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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FLORIDA HEALTH SCIENCES CENTER INC

Doing Business As
TAMPA GENERAL HOSPITAL

Number and street (or P O box if mail is not delivered to street address)
PO BOX 1289

Room/suite

City or town, state or country, and ZIP + 4
TAMPA, FL 33601

D Employer identification number
59-3458145

E Telephone number
(813)844-7000

G Gross receipts $ 1,252,545,629

F Name and address of principal officer
Ronald Hytoff
PO Box 1289
Tampa, FL 33601

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //www tgh org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Tampa General Hospital is committed to providing the residents of West Central Florida with excellent and compassionate health care ranging from the simplest to most complex medical services As a teaching facility, Tampa General partners with academic and community institutions to support both its teaching and research missions As the region's leading safety net hospital, Tampa General Hospital reaffirms its commitment to providing high quality health services to all residents

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	7,680
6	Total number of volunteers (estimate if necessary)	**6**	570
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	975,752
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	336,981

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,358,442	3,709,264
9	Program service revenue (Part VIII, line 2g)	1,022,143,197	1,087,657,580
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,202,430	28,124,526
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,433	175,685
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,061,873,502	1,119,667,055
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	786,179
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	432,731,950	488,057,589
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	558,975,042	588,175,038
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	991,706,992	1,077,018,806
19	Revenue less expenses Subtract line 18 from line 12	70,166,510	42,648,249

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,151,470,936	1,171,706,038
21	Total liabilities (Part X, line 26)	760,070,818	758,365,271
22	Net assets or fund balances Subtract line 21 from line 20	391,400,118	413,340,767

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-07-31

Steve Short CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Donald E Rich Jr	Donald E Rich Jr	2012-08-01	☐	

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 300 N Greene St Suite 400
Greensboro, NC 27401

Phone no ▶ (336) 433-7071

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

Tampa General Hospital is committed to providing the residents of West Central Florida with excellent and compassionate health care ranging from the simplest to most complex medical services As a teaching facility, Tampa General partners with academic and community institutions to support both its teaching and research missions As the region's leading safety net hospital, Tampa General Hospital reaffirms its commitment to providing high quality health services to all residents

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 838,204,305 including grants of $) (Revenue $ 1,040,575,895)

Hospital Patient 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 1,018 beds, and with over 7,000 employees, is one of the region's largest employers TGH is the area's only Level 1 Trauma center and 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 6,000 adult solid organ transplants, including the state's first successful heart transplant in 1985 TGH is a state-certified comprehensive stroke center, and its 32-bed Neuroscience Intensive Care Unit is the largest on the west coast of Florida Other outstanding centers include 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 279,188, Emergency room visits 84,140, Deliveries 5,489, and Surgeries 28,867

4b (Code) (Expenses $ 28,512,872 including grants of $ 0) (Revenue $ 15,692,159)

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 In excess of 300 residents rotate through the hospital each year The Medicare program funds 209 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 the Tampa General Hospital on an annual basis In excess of 200 medical students rotate through Tampa General Hospital during their third and fourth year of medical school 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

4c (Code) (Expenses $ 1,271,945 including grants of $ 0) (Revenue $ 794,802)

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, 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 is actively engaged in clinical trials with university physicians and private physicians During fiscal year 2011, the OCR provided oversight for a total of 426 active studies including 124 newly approved studies 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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 2,346,005 including grants of $ 786,179) (Revenue $ 30,594,724)

4e **Total program service expenses** ▶ $ 870,335,127

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	451		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,680		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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 to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Steve Short CFO
PO Box 1289
Tampa, FL 33601
(813) 844-7000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								12,680,531	0	900,393

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 332

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
USF & UMSA PO Box 917492 Orlando, FL 32891	Physicians/Residents	43,572,755
FLORIDA BLOOD SERVICE INC 10100 Dr Martin Luther King Jr St St Petersburg, FL 33716	Blood Services/Products	15,648,023
LIFELINK OF FLORIDA 409 BAYSHORE BLVD Tampa, FL 33606	Organ Acquisition	12,414,069
SKANSKA USA BUILDING INC 4950 W Kennedy Blvd Tampa, FL 33609	Construction	10,302,785
EPIC SYSTEMS CORPORATION 1979 Milky Way Verona, WI 53593	Software Training	6,791,316

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 245

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	0				
	b	Membership dues	0				
	c	Fundraising events	0				
	d	Related organizations	443,491				
	e	Government grants (contributions)	3,193,151				
	f	All other contributions, gifts, grants, and similar amounts not included above	72,622				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f		3,709,264			
Program Service Revenue			Business Code				
	2a	Medicaid, Medicare, Other Government, Commerical	622000	1,026,426,930	1,026,426,930	0	0
	b	Disproportionate Share Revenue	622000	29,841,124	29,841,124	0	0
	c	Sales to Employees/Pharmacy	446110	6,982,750	6,982,750	0	0
	d						
	e						
	f	All other program service revenue		24,406,776	23,431,024	975,752	0
	g	**Total.** Add lines 2a–2f		1,087,657,580			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		15,287,047	0	0	15,287,047
	4	Income from investment of tax-exempt bond proceeds		721,871	0	0	721,871
	5	Royalties		0	0	0	0

		(i) Real	(ii) Personal				
	6a	Gross Rents	0	0				
	b	Less rental expenses	0	0				
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0	0	0	0

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	144,299,062	695,120			
	b	Less cost or other basis and sales expenses	132,498,642	379,932			
	c	Gain or (loss)	11,800,420	315,188			
	d	Net gain or (loss)			12,115,608	0	0	12,115,608
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
	b	Less direct expenses	b	0				
	c	Net income or (loss) from fundraising events			0		0	0
	9a	Gross income from gaming activities See Part IV, line 19	a	0				
	b	Less direct expenses	b	0				
	c	Net income or (loss) from gaming activities			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a	0				
	b	Less cost of goods sold	b	0				
	c	Net income or (loss) from sales of inventory			0	0	0	0
		Miscellaneous Revenue		Business Code				
	11a	Rental Income -Towers		900099	175,685	0	0	175,685
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			175,685			
	12	**Total revenue.** See Instructions			1,119,667,055	1,086,681,828	975,752	28,300,211

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	786,179	786,179		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	13,957,805	6,041,149	7,916,656	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	370,734,465	300,557,701	70,176,764	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,096,441	21,677,153	5,419,288	0
9 Other employee benefits	49,140,583	39,312,466	9,828,117	0
10 Payroll taxes	27,128,295	21,702,636	5,425,659	0
a Fees for services (non-employees) Management	4,100,843	276,546	3,824,297	0
b Legal	2,816,188	0	2,816,188	0
c Accounting	312,005	0	312,005	0
d Lobbying	108,530	108,530	0	0
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	1,067,607	0	1,067,607	0
g Other	108,860,607	92,405,497	16,455,110	0
12 Advertising and promotion	3,552,194	110,191	3,442,003	0
13 Office expenses	255,157,078	237,032,129	18,124,949	0
14 Information technology	33,495,244	0	33,495,244	0
15 Royalties	0	0	0	0
16 Occupancy	14,891,650	9,783,814	5,107,836	0
17 Travel	1,187,570	452,270	735,300	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	260,130	153,826	106,304	0
20 Interest	18,541,483	12,181,754	6,359,729	0
21 Payments to affiliates	30,654	0	30,654	0
22 Depreciation, depletion, and amortization	36,816,557	24,622,934	12,193,623	0
23 Insurance	20,501,542	20,501,542	0	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Bad Debt	68,656,371	68,656,371	0	0
b Assessments	12,959,747	12,959,747	0	0
c Dues and Memberships	1,976,689	237,087	1,739,602	0
d Property Taxes	377,698	237,506	140,192	0
e Recruitment Expenses	521,890	73,864	448,026	0
f All other expenses	1,982,761	464,235	1,518,526	0
25 **Total functional expenses.** Add lines 1 through 24f	1,077,018,806	870,335,127	206,683,679	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		19,345	1	20,995
	2	Savings and temporary cash investments		92,692,910	2	84,821,859
	3	Pledges and grants receivable, net		668,135	3	525,141
	4	Accounts receivable, net		109,180,812	4	124,762,316
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		24,215,498	8	19,216,950
	9	Prepaid expenses and deferred charges		3,118,449	9	4,440,248
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 707,559,863			
	b	Less accumulated depreciation	10b 261,808,204	409,316,535	10c	445,751,659
	11	Investments—publicly traded securities		328,048,125	11	452,507,031
	12	Investments—other securities See Part IV, line 11		145,546,901	12	1,439,652
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		7,249,258	14	6,645,152
	15	Other assets See Part IV, line 11		31,414,968	15	31,575,035
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,151,470,936	16	1,171,706,038
Liabilities	17	Accounts payable and accrued expenses		161,085,002	17	159,913,627
	18	Grants payable			18	
	19	Deferred revenue		463,191	19	325,831
	20	Tax-exempt bond liabilities		375,232,875	20	370,082,645
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,570,553	23	4,094,132
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		218,719,197	25	223,949,036
	26	**Total liabilities.** Add lines 17 through 25		760,070,818	26	758,365,271
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		373,098,119	27	399,778,462
	28	Temporarily restricted net assets		18,301,999	28	13,562,305
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		391,400,118	33	413,340,767
	34	Total liabilities and net assets/fund balances		1,151,470,936	34	1,171,706,038

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,119,667,055
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,077,018,806
3	Revenue less expenses Subtract line 2 from line 1	3	42,648,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	391,400,118
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-20,707,600
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	413,340,767

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 IV)						
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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Thomas L Bernasek MD Board Member	1	X						28,441	0	0
John Brabson Board Member	1	X						0	0	0
Margarita Cancio MD Board Member	1	X						123,378	0	0
Phillip S Dingle Board Member	1	X						0	0	0
Owen Fredrick Dobbins Board Member	1	X						0	0	0
John McKibbon Board Member	1	X						0	0	0
Eugene McNichols Board Member	1	X						0	0	0
Shelton Quarles Board Member	1	X						0	0	0
Dana L Shires MD Board Member	1	X						0	0	0
John T Sinnott MD Board Member	1	X						0	0	0
David A Straz Jr Board Member	1	X						0	0	0
Joseph Taggart Board Member	1	X						0	0	0
John T Touchton Jr Board Member	1	X						0	0	0
Erika Wallace Board Member	1	X						0	0	0
James W Warren Chairman	1	X						0	0	0
John H Bond Jr Vice President	50			X				401,430	0	31,493
Mark W Campbell Vice President	50			X				231,343	0	29,706
Janet H Davis Vice President	50			X				320,870	0	30,454
Robin W DeLaVergne Senior Vice President	50			X				387,160	0	27,997
Cheryl A Eagan Vice President	50			X				299,200	0	26,270
Anthony D Escobio Vice President	50			X				218,327	0	31,074
Sally H Houston Senior Vice President, CMO	50			X				508,458	0	37,685
Ronald A Hytoff President, CEO	50			X				2,776,767	0	146,964
Kathi K Katz Senior Vice President, CNO	50			X				372,897	0	7,640
Elizabeth J Lindsay-Wood Senior Vice President	50			X				421,676	0	36,146

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Marcos F Lorenzo Vice President	50			X				584,148	0	45,500
Veronica B Martin Vice President	50			X				215,350	0	19,219
Jean M Mayer Senior Vice President	50			X				477,026	0	39,662
Deana L Nelson Executive Vice President, COO	50			X				930,875	0	69,671
Maureen Ogden Vice President	50			X				349,675	0	31,993
Judith M Ploszek Senior Vice President	50			X				527,038	0	43,224
David K Robbins Vice President	50			X				257,441	0	32,507
Chris A Roederer Senior Vice President	50			X				361,956	0	29,562
Steve L Short Executive Vice President, CFO	50			X				820,337	0	64,416
Amy J Paratore Vice President	50			X				325,212	0	33,656
Richard L Paula Chief Medical Informatics Officer	50			X				211,295	0	7,725
Maja G Gift Director of Pharmacy	50				X			186,655	0	24,857
John P Dunn Director of Communications	50					X		206,270	0	5,135
Lucila E Ramiro Primary Care Physician	50					X		239,887	0	9,290
George A Gadea Primary Care Physician	50					X		229,760	0	13,595
Emma C Ocampo Primary Care Physician	50					X		229,476	0	13,589
Sarah J Poblete Primary Care Physician	50					X		205,200	0	5,129
Ginger K Oliver Senior Vice President	50						X	232,983	0	6,234

