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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

2012

Open to Public Inspection

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

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

C Name of organization
FLORIDA HEALTH SCIENCES CENTER INC

Doing Business As
TAMPA GENERAL HOSPITAL

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

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 $ 1,313,533,354

F Name and address of principal officer
Jim Burkhart
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 serving all residents of West Central Florida We provide comprehensive health services, ranging from wellness and primary care to the most complex specialty care and post-acute services Our care reflects a patient-centered approach, and our services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care processes, cost-effectiveness, and patient experience With our unique blend of academic and other health care partners, we play a special role in supporting medical education and research in our region

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

Activities & Governance

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**	11
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	7,839
6	Total number of volunteers (estimate if necessary)	**6**	340
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	748,119
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	210,815

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,941,867	6,022,441
9	Program service revenue (Part VIII, line 2g)	979,746,553	1,010,430,381
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,811,789	25,688,257
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,732	-6,595,029
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,004,690,941	1,035,546,050
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	861,333	1,029,444
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	480,497,524	482,254,874
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–24e)	495,429,065	503,438,848
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	976,787,922	986,723,166
19	Revenue less expenses Subtract line 18 from line 12	27,903,019	48,822,884

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,246,358,549	1,372,968,721
21	Total liabilities (Part X, line 26)	783,826,302	761,007,306
22	Net assets or fund balances Subtract line 21 from line 20	462,532,247	611,961,415

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: 2014-06-27

Steve L Short CFO and Executive Vice President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 760,854,573 including grants of $) (Revenue $ 968,930,661)

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 6,000 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 278,998, Emergency room visits 87,632, Deliveries 5,209, and Surgeries 28,844

4b (Code) (Expenses $ 22,069,672 including grants of $) (Revenue $ 9,596,628)

Residents' teaching program (the revenues and expenses disclosed in this section include direct graduate medical education only) Tampa General Hospital has been affiliated with the University of South Florida ("USF") College of Medicine since the school was created in the early 1970s Tampa General Hospital is the primary teaching affiliate of the Morsani College of Medicine at the University of South Florida TGH has approximately 300 residents that rotate through the hospital each year The Medicare program funds approximately 200 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 University of South Tampa has 120 medical students rotating at Tampa General Hospital during our Fiscal Year 2013 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 $ 1,818,049 including grants of $ 0) (Revenue $ 2,039,668)

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 2013, the OCR provided oversight for a total of 518 active studies including 156 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

(Code) (Expenses $ 26,675,356 including grants of $ 2,154,009) (Revenue $ 29,863,424)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 26,675,356 including grants of $ 2,154,009) (Revenue $ 29,863,424)

4e **Total program service expenses** ▶ 811,417,650

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	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 United States? *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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b 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	538		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,839		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *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 as charitable contributions? . . .	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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ Steve L Short EVP and CFO 1 Tampa General Cir Tampa, FL (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								15,297,212	0	1,303,490

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LIFELINK FOUNDATION INC PO BOX 102474 ATLANTA GA 30368	ORGAN ACQUISITION	14,916,687
GULF TO BAY ANESTHESIOLOGY ASSOCIATE 400 N ASHLEY DRIVE TAMPA FL 33602	PHYSICIANS	4,478,252
CARLTON FIELDS PA PO BOX 3239 TAMPA FL 33601	LEGAL SERVICES	3,270,671
GP MICROSOFT LICENSING 1950 N STEMMONS FAIRWAY SUITE 5010 DALLAS TX 75207	SOFTWARE LICENSING	3,244,640
UNIVERSITY MED SERVICE ASSOC PO BOX 917492 ORLANDO FL 32891	PHYSICIAN DIRECTORSHIP	3,025,485

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶137

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 1,563,218				
	e	Government grants (contributions)	1e 4,358,999				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 100,224				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f	▶	6,022,441			
Program Service Revenue			Business Code				
	2a	Patient Service Revenue	622000	954,890,039	954,890,039	0	0
	b	Dispropoprtionate Share Revenue	622000	23,637,250	23,637,250	0	0
	c	Outpatient Pharmacy Sales-Employees and Patients	446110	11,733,852	11,733,852	0	0
	d	Research, Meaningful Use and Other	621990	19,421,121	19,421,121	0	0
	e	Commercial Lab	621500	748,119	0	748,119	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f	▶	1,010,430,381			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	14,626,452	0	0	14,626,452
	4	Income from investment of tax-exempt bond proceeds	▶	937,764	0	0	937,764
	5	Royalties	▶	0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	288,111,345 / 0				
	b	Less cost or other basis and sales expenses	277,987,304 / 0				
	c	Gain or (loss)	10,124,041 / 0				
	d	Net gain or (loss)	▶	10,124,041	0	0	10,124,041
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory	▶	0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	Loss on extinguishment of debt	900099	-6,792,087	0	0	-6,792,087
	b						
	c						
	d	All other revenue		197,058	0	0	197,058
	e	**Total.** Add lines 11a–11d	▶	-6,595,029			
	12	**Total revenue.** See Instructions	▶	1,035,546,050	1,009,682,262	748,119	19,093,228

