59-3397472	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE MISSION OF THE PROVIDING HEALTH AND INJURY PREVENTION EDUCATION TO CHILDREN, TEENS, AND FAMILIES IN THE WEST COAST REGION OF FLORIDA.
(24) NATIONAL KIDNEY FOUNDATION OF FLORIDA 1040 WOODCOCK RD NO 119 ORLANDO, FL 32803	59-2190073	501(C)(3)	6,500			PROVIDE SUPPORT FOR THE MISSION OF PREVENTING KIDNEY DISEASES, IMPROVE HEALTH OF PATIENTS WITH KIDNEY DISEASE, AND INCREASE AVAILABILITY OF ORGANS FOR TRANSPLANTATION.
(25) OUTBACK BOWL 4211 WEST BOY SCOUT BLVD	59-2643123	501(C)(3)	25,000			PROVIDE SUPPORT FOR THE MISSION OF



NO 560 TAMPA, FL 33607						PROMOTING TAMPA BAY NATIONALLY AND CREATE A LOCAL ECONOMIC IMPACT.
(26) STRAZ CENTER FOR THE PERFORMING ARTS 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	59-2037085	501(C)(3)	15,000			PROVIDE SUPPORT FOR THE MISSION OF COMMUNITY EDUCATION AND ENRICHMENT THROUGH PERFORMING ARTS.
(27) TAMPA GENERAL HOSPITAL FOUNDATION INC PO BOX 1289 RM H-149 TAMPA, FL 33601	23-7354477	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE MISSION OF SUPPORTING AND PROMOTING TAMPA GENERAL HOSPITAL.
(28) TAMPA JCCS AND FEDERATION INC 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	23-7182057	501(C)(3)	15,000			PROVIDE SUPPORT FOR THE MISSION OF THE ORGANIZATION TO ENRICH THE CONTINUITY OF JEWISH LIFE AND VALUES IN OUR COMMUNITY, IN ISRAEL, AND WORLDWIDE.
(29) TAMPA PRIDE INC 3510 E 8TH AVENUE TAMPA, FL 33605	46-5680985	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE MISSION AND COMMITMENT OF DEMONSTRATING DIVERSITY IN THE COMMUNITY.
(30) THE MOMMY SPOT TAMPA BAY 4409 W SAN CARLOS ST TAMPA, FL 33629	46-4401983		10,250			SUPPORT THE ORGANIZATION IN PROVIDING LOCAL RESOURCES AND COMMUNITY SUPPORT FOR TAMPA BAY MOTHERS.
(31) UNIVERSITY AREA CDC 14013 NORTH 22ND ST SUITE A TAMPA, FL 33613	31-1624121	501(C)(3)	8,000			PROVIDE SUPPORT FOR THE MISSION OF CHILDREN AND FAMILY DEVELOPMENT, CRIME PREVENTION, AND COMMERCE GROWTH.
(32) UNIVERSITY OF TAMPA 401 W KENNEDY BLVD TAMPA, FL 33606	59-0624459	501(C)(3)	51,500			SUPPORT THE UNIVERSITY MISSION OF DEVELOPING ITS STUDENTS TO BE PRODUCTIVE AND RESPONSIBLE CITIZENS.
(33) WALK BIKE TAMPA CORP PO BOX 173327 TAMPA, FL 33672	47-5431134	501(C)(3)	5,000			PROVIDE SUPPORT FOR THE MISSION OF PROMOTING SAFE, CONNECTED ROUTES FOR CYCLISTS AND PEDESTRIANS.
(34) WEDU 1300 N BOULEVARD PO BOX 4033 TAMPA, FL 336774033	59-0840626	501(C)(3)	10,000			SUPPORT THE ORGANIZATION IN ENRICHING THE LOCAL COMMUNITY THROUGH MULTIPLE MEDIA TO EDUCATE, INSPIRE, ENTERTAIN, AND FOSTER CITIZENSHIP.
(35) WEST CENTRAL FLORIDA MENTAL WELLNESS COALITION 2985 DREW ST MAIL STOP 2800 CLEARWATER, FL 33759	84-3036723	501(C)(3)	100,000			PROVIDE SUPPORT FOR THE MISSION OF DRIVING SUSTAINABLE IMPROVEMENTS IN MENTAL HEALTH AND SUBSTANCE ABUSE.
(36) WHERE LOVE GROWS INC 700 S HARBOUR ISLAND BLVD UNIT 834 TAMPA, FL 33602	46-1566081	501(C)(3)	10,000			PROVIDE SUPPORT FOR THE MISSION OF ENDING HUNGER FOR CHILDREN AND FAMILIES IN OUR COMMUNITY.
(37) WOMEN'S CONFERENCE OF FLORIDA INC 730 S STERLING AVE 106 TAMPA, FL 33629	81-2762767	501(C)(3)	25,000			PROVIDE SUPPORT FOR THE ANNUAL CONFERENCE PROVIDING CONNECTION, MOTIVATION, NETWORKING, INSPIRATION, AND SKILL. BUILDING FOR WOMEN.
(38) TAMPA FAMILY HEALTH CENTERS PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	300,000			SUPPORT THE ORGANIZATION IN PROVIDING QUALITY, CARING, AND ACCESSIBLE HEALTHCARE TO A CULTURALLY DIVERSE COMMUNITY.