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,346,005 including grants of $ 786,179) (Revenue $ 30,594,724)

Tampa General Hospital's Other Program Services includes cafeteria and vending sales, parking garage revenues, pharmacy sales to employees, net assets released from restrictions, and other miscellaneous revenue

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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-

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
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		
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-		

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

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? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		100
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		422,249
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			422,349
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	812,385	797,412	762,812		
b	Contributions	31,507	15,675	34,373		
c	Investment earnings or losses	397	821	3,539		
d	Grants or scholarships	0	0	0		
e	Other expenditures for facilities and programs	10,464	1,523	3,312		
f	Administrative expenses	0	0	0		
g	End of year balance	833,825	812,385	797,412		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 1 00 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	43,896,417		43,896,417
b Buildings	0	379,912,109	95,533,686	284,378,423
c Leasehold improvements	0	5,569,247	5,245,838	323,409
d Equipment	0	235,117,737	159,425,196	75,692,541
e Other	0	43,064,353	1,603,484	41,460,869
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				445,751,659

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Deposits	1,439,652	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,439,652	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accrued Claims Payable Malpractice	66,910,503
Accrued Retirement Benefits	71,901,691
Due to Third Party Payor	59,867,081
Accrued Supplemental Retirement Benefits	17,935,700
Accrued Postretirement Benefits	4,075,614
Accrued Workers Compensation	2,335,000
2006 Bond Arbitrage Payable	923,447
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	223,949,036

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,119,667,055
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,077,018,806
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	42,648,249
4	Net unrealized gains (losses) on investments	4	-18,355,660
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,363,259
9	Total adjustments (net) Add lines 4 - 8	9	-19,718,919
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,929,330

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,099,948,136
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-18,355,660		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-18,355,660
3	Subtract line **2e** from line **1**			3	1,118,303,796
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	1,363,259		
c	Add lines **4a** and **4b**			4c	1,363,259
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,119,667,055

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,077,018,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,077,018,806
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,077,018,806

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Permanently restricted funds were available for hospital construction projects, equipment, and educational initiatives
SchD_P10_S00_L02	Schedule D, Part X, Line 2	TGH has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code Accordingly, income earned in the furtherance of TGH's tax-exempt purpose is exempt from federal and state income taxes TGH applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 for Income Taxes which clarifies the accounting for uncertainty in income tax positions and provides guidance when tax positions are recognized in an entity's financial statements and how the value of these positions are determined
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	This amount represents contributions in the amount of $1,363,259 received from the Tampa General Hospital Foundation and other governmental grants that is not included in the audited financial statements as revenue, but as a change in net assets
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Contributions of $1,363,259 received from the Foundation and other related organizations are included in Part VIII but are not reported in the audited financial statements as revenue

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	1	2	Program Services	Provides professional and general liability services in support of Florida Health Science Center Inc	492,171
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	2			492,171

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	Florida Health Sciences Center Ltd, which was formed in Cayman Islands began operations June 1, 2010, provides professional and general liability services to Florida Health Sciences Center Inc

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, 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 hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	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
a Financial Assistance at cost (from Worksheets 1 and 2)			62,740,119	20,870,413	41,869,706	4 2 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			193,394,604	184,343,279	9,051,325	0 9 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			32,281,860	21,650,338	10,631,522	1 1 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	288,416,583	226,864,030	61,552,553	6 2 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,114,356		1,114,356	0 1 %
f Health professions education (from Worksheet 5)			28,512,872	15,692,159	12,820,713	1 3 %
g Subsidized health services (from Worksheet 6)			7,146,530		7,146,530	0 7 %
h Research (from Worksheet 7)			1,271,945	794,802	477,143	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,317,607		1,317,607	0 1 %
j **Total** Other Benefits	0	0	39,363,310	16,486,961	22,876,349	2 2 %
k **Total.** Add lines 7d and 7j	0	0	327,779,893	243,350,991	84,428,902	8 4 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	13,834,259		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	232,088,164		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	253,874,948		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-21,786,784		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Florida Health Sciences Center Inc dba Tampa General Hospital PO Box 1289 Tampa, FL 33601	X	X		X		X	X		

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **9**

	Name and address	Type of Facility (Describe)
1	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
2	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
3	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
4	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
5	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
6	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
7	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
8	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
9	Genesis OB GYN at Healthpark 5802 N 30th Street Suite 301 Tampa, FL 33610	Outpatient OB/GYN clinic
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SchH_P01_S00_L06a	Schedule H, Part I, Line 6a	The hospital's community benefit report can be accessed at www tgh org

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07	Schedule H, Part I, Line 7	The hospital's cost accounting system was used to calculate the amounts reported in line 7 For the purpose of computing subsidized services, both direct and indirect costs were considered For research, only direct costs were considered

Identifier	ReturnReference	Explanation
SchH_P01_S00_L072f	Schedule H, Part I, Line 7, Column f	Bad debt of $68,656,371, included in the expense total, is not included in the total operating expense of $1,077,018,806 which was used to calculate the Table 7 percentages

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07g	Schedule H, Part I, Line 7g	Physician Clinics were included in the subsidized health services calculation resulting in a community benefit expense of $3,208,589

Identifier	ReturnReference	Explanation
SchH_P03_S0A_L04	Schedule H, Part III, Section A, Line 4	Receivables are reported net of an allowance for bad debt and contractual adjustment estimates Although the aggregate amount of receivables may include balances due from patients and third party payers, amounts due from third-party payers for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the financial statements The adequacy of the allowance for bad debts is evaluated regularly, with adjustments to increase or decrease the allowance by adjustments in the provision for bad debts As expected payments are determined to be uncollectible, they are written off against the allowance for bad debts

Identifier	ReturnReference	Explanation
SchH_P03_S0B_L08	Schedule H, Part III, Section B, Line 8	The $21 8 million shortfall reported at Pt III line 7 should be considered a community benefit in that much of the shortfall in Medicare payments relates to the costs associated with the TGH liver, heart, kidney, lung and pancreas organ transplant programs, and medical education programs, which are a significant benefit to all patients in these programs and the community as a whole Medicare revenues and cost are from the 2011 Medicare cost report cost to charge ratio, adjusted for increases in total expenses and total charges from 2010 to 2011, adjusted for the revenues and costs associated with subsidized health services and graduate medical education reported separately in Part I lines 7g and 7f

Identifier	ReturnReference	Explanation
SchH_P03_S0C_L09b	Schedule H, Part III, Section C, Line 9b	Each self pay patient is evaluated to determine if covered by Medicaid, Hillsborough County and/or charity assistance The financial information provided by this evaluation determines into which category a patient resides Patients who do not qualify for government assistance are then evaluated in accordance with hospital policy for Charity and Discounted Care Patient balances will either qualify for a total write-off or a discount based on the patient's household income and family size in relation to the Federal Poverty Limitations

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L11	Schedule H, Part V, Section B, Line 11	Tampa General Hospital assesses the patient's household expenses as a basis for calculating amounts charged to patients

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L13	Schedule H, Part V, Section B, Line 13	A pamphlet is given to patients who we believe may qualify or who ask

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L15	Schedule H, Part V, Section B, Line 15	Working with patients on reasonable extended payment terms

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L16	Schedule H, Part V, Section B, Line 16	Working with patients on reasonable extended payment terms

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L19	Schedule H, Part V, Section B, Line 19	Sometimes the hospital uses the Medicaid rate

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L21	Schedule H, Part V, Section B, Line 21	We assess total charges to international patients coming for highly specialized elective care

Identifier	ReturnReference	Explanation
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	Tampa General Hospital (TGH) is a 1,018 bed academic medical center located in Hillsborough County, Florida TGH serves a 12 county region that includes a population in excess of 3,300,000 people This population has a broad range of health care needs, and TGH identifies these needs using a variety of approaches, including analysis of population demographics, consumer survey data, inpatient and outpatient utilization of services by the population, state, local, & national data on health status, and other factors impacting the need for health care programs and services Each of these will be described in more detail below Utilization Data The state of Florida collects data on inpatient hospitalizations for all hospitals in the state Analysis of this data allows TGH to identify patterns of inpatient utilization by the age of the patient, diagnosis, and location of residence This data can be coupled with the demographic data to determine the need for new or expanded inpatient programs For example, the data can be used to determine population utilization rates by diagnosis and age cohort If the rates are increasing and the population cohort is growing, services may need to be increased to meet future demand Analysis of this data is a critical step in all TGH program development State, Local, & National Data There are many sources of data available from local, state, and the federal government that assist TGH in identifying community needs The inpatient utilization data identified above is an example of data available from the state of Florida One critical source of information available from the federal government is found in the Healthy People 2010 goals The Healthy People 2010 goals are based on a nationwide assessment of community health status These goals provide a roadmap for local communities to use in developing programs based at health promotion and prevention They also identify specific population access issues that can help in program design TGH has designed community education, screenings, and programs specifically in support of the Healthy People 2010 goals related to cancer, heart disease and stroke, immunizations, nutrition, and tobacco use Consumer Survey Data The most complete needs assessment data that TGH utilizes to design community programs is the annual National Research Consumer Health Report The Report is based on surveys of the residents of the Tampa-St Petersburg-Clearwater, Florida CBSA The 2008-2009 report, which was the basis of TGH's Fiscal Year 2011 programming, was based on a sample of 3,034 households in the CBSA Questions in the survey asked consumers to rate their health status, whether they had been diagnosed in the past 12 months with one or more conditions, whether they were insured, and what type of preventive activities they engaged in during the past 12 months The demographic characteristics of the respondents was also collected, which allowed the data to be analyzed by age and income Analysis of the report provided TGH data to support the development of screenings for hypertension and cholesterol, programs on nutrition and obesity, smoking cessation, diabetes, sleep disorders and osteoporosis

Identifier	ReturnReference	Explanation
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	For Fiscal Year 2011, the costs associated with charity care, unreimbursed Medicaid, and the unreimbursed costs of other means-tested government programs care exceeded $61 million These include patients who qualify for free care under TGH's charity care policy or are enrolled in programs for low-income or underinsured individuals sponsored by state and local governments While TGH received reimbursement for some of these patients the amounts are not sufficient to cover the costs of care provided Free care is provided to patients who qualify based on an evaluation of their income and assets Individuals with an income that is less than or equal to 200% of the Federal Poverty Level (FPL) are eligible for charity or free care as are individuals whose income is less than 400% of the FPL but whose hospital charges are greater than 25% of their annual income Financial counselors work with individuals who seek care and are uninsured Assistance is provided to enroll eligible individuals in government programs such as Medicaid, Medicare Disability or the Hillsborough County Health Plan as well as determining whether they qualify for charity or discounted care TGH's financial assistance (charity care and discounted care) policy is available to consumers at TGH org as well as in the hospital admissions area The information is written in both English and Spanish and the English version is reproduced below Financial Assistance (Charity and Discounted Care) Tampa General Hospital provides necessary medical care regardless of a patient's ability to pay for services Patients, who are admitted and are uninsured or underinsured, may qualify for financial assistance and/or discounted care Uninsured patients who are seeking non-emergent care are given these guidelines and an estimate of charges upon inquiry, prior to admission (FS 395 301 7 8) Qualifying for assistance is based upon the Federal Poverty Income Guidelines Our Financial Counseling staff is available to assist patients throughout the qualifying process Charity eligibility will be considered for six months from the date of eligibility The following guidelines are used to determine the amount of financial assistance a patient receives A patient's assets and medical expenses are taken into consideration when determining the level of assistance Patients will be asked to provide information to the TGH financial counselors in order to determine eligibility for charity or discounted care * Charity You will not be billed if your income is between 0 and 200% of the Federal Poverty Level (FPL) * Charity Catastrophic You will not be billed if your income is under 400% FPL and your hospital charges are greater than 25% of your annual income * Uninsured Discount Tier 1 Your hospital bill will be discounted by 70% if your annual income is between 200 and 300% of the FPL * Uninsured Discount Tier 2 Your hospital bill will be discounted by 60% if your income is between 300 and 400% of the FPL * Insured/Recently Uninsured If your income is greater than 400% of the FPL and you are recently uninsured you may qualify for a discount equivalent to that of your most recent insurance carrier * Prompt Payment If your income is greater than 400% of the FPL, you may qualify for a prompt pay discount Providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree and punishable under Florida Statute 817 50