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	37
3	Enter total number of other organizations listed in the line 1 table . . . . .	1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	TAMPA GENERAL HOSPITAL MONITORS THE CHARITABLE CONTRIBUTIONS DONATED THROUGHOUT THE YEAR. WE HAVE A SELECT STAFF WHOSE PURPOSE IS TO PROMOTE HEALTH THROUGHOUT THE COMMUNITY WITH THE HELP OF LOCAL CHARITIES. THE STAFF WORKS CLOSELY WITH THE CHARITIES TO ENSURE THAT THE FUNDS ARE DIRECTLY BENEFICIAL TO THE COMMUNITY.

Schedule J (Form 990) 2019

<b>efile Public Visual Render</b>	<b>ObjectID: 202132289349304528 - Submission: 2021-08-16</b>	<b>TIN: 59-3458145</b>
<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <b>2019</b>  <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> Yes <b>4b</b> No <b>4c</b> No	
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> No <b>5b</b> No	
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> Yes <b>6b</b> No	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b> Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b> No	
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.  
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN COURIS PRESIDENT & CEO	(i)	973,325	973,560	30	14,000	36,417	1,997,332	0
	(ii)	0	0	0	0	0	0	0
2STEVE L SHORT EXEC VP & CFO	(i)	553,913	380,310	317,308	0	22,946	1,274,477	0
	(ii)	0	0	0	0	0	0	0
3SALLY HOUSTON MD EXEC VP & CMO	(i)	547,629	334,949	590	14,000	16,925	914,093	0
	(ii)	0	0	0	0	0	0	0
4DEBBIE A RINDE- HOFFMAN MD TRANSPLANT CARDIOLOGIST	(i)	785,812	45,298	30	14,000	25,290	870,430	0
	(ii)	0	0	0	0	0	0	0
5JUDITH PLOSZEK FORMER CFO	(i)	214,027	203,015	424,597	14,000	14,265	869,904	0
	(ii)	0	0	0	0	0	0	0
6MARK W WESTON MD TRANSPLANT CARDIOLOGIST	(i)	754,059	45,298	0	14,000	22,280	835,637	0
	(ii)	0	0	0	0	0	0	0
7KELLY CULLEN EXEC VP & COO	(i)	470,036	316,865	20	7,354	22,378	816,653	0
	(ii)	0	0	0	0	0	0	0
8BENJAMIN D MACKIE MD TRANSPLANT CARDIOLOGIST	(i)	643,427	45,298	12,327	14,000	24,882	739,934	0
	(ii)	0	0	0	0	0	0	0
9VICTOR D BOWERS MD TRANSPLANT SURGEON	(i)	674,479	26,300	11,899	14,000	7,047	733,725	0
	(ii)	0	0	0	0	0	0	0
10PETER J BERMAN MD TRANSPLANT CARDIOLOGIST	(i)	645,310	45,298	0	14,000	19,919	724,527	0
	(ii)	0	0	0	0	0	0	0
11CHRIS A ROEDERER SENIOR VP & CHIEF HR OFC	(i)	390,616	245,478	22,726	14,000	22,652	695,472	0
	(ii)	0	0	0	0	0	0	0
12STACEY BRANDT SENIOR VP, STRATEGY/ MKTG	(i)	355,120	252,475	50	13,346	25,771	646,762	0
	(ii)	0	0	0	0	0	0	0
13SCOTT J ARNOLD SENIOR VP & CIO	(i)	367,273	178,236	18,090	14,000	26,191	603,790	0
	(ii)	0	0	0	0	0	0	0
14ROBIN W DELAVERGNE SENIOR VP & EXTERNAL AFFAI	(i)	296,001	101,380	14,652	14,000	12,733	438,766	0
	(ii)	0	0	0	0	0	0	0
15ADAM SMITH SENIOR VP,AMBULATORY SERVICES	(i)	233,239	153,517	1,963	6,704	22,023	417,446	0
	(ii)	0	0	0	0	0	0	0
16FRANCES M RICHARDS SENIOR VP & CHIEF DEVELOPM	(i)	247,810	57,888	1,022	2,917	6,442	316,079	0
	(ii)	0	0	0	0	0	0	0
17JAMES R BURKHART FORMER CEO	(i)	0	0	268,263	0	4,848	273,111	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Page 3