Identifier	ReturnReference	Explanation
SchH_P06_S00_L04	Schedule H, Part VI, Line 4	Tampa General Hospital's primary service area is Hillsborough County, Florida Seventy percent of the inpatients who are treated at TGH are residents of Hillsborough County The remaining 30% come from an 11 county region of West Central Florida, as well as other areas of Florida and the United States The entire region benefits from the warm climate of Florida and is a popular destination for retirees as well as others looking to escape the harsher climates of the Midwest and Eastern parts of the United States Hillsborough County is a growing area With a current population of over a million (1,230,000), the County is projected to grow by 9% over the next five years (1,340,000) This growth rate is more than double that of the entire nation The average age of Hillsborough County population is 35 1 years which is almost identical to the US as a whole 36 7 Individuals over 65 years of age comprise 11 8% of the population while 23 9% of the population is less than 18 years of age The County's population is racially and ethnically diverse with 17% of the population Black or African American and 25% of the population either White or Black Hispanic Household income in Hillsborough County averages $47,129 somewhat less than the US average ($50,221) while per capita income is slightly higher ($27,252 v $27,041) It is estimated that approximately 15 2% of the families in the County are below the federal poverty level The current recession has impacted Hillsborough County as unemployment rates are in excess of 11 8% The eleven county regions that comprise TGH's secondary service area have a very different demographic profile The region extends north of Hillsborough County to Citrus County and south to Charlotte County The secondary service area includes the following Florida Counties Pasco, Hernando, Citrus, Polk, Pinellas, Highlands, Desoto, Manatee, Sarasota, Charlotte, and Hardee The secondary service area has a current population in excess of 3 3 million Projected grow is expected to be less than the primary service area and is estimated to be 7 1% over the next five years By 2015, the population of the secondary service area is projected to be 3,556,776 The secondary service area population is older than that of the primary service area with an average age of 45 1 years Over 24 5% of the secondary service area population is over the age of 65 Many of the secondary service area counties are popular retirement areas for residents of colder parts of the United States The secondary service area is slightly less diverse than the primary service area Less than 8% of the secondary service area is Black or African American (7 8%) and 15 6% consider themselves Latino or Hispanic The average household and per capita income of the secondary service area is less than that of both the primary service area and the US as a whole Household income averages $39,729 almost $7,400 less than that of the primary service area This is a reflection of the large senior population many of whom are on fixed incomes Per capita income for the secondary service area is slightly less than that of the primary service area ($23,737 v $27,252) Less than 16 9% of the families in the secondary service have incomes below the federal poverty level Unemployment in the secondary service area varies from approximately 10 5% to 15 7% Educational levels in both the primary and secondary service area are somewhat different than the US as a whole The percentage of the population with Masters Degrees or above in both the primary and secondary service area are less than the national average of 7% for the population over 25 In the primary service area approximately 19% of the population has a Bachelors degree compared to less than 15% in the secondary service area and 17% for the United States as a whole

Identifier	ReturnReference	Explanation
SchH_P06_S00_L05	Schedule H, Part VI, Line 5	Tampa General Hospital's commitment to the health of the community it serves is exemplifie d by its mission statement The key elements of TGH's mission include the provision of ser vices ranging from the simplest to the most complex to all of the residents of West Centra l Florida, a commitment to research and education with its physician and medical school pa rtners and recognition of its role in the community as the safety net provider The TGH Bo ard of Directors reaffirms this mission during the annual review and adoption of the TGH s trategic plan The Board also authorizes the use of surplus funds through the annual budge t process to fund enhancements to services, the physical plant, infrastructure and financi al support for training physicians, nurses and other health care providers, health educati on to the community and support of other not-for-profit organizations in the community wit h complimentary goals and missions The 15 member board is composed of independent communi ty 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 Univer sity of South Florida and the chairman of the TGH Foundation TGH utilizes its surplus fun ds for the development of inpatient services and to subsidize outpatient services for unde rserved 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 pr imary and specialty care, pediatrics, and high risk obstetrics While many of these patien ts have some funding either through Medicaid or the Hillsborough County Health Plan, the r evenue from these sources is insufficient to cover the costs of providing the services In fiscal year 2011, TGH's clinics provided 156,557 patient visits The TGH medical staff is open to any physician that meets the requirements of the medical staff bylaws and rules a nd regulations The medical staff is composed of community physicians with private practic es and physicians on the faculty of the USF Health Morsani Florida College of Medicine (US FHMCOM) 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 sta ff physicians may participate in research In FY2011, the TGH Office of Clinical Research supported 426 research studies at a net cost of $794 thousand These studies received fund ing from a variety of public and private agencies, including the Department of Defense and the National Institute of Child Health Development and were led by both community and uni versity physician principal investigators The research centered on a range of topics, inc luding a Phase III study of effective drug cocktails for HIV positive patients to an evide nced-based clinical decision support system to predict survival and life expectancy of hos pice patients These research initiatives have immediate benefits to the patients who part icipate in them as well as long term benefits to the community TGH is considered a statut ory teaching hospital under Florida Law This designation is only available to hospitals t hat have made a significant commitment to graduate medical education In fiscal year 2011, TGH funded over 300 full time equivalent residents and fellows in over 40 specialties Th e Medicare program funds 209 residents, with the remaining slots funded solely by the hosp ital out of surplus funds In addition to a robust medical education program, TGH is also committed to the training of nurses, pharmacists, and other clinical staff TGH provides f inancial support for nursing education at both the University of South Florida and the Uni versity of Tampa Students and residents in a variety of clinical programs (pharmacy, past oral care, and other programs) rotate through TGH or in some cases are assigned to TGH for their training Finally, TGH sponsors continuing medical education (CME) for physicians i n the community and in outlying areas In fiscal year 2011, TGH CME sponsorships provided CME education to 794 physicians, none of whom were on the TGH medical staff The cost of C ME sponsorships exceeded $150,000 In all cases, surplus funds are dedicated to the educat ional mission of TGH Tampa General's commitment to improving the health status of the com munity is evident in the vast array of educational programs, screenings and support groups it provides to the community In fiscal year 2011, TGH provided 149 free programs and scr eenings to 5280 members of the community Educational programs focused on everything from preventing the flu, to smoking cessation to stress management Programs were provided in a variety of locations For example, programs of particular interest to seniors were provid ed at several senior living facilities within the primary service area including Sun City, University Village, Horizon Bay, Riverview Senior

Identifier	ReturnReference	Explanation
SchH_P06_S00_L05	Schedule H, Part VI, Line 5	Center and Brandon Community Center In fiscal year 2011, TGH participated in three progr ams in collaboration with its community partners Health & Fit for life is a program for k ids and their parents that focus on making healthy food choices and increasing exercise as a way of maintaining and controlling weight Health & Fit was designed with More Health, a community based health education program for children in Hillsborough & Pinellas Countie s This program was provided at the University Area Community Development Center Living H ealthy and Matter of Balance are both multi-week programs aimed at individuals with chroni c illnesses or balance concerns These programs were provided in conjunction with the Flor ida's West Coast Area Agency on Aging Screenings provided during fiscal year 2011 ranged from blood pressure and diabetes to screenings for memory loss, hearing, peripheral vascul ar disease and abdominal aortic aneurysms TGH has a dedicated staff responsible for devel oping programs as well as identifying high risk areas within the county that might benefit most from screenings and health prevention and promotion programs TGH nurses volunteer t heir time to help with these programs and screenings as part of their clinical ladder In addition to providing educational programs and screenings, TGH also provides financial sup port to other community not-for-profit organizations This funding is another way that TGH utilizes its surplus funds to support the community health and well being In fiscal year 2011, TGH provided financial support to over 80 not-for-profit organizations This suppor t ranged from donations under $1,000 to commitments in excess of $250,000 Three organizat ions in particular receive significant support from TGH More Health Inc , Ronald McDonald Mobile Health Van and Tampa Community Health Center For more than 20 years, TGH has been the largest single sponsor of More Health, Inc More Health provides health education in Hillsborough and Pinellas County public and private school Innovative, hands on instructi on for all grades is a key feature of More Health and more than a million children have be nefited from the education provided by More Health TGH, in conjunction with the USF Healt h Morsani College of Medicine and the Ronald McDonald Foundation supports a mobile medical van that provides medical and dental services to underserved children in the region TGH also provides financial support to Tampa Community Health Center (TCHC) TCHC is a federal ly qualified health center that provides significant amounts of service to underserved pop ulations in Hillsborough County TGH's donation allows them to expand primary care and oth er services In addition TGH supports a variety of other not-for-profits including the Ame rican Heart Association, March of Dimes, Ronald McDonald Foundation, Wheels of Success, th e Epilepsy Foundation, Joshua House, the Spring and many others In addition to financial support, many TGH employees volunteer their time and participate in fundraising events lik e the Heart Walk for the American Heart Association

Identifier	ReturnReference	Explanation
SchH_P06_S00_L06	Schedule H, Part VI, Line 6	NOT APPLICABLE

Identifier	ReturnReference	Explanation
SchH_P06_S00_L07	Schedule H, Part VI, Line 7	FL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
(1) More Health Inc3821 Henderson Blvd Tampa,FL 33629	59-3397472	501(c)3	200,000				Support mission to promote healthy choices to students in surrounding counties
(2) Tampa Family Health Center Inc2103 N Rome Ave Tampa,FL 33607	59-2420282	501 (c) (3)	225,000				Support local health program centers
(3) University of South Florida4202 E Fowler Ave Tampa,FL 33620	59-3102112	501(c)3	60,000				Support USF in the provison of healthcare service to schools to low income areas
(4) Ronald McDonald House 28 Columbia Dr Tampa,FL 33606	59-1835985	501(c)3	55,000				Support mission to provide programs to directly improve the health and well being of children
(5) University of Tampa401 W Kennedy Blvd Tampa,FL 33606	59-0624459	501(c)3	52,002				Support provisions of healthcare services
(6) Tampa Bay Partnership 4300 W Cypress St Suite 700 Tampa,FL 33607	59-3414776	501(c)3	50,000				Support of One Bay Healthy Communities
(7) The Tampa Tribune200 S Parker St Tampa,FL 33606	54-1967824		40,000				Sponsor event for womens retreat that provides screening and health education
(8) University of South Florida4202 E Fowler Ave Tampa,FL 33620	59-3102112	501(c)3	38,177				Support provisions of healthcare services
(9) American Heart Association11207 Blue Heron Blvd N Suite P St Petersburg,FL 33716	13-5613797	501(c)3	36,000				Support various local sponsorship events
(10) Gasparilla Distance Classic Association Inc106 Columbia Dr A7 Tampa,FL 33606	59-1943559	501(c)3	10,000				Sponsorship for individuals and the set up of a medical tent for screening runners
(11) Lifelink Legacy Fund409 Bayshore Blvd Tampa,FL 33606	59-3040982	501(c)3	10,000				Support mission to reach people regarding the need for organ and tissue transplants
(12) Moffitt Cancer Center Foundation12902 Magnolia Dr Tampa,FL 33612	59-3238636	501(c)3	10,000				Support mission for Moffitt Cancer Center Foundation

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

3 Enter total number of other organizations . . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Tampa General Hospital monitors the charitable contributions donated through out 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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	TGH pays membership dues for the University Club of Tampa for Mr Ronald Hytoff These membership dues were not treated as taxable compensation to the recipient Any international travel by an executive is booked with a first class ticket
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Within the framework of applicable law, Tampa General Hospital will establish and maintain compensation goals, policies, and programs that enable the hospital to recruit, develop, and retain the most qualified and talented staff Tampa General Hospital strives to effect a strategic investment in the people who support the hospital's mission Compensation goals, policies, and programs are guided by and reflect our values and principles, which are consistent with the high quality of the hospital's achievement in the furtherance of medical science Differences in pay will not be based upon such factors as race, religion, gender, national origin, ancestry, age, marital status, or disability To ensure that TGH is paying reasonable compensation and not violating the private inurement prohibition, the Compensation Committee of the Board of Directors annually reviews and sets the compensation of officers, the executive group and key employees The Committee utilizes the outside consulting firm of Towers Watson to provide expert information regarding industry-wide compensation norms
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Tampa General Hospital provides the executive staff with a supplemental retirement plan (SERP) Participants of this plan are listed on Statement 4 column C3 (Officers) As these participants become vested, the incremental amount of vested benefits is included on Form W-2, however, distributions are not made until either the participant retires or leaves the organization The compensation reported in the 2010 W-2s includes this following vested amounts Ronald A Hytoff $1,278,662, Deana Nelson $228,123, Marcos Lorenzo $181,775, John Bond $144,329, Ginger Oliver $120,087, Steve Short $116,880, Maureen Ogden $115,882, Jean Mayer $109,974, Judith Ploszek $109,364, Amy Paratore $100,205, Janet Davis $73,934, Robin DeLaVergne $55,195, and Mark Campbell $5,865
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	A portion of the bonuses and incentive is based achieving certain financial targets The remaining bonuses are based on the achievement of certain quality indicators and other non-financial metrics
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	A portion of the bonuses and incentive is based achieving certain financial targets The remaining bonuses are based on the achievement of certain quality indicators and other non-financial metrics

Additional Data

Return to Form

Software ID: 10000077
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Amy J Paratore	(I)	150,348	57,848	117,016	20,106	13,551	358,869	25,361
	(II)	0	0	0	0	0	0	0
Anthony D Escobio	(I)	145,676	66,340	6,311	20,583	10,490	249,400	0
	(II)	0	0	0	0	0	0	0
Cheryl A Eagan	(I)	200,590	94,095	4,515	16,808	9,461	325,469	0
	(II)	0	0	0	0	0	0	0
Chris A Roederer	(I)	246,850	112,484	2,622	20,062	9,501	391,519	0
	(II)	0	0	0	0	0	0	0
David K Robbins	(I)	170,070	77,798	9,573	18,936	13,571	289,948	0
	(II)	0	0	0	0	0	0	0
Deana L Nelson	(I)	443,470	231,525	255,880	64,373	5,297	1,000,545	0
	(II)	0	0	0	0	0	0	0
Elizabeth J Lindsay-Wood	(I)	274,103	126,000	21,573	22,472	13,674	457,822	0
	(II)	0	0	0	0	0	0	0
Emma C Ocampo	(I)	207,452	16,000	6,024	21,719	13,589	264,784	0
	(II)	0	0	0	0	0	0	0
George A Gadea	(I)	198,747	16,000	15,013	17,361	13,595	260,716	0
	(II)	0	0	0	0	0	0	0
Ginger K Oliver	(I)	40,072	0	192,911	4,209	2,024	239,216	0
	(II)	0	0	0	0	0	0	0
Janet H Davis	(I)	163,941	72,356	84,573	23,014	7,440	351,324	0
	(II)	0	0	0	0	0	0	0
Jean M Mayer	(I)	236,590	107,593	132,843	33,171	6,490	516,687	0
	(II)	0	0	0	0	0	0	0
John H Bond Jr	(I)	160,729	72,657	168,044	17,931	13,562	432,923	46,347
	(II)	0	0	0	0	0	0	0
John P Dunn	(I)	165,782	20,000	20,488	18,137	5,135	229,542	0
	(II)	0	0	0	0	0	0	0
Judith M Ploszek	(I)	275,811	123,441	127,786	38,087	5,136	570,261	0
	(II)	0	0	0	0	0	0	0
Kathi K Katz	(I)	237,070	108,000	27,827	19,282	7,640	399,819	0
	(II)	0	0	0	0	0	0	0
Lucila E Ramiro	(I)	211,166	16,000	12,721	22,026	9,290	271,203	0
	(II)	0	0	0	0	0	0	0
Maja G Gift	(I)	155,690	20,000	10,965	17,294	7,563	211,512	0
	(II)	0	0	0	0	0	0	0
Marcos F Lorenzo	(I)	255,766	117,532	210,850	36,150	9,350	629,648	0
	(II)	0	0	0	0	0	0	0
Mark W Campbell	(I)	146,367	66,340	18,636	16,160	13,547	261,050	0
	(II)	0	0	0	0	0	0	0
Maureen Ogden	(I)	179,068	53,087	117,520	22,558	9,435	381,668	0
	(II)	0	0	0	0	0	0	0
Richard L Paula	(I)	160,232	50,625	438	0	7,725	219,020	0
	(II)	0	0	0	0	0	0	0
Robin W DeLaVergne	(I)	221,522	101,231	64,407	18,681	9,315	415,156	2,664
	(II)	0	0	0	0	0	0	0
Ronald A Hytoff	(I)	872,208	520,169	1,384,390	132,726	14,237	2,923,730	0
	(II)	0	0	0	0	0	0	0
Sally H Houston	(I)	360,652	145,922	1,884	28,235	9,450	546,143	0
	(II)	0	0	0	0	0	0	0
Sarah J Poblete	(I)	189,634	15,000	566	11,845	5,129	222,174	0
	(II)	0	0	0	0	0	0	0
Steve L Short	(I)	435,694	231,525	153,118	50,821	13,595	884,753	0
	(II)	0	0	0	0	0	0	0
Veronica B Martin	(I)	152,551	57,116	5,683	11,663	7,556	234,569	0
	(II)	0	0	0	0	0	0	0
Margarita Cancio MD	(I)	123,378	0	0	0	0	123,378	
	(II)	0	0	0	0	0	0	
Thomas L Bernasek MD	(I)	28,441	0	0	0	0	28,441	
	(II)	0	0	0	0	0	0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Hillsborough County Industrial Development Authority	59-1293512	43233ACA2	05-29-2003	208,601,867	Hospital Expansion and Refunding 1992 Bond Issue		X		X		X
B	Hillsborough County Industrial Development Authority	59-1293512	43233ACT1	09-28-2006	190,910,329	Hospital Expansion		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	20,480,000	2,595,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	230,607,013	202,380,091		
4	Gross proceeds in reserve funds	14,042,506	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	0		
7	Issuance costs from proceeds	2,872,749	2,184,896		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	4,592,749	0		
10	Capital expenditures from proceeds	110,846,006	199,158,479		
11	Other spent proceeds	98,253,003	0		
12	Other unspent proceeds	0	1,036,716		
13	Year of substantial completion	2007	2009		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X				
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 2 %		0 18 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 2 %		0 18 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X		X					
b	Name of provider	Societe Generale		Transamerica Life					
c	Term of GIC	6		2 25					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SchK_P01_S00_L00e	Schedule K, Part I, Column e	Issue price from Part I, column E does not agree with the Part II, line 3 due to interest earned
SchK_P04_S00_L04c	Schedule K, Part IV, Line 4c	The original agreement between Tampa General Hospital and Societe Generale had a maturity date of October 1, 2013 On July 7, 2010, the original agreement was terminated

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) DeLaVergne & Company	Business owned by spouse of Robin DelaVergne, FHSC Vice President	285,394	Real Estate Commission		No
(2) Suntrust	Mr Owen Fredrick Dobbins, a FHSC trustee, is a local officer for Suntrust Bank	256,329	Suntrust performs a custodial function for FHSC, Inc The above fees represent the amount FHSC paid Suntrust as a custodian of invested funds in an arm's length transaction		No
(3) Florida Orthopedic Institute	Dr Thomas L Bernasek is a FHSC trustee and shareholder and surgeon at Florida Orthopedic Institute	2,178,866	Florida Orthopedic Institute provides professional medical services for FHSC		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SchL_P04_S00_L00	Schedule L, Part IV	DelaVergne & Company, a real estate brokerage firm, is owned by Robin DelaVergne's spouse and son TGH engages DelaVergne & Company for commercial real estate services which are paid at fair market value Robin DelaVergne is a senior vice president Mr Dobbins is a director of FHSC and an employee of Suntrust Bank FHSC has some commercial bank accounts with Suntrust Dr Thomas L Bernasek is a surgeon and shareholder of Florida Orthopedic FHSC conducts business transactions with both

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	USF designates one individual to participate in FHSC's board In addition, the Chairman of the Board of the Tampa General Hospital Foundation is also a member of FHSC's board

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The Hillsborough County Hospital Authority has the right to approve amendments to FHSC's Articles of Incorporation

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The IRS Form 990 is prepared by the Finance Department and sent to Tampa General Hospital's tax accountants for review Following the revisions made at the suggestion of Tampa General Hospital's tax accountants, the IRS Form 990 is provided to the Chief Financial Officer (CFO) and the President/Chief Executive Officer (CEO) for comment and recommended changes The Finance Department makes all appropriate revisions The CFO reviews the Form 990 with the Audit Committee and considers any changes recommended by the Audit Committee Any agreed-upon changes are incorporated and the draft Form 990, along with the Mission Statement, is distributed to the Board of Directors for review and approval Upon approval by the Board, the Form 990 is filed with the IRS

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The monitoring and enforcing of the conflict of interest policy is a joint effort between Corporate Compliance and Human Resources All new hires are required to review, complete, and sign the conflict of interest (COI) statement The leadership group and all Board members are required to review, complete, and sign the COI annually In addition, existing employees are required as part of their annual performance evaluation to review, complete, and sign the COI All the COIs are reviewed by Human Resources If there is a COI disclosed on the form, additional information is requested from the employee and in some cases Corporate Compliance is included where additional input or guidance is needed by Human Resources Employees are also advised to disclose COIs that may arise during the course of the year Employees and other TGH healthcare partners can similarly report COIs to Corporate Compliance using the compliance line, email, phone, etc Periodically, in newsletters issued by Corporate Compliance, reference is made to COI It is the responsibility of Corporate Compliance to initate investigations of allegations of COIs

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	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 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 factors as race, religion, gender, national origin, ancestry, age, marital status, or disability To ensure that TGH is paying reasonable compensation and not violating the private inurement prohibition, the Compensation Committee of the Board of Directors annually reviews and sets the compensation of officers, the executive group and key employees The Committee utilizes the outside consulting firm of Towers Watson to provide expert information regarding industry-wide compensation norms

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Florida Health Sciences Center, Inc d/b/a Tampa General Hospital ("TGH") will make the following documents available to the public (1) Articles of Incorporation and Amendments thereto, (2) Bylaws, (3) Conflict of Interest Policy, (4) Audited Financial Statements, (5) IRS Form 990 and IRS Form 1023, and (6) Community Benefits Report The preceding documents will be available to the public either through (a) the website at www tgh org or (b) upon request made to the TGH Public Relations Office, after payment of reasonable copying fee

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Form 990, Part XI, Line 5 - Unrealized gains and losses of $(18,355,660), actuarial pension change of $(1,354,775), related entity and other government contributions entered as revenue for tax purposes of $(1,363,259), and other changes of $366,094

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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 organization	
						Yes	No
(1) Tampa General Hospital Foundation Inc PO Box 1289 Tampa, FL 33601 23-7354477	Fundraising to support TGH's mission	FL	501(c)(3)	Line 7	N/A		No
(2) Tampa General Hospital Auxiliary Inc P O Box 1289 Tampa, FL 33601 59-0810712	Support Tampa General Hospital	FL	501(c)(3)	Line 11c - Type III	N/A		No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) Florida Health Sciences Center LTD c/o Marsh Management Svcs 23 Lime Tree Bay Av Bd 4 Fl 2 Georgetown, Grand Cayman KY1-1102 CJ 98-0695992	Professional liability & general liability coverage to TGH on a claims made basis	CJ	Florida Health Scences Center Inc	C	0	83,517,355	1 00 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Tampa General Hospital Foundation Inc	c	801,127	Donated amounts based on hospital needs
(2) Tampa General Hospital Foundation Inc	n	445,310	Based on benefit & salary of shared employees
(3) Florida Health Sciences Center LTD	q	97,443,538	Based on cost of investments
(4) Florida Health Sciences Center LTD	r	20,819,211	Based on cost of services
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

KPMG

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Financial Statements

September 30, 2011 and 2010

(With Independent Auditors' Report Thereon)

FLORIDA HEALTH SCIENCES CENTER, INC.