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**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**Schedule K  
(Form 990)****Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2019**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
FLORIDA HEALTH SCIENCES CENTER INCEmployer identification number  
59-3458145

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1293512	43233AER3	02-28-2013	179,392,697	HOSPITAL EXPANSION AND REFUNDING 2003 BOND ISSUED ON MAY 29, 2003		X		X		X
B	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1293512		09-19-2013	37,020,000	REFUNDING 2003 BOND ISSUED ON MAY 29, 2003		X		X		X
C	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1293512		12-11-2015	183,387,500	PARTIAL REFUNDING OF 2006 BOND ISSUED ON SEPTEMBER 28, 2006		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	19,478,149		19,540,000		9,298,400			
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	179,397,635		37,023,095		184,432,103			
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .	1,947,725							
6	Proceeds in refunding escrows . . . . .	127,444,972				183,674,147			
7	Issuance costs from proceeds . . . . .	622,750		296,119		757,956			
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	50,007,274							
11	Other spent proceeds . . . . .			36,726,976					
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2015		2014		2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X			X	X			
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			
Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0.200 %		0.200 %		0.200 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
6	Total of lines 4 and 5 . . . . .	0.200 %		0.200 %		0.200 %			
7	Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were . . . . .		X		X		X		

Schedule L (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Transactions with Interested Persons</b> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		OMB No. 1545-0047 <b>2019</b> Open to Public Inspection
	Name of the organization FLORIDA HEALTH SCIENCES CENTER INC		Employer identification number 59-3458145

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . \$				
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$				

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of	(b) Relationship	(c) Purpose	(d) Loan to or from the	(e) Original	(f) Balance	(g) In	(h)	(i) Written
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(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>												

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A **Schedule L (Form 990 or 990-EZ) 2019**

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ObjectID: 202132289349304528 - Submission: 2021-08-16