Table of Contents

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa, FL 33602

Independent Auditors' Report

The Board of Directors
Florida Health Sciences Center, Inc

We have audited the accompanying consolidated balance sheets of Florida Health Sciences Center, Inc (the Center) as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in unrestricted net assets, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Center's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Florida Health Sciences Center, Inc as of September 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

KPMG LLP

January 26, 2012
Certified Public Accountants

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Balance Sheets

September 30, 2011 and 2010

Assets	2011	2010
Current assets		
Cash and cash equivalents	$ 28,824,341	59,693,102
Short-term investments	33,127,933	33,102,637
Current portion of assets limited as to use	8,937,878	8,840,503
Patient accounts receivable, net of allowance for uncollectible accounts of approximately $137,198,000 in 2011 and $124,046,000 in 2010	124,762,316	109,180,812
Inventories	19,216,950	24,215,497
Prepaid expenses and other current assets	32,218,251	30,630,602
Total current assets	247,087,669	265,663,153
Assets limited as to use, less current portion	472,749,670	468,715,499
Property and equipment, net	445,751,659	409,316,536
Other assets	10,967,325	11,825,051
	$ 1,176,556,323	1,155,520,239
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 68,396,934	77,464,934
Accrued expenses	91,516,693	83,658,818
Current installments of long-term debt	5,582,593	5,511,528
Current installments of obligations under capital leases	61,172	124,671
Estimated third-party payor settlements	59,867,081	44,362,034
Total current liabilities	225,424,473	211,121,985
Long-term debt, excluding current installments	368,446,938	374,029,531
Obligations under capital leases, excluding current installments	86,074	137,698
Other liabilities	164,407,785	174,847,305
Total liabilities	758,365,270	760,136,519
Net assets		
Unrestricted	399,778,462	373,120,744
Temporarily restricted	17,578,766	21,450,592
Permanently restricted	833,825	812,384
Total net assets	418,191,053	395,383,720
	$ 1,176,556,323	1,155,520,239

See accompanying notes to consolidated financial statements

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Operations and Changes in Unrestricted Net Assets

Years ended September 30, 2011 and 2010

	2011	2010
Unrestricted revenues, gains, and other support		
Net patient services revenue	$ 1,026,426,930	965,754,486
Disproportionate share distributions	29,841,124	33,501,737
Other revenue	27,677,531	34,362,116
Total revenues, gains, and other support	1,083,945,585	1,033,618,339
Expenses		
Salaries and benefits	488,057,589	432,772,100
Medical supplies	221,305,646	208,610,488
Purchased services	82,698,848	71,441,344
Provision for bad debts	68,656,371	63,989,505
Utilities and leases	21,105,853	20,854,018
Insurance	23,845,399	26,136,333
Depreciation and amortization	36,816,557	35,992,447
Professional fees	39,261,520	34,415,309
Interest	18,541,482	18,965,544
Other	76,429,541	75,827,278
Total expenses	1,076,718,806	989,004,366
Operating income	7,226,779	44,613,973
Nonoperating gains (losses)		
Investment income	6,614,222	24,724,813
Change in professional liability estimate	9,388,329	—
Contributions	(300,000)	(2,800,000)
Total nonoperating gains	15,702,551	21,924,813
Revenues, gains, and other support over expenses	22,929,330	66,538,786
Other changes in net assets		
Net assets released from restrictions used for property and equipment	5,083,163	16,605,196
Pension-related changes other than net periodic pension cost	(1,354,775)	(3,843,340)
Increase in unrestricted net assets	$ 26,657,718	79,300,642

See accompanying notes to consolidated financial statements

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2011 and 2010

		2011	2010
Unrestricted net assets			
Revenue, gains, and other support over expenses	$	22,929,330	66,538,786
Net assets released from restrictions used for property equipment		5,083,163	16,605,196
Pension-related changes other than net periodic pension cost		(1,354,775)	(3,843,340)
Increase in unrestricted net assets		26,657,718	79,300,642
Temporarily restricted net assets			
Net assets released from restrictions			
Used for property and equipment		(5,083,163)	(16,605,196)
Used for operations		(999,361)	(1,171,231)
Contributions and other		1,342,830	16,214,082
Increase (decrease) in beneficial interest in net assets of Tampa General Hospital Foundation		867,868	(13,247,877)
Decrease in temporarily restricted net assets		(3,871,826)	(14,810,222)
Permanently restricted net assets			
Increase in beneficial interest in net assets of Tampa General Hospital Foundation		21,441	14,972
Increase in permanently restricted net assets		21,441	14,972
Increase in net assets		22,807,333	64,505,392
Net assets, beginning of year		395,383,720	330,878,328
Net assets, end of year	$	418,191,053	395,383,720

See accompanying notes to consolidated financial statements

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Cash Flows

Years ended September 30, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Change in net assets	$ 22,807,333	64,505,392
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	36,816,557	35,992,447
Amortization of debt issue costs	213,621	260,890
Restricted contributions	(2,435,345)	(13,963,469)
Unrealized losses (gains), net	18,355,659	(12,655,061)
Realized gains	(12,198,011)	(4,536,379)
Provision for bad debts	68,656,371	63,989,505
Pension-related changes other than net periodic pension cost	1,354,775	3,843,340
Changes in operating assets and liabilities		
Patient accounts receivable	(84,237,875)	(55,245,731)
Inventories	4,998,547	(5,891,772)
Prepaid expenses and other current assets	(1,587,649)	3,215,623
Accounts payable	(11,646,062)	832,846
Accrued expenses	7,857,875	(4,778,070)
Estimated third-party payor settlements	15,505,047	1,108,123
Other liabilities	(11,754,295)	21,360,834
Net cash provided by operating activities	52,706,548	98,038,518
Cash flows from investing activities		
Purchases of property and equipment	(70,069,513)	(52,783,474)
Increase in assets limited as to use	(10,289,194)	(70,982,481)
Decrease (increase) in investments	(25,296)	59,801
Net cash used in investing activities	(80,384,003)	(123,706,154)
Cash flows from financing activities		
Proceeds from restricted contributions	2,435,345	13,963,469
Proceeds from 606 Kennedy financing	—	4,275,000
Payments on long-term debt and capital leases	(5,626,651)	(5,675,162)
Net cash (used in) provided by financing activities	(3,191,306)	12,563,307
Decrease in cash and cash equivalents	(30,868,761)	(13,104,329)
Cash and cash equivalents at beginning of year	59,693,102	72,797,431
Cash and cash equivalents at end of year	$ 28,824,341	59,693,102
Supplemental cash flow information		
Cash paid for interest	$ 18,658,308	19,050,019
Accounts payable for property and equipment purchases	2,578,062	7,777,001

See accompanying notes to consolidated financial statements

(1) Summary of Significant Accounting Policies

(a) Organization and Basis of Presentation

Florida Health Sciences Center, Inc (the Center), located in Tampa, Florida, is a not-for-profit entity incorporated during 1997 to meet the health care needs of the citizens of Hillsborough County and the state of Florida The Center operates Tampa General Hospital (the Hospital), where it administers a teaching program for interns and residents The Center incorporated Florida Health Sciences Center, Ltd (the Captive) on May 21, 2010 under the Companies Law of the Cayman Islands and obtained an Unrestricted Class "B" Insurers License under the provisions of the Cayman Islands Insurance Law The Company, a wholly owned subsidiary of the Center, provides professional and general liability coverage to the Center Tampa General Hospital Foundation (the Foundation) is a related not-for-profit organization, which supports the Center The consolidated financial statements of the Center include the operations of the Hospital, the Captive, and the Center's beneficial interest in the net assets of the Foundation All significant intercompany transaction among those entities have been eliminated during consolidation

On October 1, 1997, control of the operations and all assets and liabilities of the Hospital were transferred from Hillsborough County Hospital Authority (the Authority), a governmental entity, to the Center The change in control was accomplished through the execution of an agreement between the Authority and the Center, as well as changes granted by the Florida Legislature that provided for the privatization of the Hospital For financial statement purposes, the change in control was accounted for as a purchase, and accordingly, assets acquired and liabilities assumed were recorded at fair value at the date of acquisition The fair value of liabilities assumed exceeded the fair value of assets acquired on the Hospital financial statements by approximately $15,102,000 and is included as a component of other assets

In connection with the change in control, the Center entered into a 49-year lease agreement, which can be extended for an additional 49 years, with the Authority to lease the land and buildings on the Davis Islands Campus, together with all improvements located thereon, for a nominal annual rental amount of $10 For financial reporting purposes, the fair value of the leased assets of approximately $86,571,000 as of October 1, 1997 was reported as an increase in temporarily restricted net assets for the year ended September 30, 1998, as the leased assets can only be utilized in accordance with the specifications of the lease agreement During 2011 and 2010, net assets of approximately $2,648,000 and $2,642,000, respectively, were released from restriction, relating to the annual depreciation expense associated with the leased assets

(b) Mission Statement

The Hospital is committed to providing the residents of West Central Florida with excellent and compassionate health care ranging from the simplest to the most complex medical services As a teaching facility, the Hospital partners with academic and community institutions to support both their teaching and research missions As the region's leading safety net hospital, the Hospital reaffirms its commitment to providing high quality health services to all residents

(Continued)

(c) Cash and Cash Equivalents

The Center considers all highly liquid investments with an original maturity of three months or less to be cash equivalents

(d) Inventories

Inventories consist principally of medical and surgical supplies, drugs, and medicines, and are valued at the lower of cost (first-in, first-out) or market

(e) Assets Limited as to Use

Assets limited as to use primarily include assets held by independent bank trustees on behalf of the Center under terms of bond indentures and self-insurance trust agreements, and assets designated by the board of directors (the Board) for capital improvements and employee health benefits, over which the Board retains control and may, at its discretion, subsequently use for other purposes Amounts required to meet current liabilities have been reclassified to current assets in the consolidated balance sheets

Earnings on investments include realized and unrealized gains and losses on investments, interest income, and dividends and are included as revenues, gains, and other support over expenses in the consolidated statements of operations and changes in unrestricted net assets, unless the income or loss is restricted by donor or law Investment income and net gains and losses restricted by donor stipulations are reported as an increase or decrease in temporarily restricted net assets Investment income of $2,523,000 and $7,778,000 at September 30, 2011 and 2010, respectively, is included in unrestricted revenues and other revenue

(f) Property and Equipment

Property and equipment, transferred from the Authority on October 1, 1997, was recorded at fair value as determined by an independent appraisal Other property and equipment acquisitions are recorded at historical cost at the date of acquisition or fair value at the date of donation Maintenance and repairs are charged to expense as incurred, and betterments are capitalized Depreciation expense is computed using the straight-line method over the estimated useful lives of the related assets ranging from 3 to 40 years Equipment under capital leases is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements Interest cost on borrowed funds during the construction period is capitalized as a component of the cost of the assets

Gifts of long-lived assets such as land, buildings, or equipment with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support and are recorded at fair value at the time the gift is made Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service

(g) Other Assets

Other assets include debt issuance costs of approximately $3,606,000 and $3,819,000 at September 30, 2011 and 2010, respectively These amounts include costs capitalized in connection with the issuance of the Series 2003 A and B and Series 2006 bonds (see note 7) Debt issuance costs incurred as part of the Series 2003 A and B bonds are amortized over the term of the related debt using the straight-line method, which approximates the effective interest method, and are included as a component of interest expense Debt issuance costs incurred as part of the issuance of the Series 2006 bonds are amortized using the effective interest method and are included as a component of interest expense The debt issuance costs are net of accumulated amortization of approximately $1,452,000 and $1,239,000 at September 30, 2011 and 2010, respectively

(h) Bond Discounts and Premiums

Bond discounts and premiums are being amortized using the effective interest method over the life of the related debt Amortization of bond discounts and premiums is included as a component of interest expense Series 2003 bond discount of approximately $1,026,000 and $1,071,000, and Series 2006 bond premium of $4,049,000 and $4,379,000 are included with the related debt in the consolidated balance sheets as of September 30, 2011 and 2010, respectively

(i) Impairment of Long-Lived Assets

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets If there is an indication that the carrying amount of an asset is not recoverable, the Center estimates the projected undiscounted cash flows, from the use and eventual disposition of the asset, excluding interest, to determine if impairment loss should be recognized The amount of impairment loss, if any, is determined by comparing the historical carrying value of the asset to its estimated fair value There were no such impairment losses recorded during the years ended September 30, 2011 and 2010

In addition to consideration of impairment due to the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets If estimates are revised, the carrying value of affected assets is depreciated or amortized over the remaining lives

(j) Estimated Professional Liability, Workers' Compensation, and Employee Benefits Cost

The Center is self-insured for professional liability, workers' compensation, and employee health benefits The provision for professional liability, workers' compensation, and employee health benefit claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, based on evaluation of pending claims and past experience

(k) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use is limited by donors to a specific time period or purpose The majority of temporarily restricted net assets are maintained pursuant to the lease agreement with the Authority, whereby the Center must continue to provide specific patient-care related services, continue to serve as a teaching hospital, and continue to provide certain levels of indigent care throughout the 49-year lease term Permanently restricted net assets have been

restricted by donors to be maintained by the Center in perpetuity, the income from which is expendable to support the Center's operations

(l) Beneficial Interest in Tampa General Hospital Foundation

The Center recognizes its beneficial interest in the net assets of the Foundation This interest is adjusted to reflect its share of change in the Foundation net assets

(m) Patient Accounts Receivable

Receivables are reported net of an allowance for bad debt and contractual adjustment estimates Although the aggregate amount of receivables may include balances due from patients and third-party payors (including final settlements and appeals), amounts due from third-party payors for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the financial statements The adequacy of the allowance for bad debts is evaluated regularly, with adjustments to increase or decrease the allowance by adjustments in the provision for bad debts As expected payments are determined to be uncollectible, they are written off against the allowance for bad debts

(n) Net Patient Services Revenue

Net patient services revenue is recorded in the period in which services are provided and is reported at the net realizable amounts from patients, third-party payors, and others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payors Pass-through amounts are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a possibility that recorded estimates associated with these programs will change

(o) Nonoperating Gains and Losses and Revenue, Gains, and Other Support over Expenses

Peripheral or incidental transactions are reported as nonoperating gains and losses Disproportionate share distributions, rental income from the Center's medical office building, sundry revenue related to the operation of the Center's facilities, and amounts earned from investment activities, all of which are used exclusively for the health-related services provided by the Center, are considered operating activities

The consolidated statements of operations and changes in net assets include revenue, gains, and other support over expenses Changes in unrestricted net assets that are excluded from revenue, gains, and other support over expenses are consistent with industry practice Changes in unrestricted net assets consist primarily of pension liability adjustments and contributions of long-lived assets, if any

(p) Disproportionate Share Distributions

The State of Florida Agency for Health Care Administration distributes low-income pool and disproportionate share payments to the Center based on its indigent care service level under the direction of the Low Income Pool Council The Center's policy is to recognize these distributions as

revenue when amounts are due and collection is reasonably assured The receipt of any additional distributions is contingent upon the continued support by the Florida State Legislature

(q) Charity Care

The Center provides care to patients who meet certain criteria by reference to established charity care policies Because the Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue Partial payments to which the Center is entitled from Medicaid, public assistance, and other programs on behalf of patients that meet the Center's charity care criteria are reported as net patient services revenue

(r) Income Taxes

The Center has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code Accordingly, income earned in the furtherance of the Center's tax-exempt purpose is exempt from federal and state income taxes Taxes are not levied in the Cayman Islands for income, profit, capital, or capital gains generated by Florida Health Sciences Center, Ltd

The Center applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, *Income Taxes*, which clarifies the accounting for uncertainty in income tax position and provides guidance when tax positions are recognized in an entity's financial statement and how the value of these positions are determined

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Center and recognize a tax liability (or asset) if the Center has taken an uncertain position that more likely than not would not be sustainable upon examination by the Internal Revenue Service Management has analyzed the tax positions taken by the Center, and has concluded that as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements The Center is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress Management believes it is no longer subject to income tax examinations for years prior to 2007

(s) Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes Actual results could differ from those estimates

(t) Reclassifications

Certain reclassifications are reflected in the 2010 financial statements to conform to the 2011 presentation

(u) New Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update (ASU) No 2011-7, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* This ASU clarifies that certain healthcare entities should change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue and will be effective for the Center for the year ended September 30, 2012

In August 2010, the FASB issued ASU No 2010-23, *Measuring Charity Care for Disclosure* This ASU amends FASB ASU Topic 954, *Health Care Entities*, to require healthcare entities to use cost as the measurement basis for charity care disclosure purposes Healthcare entities are required to identify costs of providing care as direct or indirect, and disclose the method used to make this distinction The ASU was adopted by the Center for the year ended September 30, 2010

In August 2010, the FASB issued ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* This ASU clarifies that a healthcare entity should not net insurance recoveries against a related claim liability and will be effective for the Center for the year ended September 30, 2012 The adoption of this accounting standard is not expected to have a material impact on the consolidated financial statements

(2) Net Patient Services Revenue

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates The most significant third-party payors to the Center are the Medicare and Medicaid programs, which account for approximately 19% and 16%, respectively, of the Center's net patient services revenue for the years ended September 30, 2011 and 2010 A summary of the payment arrangements with major third-party payors is as follows

(a) Medicare

Inpatient acute care services rendered to Medicare program beneficiaries are paid on a prospectively determined rate per discharge based on the Medicare Severity Diagnosis-related Group (MSDRG) assigned to the patient Inpatient nonacute services and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limits and fee schedules The majority of outpatient services are paid on prospectively determined rates per occurrence based on the ambulatory payment classification assigned to the service provided The Center also receives a disproportionate share payment from Medicare in addition to its diagnosis-related group payments, based on its level of Medicaid patient volume and low income Medicare beneficiaries

The Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits thereof by the Medicare fiscal intermediary Final settlement has been determined for 2006 and prior Differences between estimated provisions for cost report settlements and final amounts are reflected as net patient services revenue in the fiscal year the cost reports are considered finalized Changes in such estimates related

to prior cost reporting periods resulted in an increase in net patient services revenue of approximately $7,307,000 and $8,600,000 for the years ended September 30, 2011 and 2010, respectively

(b) Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, subject to certain limits The Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits by the Medicaid fiscal intermediary

The Center has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

(3) Charity Care

The Center provides necessary medical care regardless of the patient's ability to pay for services under its Charity Care policy Qualification for charity care is based on the current Federal Poverty Income Guidelines (FPG) Underinsured and uninsured patients, who do not meet charity guidelines, may qualify for discounted care Charity or discount consideration is available only after all third party reimbursement and government sources have been exhausted Excessive assets or medical expenses may be factored as part of the charity or discount evaluation The Center ensures that financial counseling communication is clear, concise, and considerate of the patient and family members In addition, regulatory changes that may have the potential to alter charity classifications are monitored and incorporated into the policy, as necessary

The Center maintains records to identify and monitor the level of charity care These records include the amount of charges foregone for services and supplies furnished under its charity care policy The following measures the level of charity care and other community benefits, as defined, at estimated costs for the years ended September 30, 2011 and 2010

		2011	2010
Traditional charity care	$	39,435,000	23,023,000
Unreimbursed Medicaid and Medicaid HMO		24,107,000	17,159,000
Unreimbursed Hillsborough County Health Plan		21,146,000	19,462,000
	$	84,688,000	59,644,000
As a percentage of operating expenses		8%	6%

(Continued)

(4) Concentration of Credit Risk of Net Accounts Receivable on the Balance Sheets

The Center grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors as of September 30 is as follows

	2011	2010
Managed care	48%	53%
Medicare	18	18
Medicaid	9	6
Other	25	23
	100%	100%

The credit risk in other payors is limited due to the large number of insurance companies that provide payments for services

(Continued)

(5) Assets Limited as to Use and Short-Term Investments

Assets limited as to use at September 30, 2011 and 2010, at fair value, are as follows

	2011	2010
Internally designated for capital improvements and employee health benefits		
Cash and cash equivalents	$ 40,091,242	32,762,328
Equities securities		
Domestic stocks	87,649,453	87,702,884
Global stocks	18,252,313	19,080,878
Fixed income securities		
Government obligations	26,450,670	23,727,294
Corporate bonds	185,885,074	174,948,242
Beneficial interest in Tampa General Hospital Foundation	4,850,285	3,960,976
Total internally designated for capital improvements and employee health benefits	363,179,037	342,182,602
Held by trustee under malpractice self-insurance arrangement		
Cash and cash equivalents	7,506,760	6,633,443
Corporate bonds	3,286,092	—
Government obligations	22,538,683	93,289,436
Municipal bonds	35,438,934	—
Mutual funds	14,744,942	—
Total held by trustee under malpractice self-insurance arrangement	83,515,411	99,922,879
Held by trustee under bond indentures		
Cash and cash equivalents	25,994,700	35,450,521
Government obligations	8,998,400	—
Total held by trustee under bond indentures	34,993,100	35,450,521
Assets limited to use	481,687,548	477,556,002
Less amount required to meet current obligations	(8,937,878)	(8,840,503)
Assets limited to use, less current portion	$ 472,749,670	468,715,499

Short-term investments, stated at fair value, consist of the following at September 30, 2011 and 2010

	2011	2010
Cash and cash equivalents	$ 33,127,933	22,984,463
Government bonds	—	10,118,174
	$ 33,127,933	33,102,637

(Continued)

Investment income and gains and losses on assets limited as to use, cash equivalents and other investments are comprised of the following for the years ended September 30, 2011 and 2010

	2011	2010
Other revenue		
Interest income	$ 4,087,167	6,130,938
Net realized gains on sale of investments, net	397,591	—
Unrealized gains (losses) on trading investments, net	(1,961,328)	1,646,968
Total	2,523,430	7,777,906
Nonoperating gains (losses)		
Interest income and dividends	11,208,133	9,180,341
Net realized gains on sale of investments, net	11,800,420	4,536,379
Unrealized gains (losses) on trading investments, net	(16,394,331)	11,008,093
Total	6,614,222	24,724,813
Total investment return	$ 9,137,652	32,502,719

(6) Fair Value Measurements

FASB ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date FASB ASC Topic 820 requires investments to be grouped into three categories based on certain criteria as noted below

- **Level 1:** Fair value is determined by using quoted prices for identical assets or liabilities in active markets
- **Level 2:** Fair value is determined by using other than quoted prices that are observable or corroborated for the asset by other independently verifiable market data (e g , quoted prices for identical assets in inactive markets, quoted prices for similar assets in active markets, observable inputs other than quoted prices, and inputs derived principally from or corroborated by observable market data by correlation or other means)
- **Level 3:** Fair value is determined by using inputs based on management assumptions that are not directly observable

Following is a description of the valuation methodologies used for significant assets measured at fair value at September 30, 2011

Cash and cash equivalents The carrying amounts reported in the consolidated balance sheets approximate the fair value because of the short maturities of these instruments

Investments Valued at the closing price reported on the active market on which the individual securities are traded, or valued based on quoted prices for similar assets

(Continued)

Estimates of fair values are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision Changes in assumptions could affect the estimates

The following table summarizes the fair values of the Center's significant financial assets and liabilities as of September 30, 2011 and 2010