TIN: 59-3458145

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	USF DESIGNATES ONE INDIVIDUAL TO PARTICIPATE IN FHSC'S BOARD. IN ADDITION, THE CHAIRMAN OF THE BOARD OF THE TAMPA GENERAL HOSPITAL FOUNDATION IS ALSO A MEMBER OF THE FHSC'S BOARD.
FORM 990, PART VI, SECTION A, LINE 7B	THE HILLSBOROUGH COUNTY HOSPITAL AUTHORITY HAS THE RIGHT TO APPROVE AMENDMENTS TO FHSC'S ARTICLES OF INCORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT OF FHSC AND SENT TO THEIR EXTERNAL TAX ACCOUNTANTS AND LAW FIRM FOR REVIEW. FOLLOWING THE REVISIONS MADE AT THE SUGGESTION OF TAMPA GENERAL HOSPITAL'S EXTERNAL TAX ACCOUNTANTS, IF ANY, FORM 990 IS PROVIDED TO THE CHIEF FINANCIAL OFFICER (CFO) AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER (CEO) FOR COMMENT AND RECOMMENDED CHANGES. THE FINANCE DEPARTMENT MAKES ALL APPROPRIATE REVISIONS. THE CFO REVIEWS FORM 990 WITH THE AUDIT COMMITTEE AND CONSIDERS ANY CHANGES RECOMMENDED BY THE AUDIT COMMITTEE. ANY AGREED-UPON CHANGES ARE INCORPORATED AND THE DRAFT FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. UPON APPROVAL BY THE BOARD, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	THE MONITORING AND ENFORCING OF THE CONFLICT OF INTEREST POLICY IS A JOINT EFFORT BETWEEN CORPORATE COMPLIANCE AND HUMAN RESOURCES. ALL NEW HIRES ARE REQUIRED TO REVIEW, COMPLETE, AND SIGN THE CONFLICT OF INTEREST (COI) STATEMENT. THE LEADERSHIP GROUP AND ALL BOARD MEMBERS ARE REQUIRED TO REVIEW, COMPLETE, AND SIGN THE COI ANNUALLY. IN ADDITION, EXISTING EMPLOYEES ARE REQUIRED AS PART OF THEIR ANNUAL PERFORMANCE EVALUATION TO REVIEW, COMPLETE, AND SIGN THE COI. ALL THE COIS ARE REVIEWED BY HUMAN RESOURCES. IF THERE IS A COI DISCLOSED ON THE FORM, ADDITIONAL INFORMATION IS REQUESTED FROM THE EMPLOYEE. IN SOME CASES, THE CORPORATE COMPLIANCE DEPARTMENT IS INVOLVED WHERE ADDITIONAL INPUT OR GUIDANCE IS NEEDED BY HUMAN RESOURCES. EMPLOYEES ARE ALSO ADVISED TO DISCLOSE COIS THAT MAY ARISE DURING THE COURSE OF THE YEAR. EMPLOYEES AND OTHER TGH HEALTHCARE PARTNERS CAN SIMILARLY REPORT COIS TO CORPORATE COMPLIANCE USING THE COMPLIANCE LINE, EMAIL, PHONE, ETC. PERIODICALLY, IN NEWSLETTERS ISSUED BY CORPORATE COMPLIANCE, REFERENCE IS MADE TO COI. IT IS THE RESPONSIBILITY OF CORPORATE COMPLIANCE TO INITIATE INVESTIGATIONS OF ALLEGATIONS OF COIS.
FORM 990, PART VI	WITHIN THE FRAMEWORK OF APPLICABLE LAW, TAMPA GENERAL HOSPITAL HAS ESTABLISHED AND MAINTAINED COMPENSATION GOALS, POLICIES, AND PROGRAMS THAT ENABLE THE HOSPITAL TO RECRUIT, DEVELOP, AND RETAIN

SECTION B,  
LINE 15

COMPENSATION GOALS, POLICIES, AND PROGRAMS THAT ENABLE THE HOSPITAL TO RECRUIT, DEVELOP, AND RETAIN THE MOST QUALIFIED AND TALENTED STAFF. TAMPA GENERAL HOSPITAL STRATEGICALLY INVESTS 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

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ObjectID: 202132289349304528 - Submission: 2021-08-16

TIN: 59-3458145

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
FLORIDA HEALTH SCIENCES CENTER INC**Employer identification number**