	September 30, 2011	Fair value measurement at reporting date		
		Level 1	Level 2	Level 3
Cash and cash equivalents	$ 28,824,341	28,824,341	—	—
Short-term investments				
Cash and cash equivalents	33,127,933	33,127,933	—	—
Assets limited to use				
Cash and cash equivalents	73,592,702	73,592,702	—	—
Equity income securities				
Domestic stocks	87,649,453	87,649,453	—	—
Global stocks	18,252,313	18,252,313	—	—
Mutual funds	14,744,942	14,744,942	—	—
Fixed income securities				
Government obligations	57,987,753	57,987,753	—	—
Corporate bonds	189,171,166	—	189,171,166	—
Municipal bonds	35,438,934	—	35,438,934	—
Beneficial interest in Tampa General Hospital Foundation	4,850,285	—	4,850,285	—
	481,687,548	252,227,163	229,460,385	—
Total	$ 543,639,822	314,179,437	262,588,318	—

(Continued)

	September 30, 2010	Fair value measurement at reporting date		
		Level 1	Level 2	Level 3
Cash and cash equivalents	$ 59,693,102	59,693,102	—	—
Short-term investments				
Cash and cash equivalents	22,984,463	22,984,463	—	—
Government bonds	10,118,174	10,118,174	—	—
	33,102,637	33,102,637	—	—
Assets limited to use				
Cash and cash equivalents	74,846,292	74,846,292	—	—
Equity income securities				
Domestic stocks	87,702,884	87,702,884	—	—
Global stocks	19,080,878	19,080,878	—	—
Fixed income securities				
Government obligations	117,016,730	117,016,730	—	—
Corporate bonds	174,948,242	—	174,948,242	—
Beneficial interest in Tampa General Hospital Foundation	3,960,976	—	3,960,976	—
	477,556,002	298,646,784	178,909,218	—
Total	$ 570,351,741	391,442,523	178,909,218	—

(Continued)

(7) Long-Term Debt

Long-term debt consists of the following

	2011	2010
Series 2003A and B Bonds, net of unamortized discount of $1,026,289 and $1,070,910 at September 30, 2011 and 2010, respectively, maturing in various amounts through October 1, 2034, with stated rates of 2 5% to 5 25%	$ 184,588,711	188,449,090
Series 2006 Bonds, net of unamortized premium of $4,4048,934 and $4,378,785 at September 30, 2011 and 2010, respectively, maturing in various amounts through October 1, 2041, with stated rates of 4% to 5 25%	185,493,934	186,783,785
Note payable, due in monthly installments through 2015 at a stated rate of interest of 6 5%, collateralized by land, with a balloon payment due on November 14, 2015	3,946,886	4,130,681
Note payable, due in annual installments through 2011 at an effective rate of interest of 4 89%, collateralized by equipment	—	177,503
Total long-term debt	374,029,531	379,541,059
Less current installments	(5,582,593)	(5,511,528)
Long-term debt, excluding current installments	$ 368,446,938	374,029,531

Effective May 1, 2003, the Hillsborough County Industrial Authority (Florida) issued $210,000,000 aggregate principal amounts of tax-exempt Hospital Revenue Refunding Bonds (2003 Bonds), comprising Series A principal $91,885,000 and Series B principal $118,115,000 A portion of the proceeds of the 2003 Bonds was used to purchase and redeem the Hospital's outstanding Series 1992 Bonds, and the remaining proceeds of the 2003 Bonds were utilized for the expansion, improvement, and further equipping of the health care facilities The 2003 Bonds contain various covenants, including but not limited to the maintenance of a minimum debt service coverage ratio and provides that certain funds be established with a trustee bank (note 5) Management believes the Center is in compliance with such covenants at September 30, 2011

On September 28, 2006, the Hillsborough County Industrial Authority (Florida) issued $185,000,000 aggregate principal amounts of tax-exempt Hospital Revenue Refunding Bonds (2006 Bonds) Proceeds of the 2006 Bonds were utilized for the expansion, improvement, and further equipping of the Hospital's health care facilities The 2006 Bonds contain various covenants, including but not limited to the maintenance of a minimum debt service coverage ratio and provides that certain funds be established with a trustee bank (note 5) Management believes the Center is in compliance with such covenants at September 30, 2011

The 2006 and 2003 Bonds are secured solely by a pledge of and a security interest in the revenue of the Center Such pledge and security interest have been assigned to a bank trustee Stated interest rates on the

2003 Bonds range from 2.50% to 5.25%, with an effective interest rate of 5.29% at September 30, 2011, and maturities through October 1, 2034. Except for $34,825,000 of serial bonds maturing prior to October 1, 2016, the 2003 Bonds are subject to mandatory redemption by the Center beginning October 1, 2016 at par plus accrued interest. Stated interest rates on the 2006 Bonds range from 4.0% to 5.25%, with an effective rate of 5.0% at September 30, 2011, and maturities through October 1, 2041. Except for $10,215,000 of serial bonds maturing prior to October 1, 2017, the 2006 Bonds are subject to mandatory redemption by the Center beginning October 1, 2017 at par plus accrued interest.

The Center, on September 3, 2009, entered into a purchase agreement for land totaling 2.52 acres with buildings and improvements located at 606 West Kennedy Boulevard in the city of Tampa. The purchase price was $5,700,000 and closed in November 2009. At closing, the seller received a promissory note in the amount of $4,275,000. The terms of seller financing are 6.5% interest rate per annum, amortized over 15 years, with a maturity/balloon payment due in five years after closing.

Scheduled maturities of long-term debt as of September 30, 2011 are as follows:

Year ending September 30	
2012	$ 5,291,104
2013	5,544,238
2014	5,813,251
2015	9,168,293
2016	6,155,000
Thereafter	339,035,000
Long-term debt, excluding unamortized premiums (discounts)	371,006,886
Unamortized premium	4,048,934
Unamortized discount	(1,026,289)
Long-term debt, including unamortized premiums (discounts)	$ 374,029,531

(Continued)

(8) Property and Equipment

Property and equipment consists of the following as of September 30, 2011 and 2010

	2011	2010
Land	$ 43,896,417	31,173,230
Land improvements, buildings, and fixed equipment	402,507,729	357,865,287
Major moveable equipment	214,681,561	197,279,665
Other equipment	2,337,250	2,078,673
Items under capital lease obligations		
Equipment	5,569,247	5,569,247
Total property and equipment	668,992,204	593,966,102
Less accumulated depreciation and amortization	(261,808,204)	(225,829,702)
Total property and equipment less depreciation and amortization	407,184,000	368,136,400
Construction in progress	38,567,659	41,180,136
Property and equipment, net	$ 445,751,659	409,316,536

At September 30, 2011, the estimated cost to complete construction in progress is approximately $61,398,000

Interest expense net of interest income, of approximately $855,000 and $666,000 was capitalized during the years ended September 30, 2011 and 2010, respectively

(Continued)

(9) Lease Obligations

The Center leases certain medical and other support equipment under noncancelable capital and operating leases. Rent expense under noncancelable operating leases was approximately $6,058,000 and $6,469,000 for the years ended September 30, 2011 and 2010, respectively. Future minimum lease payments at September 30, 2011 are as follows:

	Capital leases	Operating leases
Year ending September 30		
2012	$ 65,788	7,533,910
2013	56,192	4,255,932
2014	32,779	2,352,363
2015	—	2,002,050
2016	—	1,257,019
Total leases	154,759	$ 17,401,274
Less amounts representing interest	7,513	
Present value of minimum capital lease payments	147,246	
Current installments of obligations under capital leases	61,172	
Obligations under capital leases, excluding current installments	$ 86,074	

(10) Pension and Other Postretirement Benefits

(a) Retirement Plan

The Center established the Florida Health Sciences Center, Inc. Retirement Plan (the Plan), which became effective January 1, 1998. The Plan is a noncontributory, single employer, cash balance defined benefit pension plan. The Tampa General Staffing, Inc. Retirement Plan was merged into the Plan effective January 1, 1998.

All employees are eligible to participate in the Plan as of the beginning of the month following the later of the employee's attainment of age 21 and the completion of one year of service (i.e., generally a plan year during which the employee completes 1,000 hours of service).

The Plan provides retirement, disability, and death benefits to plan members and beneficiaries. Furthermore, the Plan provides a health insurance subsidy to participants who had 20 years of service with the Florida Retirement System as of December 31, 1996. This subsidy is a monthly supplemental payment that a participant may be eligible to receive if they elect health insurance coverage. The amounts payable by the Plan are reduced by the amount payable by the Florida Retirement System for the subsidy. The minimum subsidy is $30 per month and the maximum is $90 per month.

(Continued)

The actuarially computed net periodic pension cost for the Center's Plan for the years ended September 30, 2011 and 2010 included the following components

		2011	2010
Service cost – benefits earned during the period	$	22,691,738	17,440,711
Interest cost on projected benefit obligation		9,972,707	9,088,592
Expected return on plan assets		(13,005,046)	(10,630,097)
Net amortization and deferral of unrecognized losses		4,585,146	5,960,464
Net periodic pension cost	$	24,244,545	21,859,670

The following table sets forth the Plan's funded status and amount recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2011 and 2010 (using a measurement date of September 30)

		2011	2010
Change in benefit obligation			
Benefit obligation at beginning of year	$	214,458,463	181,850,240
Service cost		22,691,738	17,440,711
Interest cost		9,972,707	9,088,592
Actuarial (gain) loss		(4,496,089)	14,327,293
Benefits paid		(9,055,709)	(8,248,373)
Benefit obligation at end of year		233,571,110	214,458,463
Change in plan assets			
Fair value of plan assets at beginning of year		148,982,130	123,778,485
Actual return on plan assets		390,494	19,113,157
Employer contributions		21,352,504	14,338,861
Benefits paid		(9,055,709)	(8,248,373)
Fair value of plan assets		161,669,419	148,982,130
Funded status and accrued benefit costs	$	(71,901,691)	(65,476,333)

The accumulated benefit obligation for the Plan was approximately $204,979,000 and $193,298,000 at September 30, 2011 and 2010, respectively

Weighted average assumptions used to determine projected benefit obligations at September 30, 2011 and 2010 were as follows

	2011	2010
Discount rate	4 33%	4 76%
Rate of compensation increase	3 00% – 8 00%	3 00% – 8 00%

(Continued)

The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2011 and 2010 are as follows

	2011	2010
Discount rate	4 76%	5 22%
Rate of increase in compensation levels	6 00	5 00
Expected long-term rate of return on plan assets	7 75	8 50

The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual assets categories

The following are deferred pension costs which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2011 Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees

	Net prior service cost	Net actuarial loss	Total
Amounts recognized in unrestricted net assets at September 30, 2011	$ 1,326,241	71,278,967	72,605,208
Amounts in net assets to be recognized during the next fiscal year	239,162	4,749,441	4,988,603

(Continued)

Plan Assets

The weighted average asset allocation of the Center's pension benefits at September 30, 2011 and 2010 was as follows

Asset category	Pension benefits plan assets at September 30 2011	2010
Cash and cash equivalents	6%	7%
Equity securities		
Domestic stocks	63	50
Global stocks	10	23
Fixed income securities		
U S treasury obligations	1	1
Government agencies	1	1
Corporate bonds	19	18
Total	100%	100%

	September 30, 2011	Fair value measurement at reporting date Level 1	Level 2	Level 3
Cash and cash equivalents	$ 7,695,173	7,695,173	—	—
Equity securities				
Domestic stocks	102,629,713	102,629,713	—	—
Global stocks	16,834,727	16,834,727	—	—
Fixed income securities				
Government agencies	1,936,621	1,936,621	—	—
Municipal bonds	2,161,315	—	2,161,315	—
Corporate bonds	30,411,870	—	30,411,870	—
Total	$ 161,669,419	129,096,234	32,573,185	—