59-3458145

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHSC REAL PROPERTY HOLDING COMPANY LLC PO BOX 1289 TAMPA, FL 336011289 47-1396315	REAL ESTATE HOLDING COMPANY	FL	76,258	13,276,339	FLORIDA HEALTH SCIENCES CENTER INC
(2) TGH ARCHITECTURE & ENGINEERING LLC PO BOX 1289 TAMPA, FL 336011289 46-4515477	ARCHITECTURE	FL	0	0	FLORIDA HEALTH SCIENCES CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TAMPA GENERAL HOSPITAL FOUNDATION INC PO BOX 1289  TAMPA, FL 336011289 23-7354477	FUNDRAISING TO SUPPORT TGH'S MISSION	FL	501(C)(3)	LINE 7	N/A		No
(2) TAMPA GENERAL HOSPITAL AUXILIARY INC PO BOX 1289  TAMPA, FL 336011289 59-0810712	SUPPORT TGH	FL	501(C)(3)	LINE 12B, II	N/A		No
(3) TAMPA GENERAL MEDICAL GROUP INC PO BOX 1289  TAMPA, FL 336011289 27-4749421	PHYSICIAN SPECIALTY CLINICS	FL	501(C)(3)	LINE 10	FLORIDA HEALTH SCIENCES CENTER INC	Yes	
(4) FRIENDS OF TAMPA GENERAL HOSPITAL 610 S BOULEVARD  TAMPA, FL 33606 84-2794384	POLITICAL ORGANIZATION	FL	527		N/A		No

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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE SURGERY CENTER AT TGH BRANDON HEALTHPLEX LLC PO BOX 1289 TAMPA, FL 336011289 61-1795393	SURGERY CENTER	FL	TGH AMBULATORY SERVICES COMPANY	RELATED	-822,540	10,181,843	Yes			Yes		54.000 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)FLORIDA HEALTH SCIENCES CENTER LTD LIME TREE BAY AVE PO BOX 1051 CJ 98-0695992	PROFESSIONAL & GENERAL LIABILITY INSURANCE	CJ	FLORIDA HEALTH SCIENCES CENTER INC	C		92,302,668	100.000 %	Yes	
(2)TGHHC INC PO BOX 1289 TAMPA, FL 336011289 47-2089251	RESTAURANT	FL	FLORIDA HEALTH SCIENCES CENTER INC	C		1,419,173	100.000 %	Yes	
(3)TGH AMBULATORY SERVICES COMPANY PO BOX 1289 TAMPA, FL 336011289 81-2203868	HOLDING COMPANY	FL	FLORIDA HEALTH SCIENCES CENTER INC	C		35,572,963	100.000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		1b	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		1c	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		1d	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		1e	No
<b>f</b> Dividends from related organization(s) . . . . .		1f	No
<b>g</b> Sale of assets to related organization(s) . . . . .		1g	No
<b>h</b> Purchase of assets from related organization(s) . . . . .		1h	Yes
<b>i</b> Exchange of assets with related organization(s) . . . . .		1i	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		1j	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		1k	No
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		1l	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		1m	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		1n	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		1o	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		1q	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		1r	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		1s	No
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)TAMPA GENERAL HOSPITAL FOUNDATION INC	C	1,608,076	DISBURSEMENTS FROM FOUNDATION
(2)TAMPA GENERAL HOSPITAL FOUNDATION INC	N	61,800	FAIR MARKET VALUE
(3)TAMPA GENERAL HOSPITAL FOUNDATION INC	O	1,989,129	SALARIES AND BENEFITS-SHARED EES
(4)TAMPA GENERAL MEDICAL GROUP INC	J	3,340,448	FAIR MARKET VALUE
(5)TAMPA GENERAL MEDICAL GROUP INC	L	4,175,636	COST
(6)TAMPA GENERAL MEDICAL GROUP INC	R	23,643,140	COST
(7)TGH AMBULATORY SERVICES COMPANY INC	J	71,893	FAIR MARKET VALUE
(8)TGH AMBULATORY SERVICES COMPANY INC	L	539,930	COST
(9)TGHHC INC	J	35,725	FAIR MARKET VALUE
(10)TGHHC INC	J	35,725	FAIR MARKET VALUE



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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.

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## Provide additional information for responses to questions on Schedule R. (see instructions).

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