	September 30, 2010	Fair value measurement at reporting date Level 1	Level 2	Level 3
Cash and cash equivalents	$ 9,720,259	9,720,259	—	—
Equity securities				
Domestic stocks	73,780,294	73,780,294	—	—
Global stocks	33,532,598	33,532,598	—	—
Fixed income securities				
Government agencies	1,924,884	1,924,884	—	—
Municipal bonds	1,123,881	—	1,123,881	—
Corporate bonds	28,900,214	—	28,900,214	—
Total	$ 148,982,130	118,958,035	30,024,095	—

(Continued)

The investment objective of the defined benefit plan is to use prudent and reasonable levels of liquidity and investment risk to produce an investment return that provides for payments of benefits to participants and their beneficiaries The investment objective also incorporates the financial condition of the plan, future growth of active and retired participants, inflation, and the rate of salary increases The defined benefit plan's investment committee has selected market-based benchmarks to monitor the performance of the investment strategy and performs periodic reviews of investment performance

The investment strategy has a current target allocation policy as follows 75% equities and 25% fixed income and other securities The expected long-term rate of return on plan assets is determined based primarily on expectations of future returns for the defined benefit plan's investments based on the target asset allocation Additionally, the historical returns on comparable equity and fixed income investments are considered in the estimate of the expected long-term rate of return on plan assets

Cash Flows

The Center expects to contribute approximately $26,723,000 to the Plan in 2012

The benefits expected to be paid in each year from 2012 through 2016 are approximately $11,649,000, $13,373,000, $15,097,000, $16,899,000, and $18,581,000, respectively The aggregate benefits expected to be paid in the five years from 2017 through 2021 are approximately $122,207,000 The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30 and include estimated future employee service

(b) Supplemental Retirement Plan

Effective January 1, 2002, the Center established the Florida Health Sciences Center, Inc Supplemental Executive Retirement Plan (SERP) The SERP is a nonqualified defined benefit plan limited to certain management or highly compensated employees as determined by the Center Upon vesting, the SERP provides participants with deferred compensation annually, based on 60% of the participants' compensation during the highest five complete calendar years out of the last ten complete calendar years Certain adjustments are made to the annual benefit based on current and projected years of service and expected benefits payable under the Florida Retirement System, if any, Social Security, and the Florida Health Sciences Center, Inc Retirement Plan Only calendar years beginning on or after January 1, 2002 are considered Vesting is generally effective after a participant completes five years of service with the Center The SERP also provides for certain death or disability benefits

The actuarially computed net periodic pension cost for the Center's SERP for the years ended September 30, 2011 and 2010 included the following components (using a measurement date of September 30)

		2011	2010
Service cost – benefits earned during the period	$	1,664,310	1,346,600
Interest cost on projected benefit obligation		650,666	624,049
Net amortization and deferral of unrecognized losses		430,852	262,473
Net periodic pension cost	$	2,745,828	2,233,122

The following table sets forth the SERP's funded status and amount recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2011 and 2010

		2011	2010
Change in benefit obligation			
Benefit obligation at beginning of year	$	14,734,325	10,879,098
Service cost		1,664,310	1,346,600
Interest cost		650,666	624,049
Assumption changes		—	(589,374)
Actuarial gain		1,960,062	3,101,729
Benefits paid		(1,073,663)	(627,777)
Benefit obligation at end of year		17,935,700	14,734,325
Fair value of plan assets at end of year		—	—
Funded status and accrued benefit costs	$	(17,935,700)	(14,734,325)

The accumulated benefit obligation for the SERP was $14,294,738 and $11,223,000 at September 30, 2011 and 2010, respectively

Weighted average assumptions used to determine projected benefit obligations at September 30, 2011 and 2010 were as follows

	2011	2010
Discount rate	3 60%	3 83%
Rate of compensation increase	3 00% – 8 00%	3 00% – 8 00%

(Continued)

The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2011 and 2010 are as follows

	2011	2010
Discount rate	3 83%	4 71%
Rate of increase in compensation levels	3 00% – 8 00%	5 00

The following are deferred pension costs, which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2011 Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees

	Net prior service cost	Net actuarial loss	Total
Amounts recognized in unrestricted net assets at September 30, 2011	$ (91,778)	7,797,047	7,705,269
Amounts in net assets to be recognized during the next fiscal year	(53,987)	484,839	430,852

Cash Flows

The Center does not expect to make any contributions to the SERP in fiscal 2012

The benefits expected to be paid in each year from 2012 through 2016 are approximately $7,955,000, $3,615,000, $764,000, $906,000, and $1,373,000, respectively The aggregate benefits expected to be paid in the five years from 2017 through 2021 are approximately $9,667,000 The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30, 2011 and include estimated future employee service

(c) Other Postretirement Benefits

The Center sponsors a defined benefit postretirement plan, which is intended to provide medical benefits to retirees who were hired prior to January 1, 2001 and had completed 30 or more years of service or who attained age 62 and completed five years of service In addition, the plan provides benefits to retirees who had completed 20 or more years of service prior to January 1, 1997 The postretirement plan is contributory, with retiree contributions adjusted annually based on the projected average plan cost of the Center's self-insured health benefit program for the year The Center accrues the cost of providing postretirement benefits during the active service period of the employee

The components of net periodic postretirement benefit cost for the years ended September 30, 2011 and 2010 are as follows

		2011	2010
Service cost–benefits attributed to service during the year	$	301,933	231,756
Interest cost on accumulated postretirement benefit obligation		340,876	284,709
Amortization of net gain		61,000	—
Net periodic postretirement benefit cost	$	703,809	516,465

The following table sets forth the postretirement plan's funded status and amounts recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2011 and 2010 (measurement date as of September 30)

		2011	2010
Change in accumulated benefit obligation			
Accumulated benefit obligation at beginning of year	$	7,387,213	4,976,100
Service cost		301,933	231,756
Interest cost		340,876	284,709
Retiree contributions		423,736	317,842
Actuarial loss (gain)		(3,133,226)	2,179,022
Benefits paid		(937,162)	(602,216)
Accumulated benefit obligation at end of year		4,383,370	7,387,213
Change in plan assets			
Employer contribution		513,426	284,374
Employee contribution		423,736	317,842
Benefits paid		(937,162)	(602,216)
Fair value of plan assets at end of year		—	—
Funded status and accrued benefit costs	$	(4,383,370)	(7,387,213)

For measurement purposes, a 10 5% and 9 5% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2011 and 2010, respectively, and the rate was assumed to decrease gradually to 5 5% over the subsequent three years and remain at that level thereafter

The weighted average discount rate used in determining the accumulated postretirement benefit obligation was 5 5% and 5 0% at September 30, 2011 and 2010, respectively The weighted average discount rate used in determining the net benefit cost was 5 0% and 5 4% at September 30, 2011 and 2010, respectively

(Continued)

The impact of a one-percentage-point change in assumed healthcare cost trend rates as of September 30, 2011 is as follows

	1% increase	1% decrease
Effect on total of service and interest cost components	$ 103,566	(82,591)
Effect on postretirement benefit obligation	729,520	(574,385)

The following are deferred pension costs which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2011 Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees

Net actuarial gain recognized in unrestricted net assets at September 30, 2011	$ 61,000
Net actuarial gain to be recognized during the next fiscal year	89,613

Cash Flows

The Center expects to contribute approximately $308,000 to its postretirement benefit plan in 2012

The benefits expected to be paid in each year from 2012 through 2016 are approximately $308,000, $267,000, $269,000, $272,000, and $281,000, respectively The aggregate benefits expected to be paid in the five years from 2017 through 2021 are $1,687,000 The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30 and include estimated future employee service

(11) Commitments and Contingencies

(a) Litigation

During the normal course of business, the Center is involved in litigation with respect to professional liability claims and other matters In addition, the Center is subject to periodic regulatory investigations The Center has purchased insurance coverage to minimize its exposure to such risk This coverage includes property, directors and officers, vehicles, medical malpractice, and general liability Each policy has its own deductible and/or self-insurance retention

The Center insures its professional and general liability on a claims-made basis through a commercial insurance carrier The Center has secured claims-made coverage continuously from October 1, 1997 through September 30, 2011 The Center has renewed its claims-made policy

For claims prior to October 1, 1997, the Authority, as an agency or subdivision of the state of Florida, had sovereign immunity in tort actions Therefore, in accordance with Chapter 768 28, the Center's legal liability was limited by statute to $100,000 per claimant and $200,000 for all claimants per occurrence Self-insurance retention limits from October 1, 1997 to September 30,

2010 range from $1 million to $5 million On May 21, 2010, the Captive was incorporated to provide excess professional liability and general liability coverage to the Center on a claims made basis The Captive's liability under this policy is limited to $75,000,000 per claim and in the aggregate in excess of $5,000,000 per claim

The Center has employed independent actuaries to assist management in estimating the ultimate costs, if any, of the settlement of known claims and incidents, as well as unreported incidents that may be asserted, arising from services rendered to patients Reported amounts for professional liability were approximately $77,685,000 and $93,587,000 as of September 30, 2011 and 2010, respectively, and are included in accrued expenses and other liabilities on the accompanying balance sheets The decrease in the liability was primarily due to a change from the actuarially-determined 75% confidence level to the expected level The 75% confidence level previously utilized reflected a higher level of conservatism than necessary given the maturity of the plan The expected level is a commonly followed industry practice The net impact to the statement of operations resulted in a non operating gain of $9,388,000 for the year ending September 30, 2011

(b) Third-Party Reimbursement

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation The Center is aware of these laws and regulations and, to the best of its knowledge and belief, is in compliance Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs

(12) Other Funding Sources

The Hospital receives funding from various components of the state of Florida's (the State) Medicaid program, including the Low Income Pool program (LIP) and Medicaid per diem rates The State's LIP program distributes funding to the Hospital in recognition of the disproportionate level of care provided to indigent patients and to defray some of the costs associated with graduate medical education The LIP is a federal matching program which provides states with the opportunity to receive additional distributions based upon the difference between Medicaid reimbursement and the amount that would have been received for the same patients using Medicare reimbursement formulas, as defined Medicaid fee for service is paid based on inpatient per diem and outpatient per line rates and may be adjusted based on annual cost report submissions

The total funding amounts from the LIP and trauma programs were $29 8 million and $33 5 million in fiscal years 2011 and 2010, respectively, and are reported as disproportionate share distributions in the accompanying consolidated statements of operations Since July 1, 2001, the Hospital receives trauma funding of approximately $3 5 million per year from the Hillsborough County Health Plan to supplement the Hospital's reimbursement for trauma services rendered to Hillsborough County residents

Under the terms of an agreement with the Hillsborough County Health Plan, the Hospital is paid for authorized services provided to eligible recipients based on contracted rates The contract renews on an annual basis and is currently through June 30, 2012 These payments are subject to certain limits (network caps) for each network per contract, including amounts the Hospital must reimburse physicians For the years ended September 30, 2011 and 2010, approximately $20 6 million and $17 7 million, respectively, were included in net patient services revenue relating to this contract

(13) Affiliated Organizations

The Foundation was established to solicit contributions from the general public on behalf of the Hospital for the funding of capital acquisitions and to support Hospital programs As of September 30, 2011 and 2010, the Foundation held assets for the Hospital that were temporarily and permanently restricted by donors The Hospital's interest in the net assets of the Foundation is included in assets limited as to use and amounted to approximately $4,850,000 and $3,961,000 as of September 30, 2011 and 2010, respectively

The University of South Florida Board of Trustees (the University) has an affiliation agreement with the Center The affiliation agreement establishes the Center as the primary teaching hospital for the University in order to provide health care education and training for students, residents, and other healthcare professionals In accordance with the affiliation agreement, the University assigns physicians and residents to provide the customary services of the Center For the years ended September 30, 2011 and 2010, the Center paid the University approximately $43,806,000 and $40,575,000, respectively, for these services which also include the residents' salaries and the related malpractice coverage and medical director fees These amounts are recorded within professional fees and other in the accompanying consolidated statements of operations and changes in unrestricted net assets

(14) Subsequent Events

The Center has evaluated events and transactions occurring subsequent to September 30, 2011 as of January 26, 2012, which is the date the financial statements were available to be issued