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,029,444	1,029,444		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,939,230	2,172,212	7,767,018	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,740,027	441,357	6,298,670	
7 Other salaries and wages	349,677,749	289,596,655	60,081,094	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,753,665	27,002,932	6,750,733	
9 Other employee benefits	55,575,479	44,460,383	11,115,096	
10 Payroll taxes	26,568,724	21,254,979	5,313,745	
11 Fees for services (non-employees)				
a Management	4,618,639	778,170	3,840,469	
b Legal	4,295,320	630	4,294,690	
c Accounting	289,449	0	289,449	
d Lobbying	413,686	413,686	0	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,445,808	0	1,445,808	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	104,907,711	91,175,587	13,732,124	
12 Advertising and promotion	3,830,338	23,176	3,807,162	
13 Office expenses	251,022,601	234,096,161	16,926,440	
14 Information technology	21,873,529	10,591,188	11,282,341	
15 Royalties . .	0	0	0	
16 Occupancy	14,995,620	13,196,146	1,799,474	
17 Travel	1,190,390	471,843	718,547	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	157,773	65,757	92,016	
20 Interest	18,829,853	16,570,272	2,259,581	
21 Payments to affiliates	26,838	0	26,838	
22 Depreciation, depletion, and amortization	42,700,334	28,792,976	13,907,358	
23 Insurance	15,007,071	15,007,071	0	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Assessments	13,316,357	13,316,357	0	
b Dues and Memberships	1,711,375	309,757	1,401,618	
c Property Taxes and Other Taxes	239,656	239,350	306	
d Recruitment Costs	1,025,025	190,105	834,920	
e All other expenses	1,541,475	221,456	1,320,019	
25 **Total functional expenses.** Add lines 1 through 24e	986,723,166	811,417,650	175,305,516	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		21,395	1	21,645
	2	Savings and temporary cash investments		121,686,297	2	125,131,782
	3	Pledges and grants receivable, net		575,491	3	566,765
	4	Accounts receivable, net		137,215,612	4	140,200,302
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		20,615,322	8	20,167,792
	9	Prepaid expenses and deferred charges		4,506,692	9	6,178,463
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 795,316,190			
	b	Less accumulated depreciation	10b 346,295,972	459,277,846	10c	449,020,218
	11	Investments—publicly traded securities		473,781,719	11	610,935,246
	12	Investments—other securities See Part IV, line 11		5,570,104	12	7,261,894
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		6,041,047	14	5,436,943
	15	Other assets See Part IV, line 11		17,067,024	15	8,047,671
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,246,358,549	16	1,372,968,721
Liabilities	17	Accounts payable and accrued expenses		175,364,770	17	175,938,189
	18	Grants payable			18	
	19	Deferred revenue		227,277	19	41,194
	20	Tax-exempt bond liabilities		364,720,726	20	398,755,102
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,904,993	23	2,235,310
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		235,608,536	25	184,037,511
	26	**Total liabilities.** Add lines 17 through 25		783,826,302	26	761,007,306
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		450,654,759	27	602,195,811
	28	Temporarily restricted net assets		11,877,488	28	9,765,604
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		462,532,247	33	611,961,415
	34	Total liabilities and net assets/fund balances		1,246,358,549	34	1,372,968,721

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	1,035,546,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	986,723,166
3	Revenue less expenses Subtract line 2 from line 1	3	48,822,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462,532,247
5	Net unrealized gains (losses) on investments	5	22,233,095
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	78,373,189
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	611,961,415

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 12000197
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Brabson Board Member	1 0	X						0	0	0
Phillip S Dingle Board Member	1 0	X						0	0	0
Owen Fredrick Dobbins Board Member	1 0	X						0	0	0
Richard L Kouwe Board Member	1 0	X					X	0	0	0
Devanand Mangar MD Board Member	1	X						12,722	0	0
John McKibbon III Board Member	1 0	X						0	0	0
Eugene H McNichols Board Member	1 0	X						0	0	0
Shelton E Quarles Board Member	1 0	X						0	0	0
Dana L Shires MD Board Member	1 0	X						0	0	0
John T Sinnott MD Board Member	1 0	X						0	0	0
David A Straz Jr Board Member	1 0	X						0	0	0
Joseph W Taggart Board Member	1 0	X						0	0	0
John T Touchton Jr Board Member	1 0	X						0	0	0
Erika Wallace Board Member	1 0	X						0	0	0
Bruce Zwiebel Board Member	4 0	X						28,500	0	0
Pamela S Muma Board Member	1 0	X						0	0	0
Jim Burkhart President - CEO	50 0			X				0	0	0
Janet H Davis Senior Vice President, CNO	50 0			X				405,374	0	35,399
Robin W DeLaVergne Senior Vice President Development	0 50			X				418,515	0	30,651
Cheryl A Eagan Senior Vice President Support Services	50 0			X				324,325	0	31,160
Anthony D Escobio Vice President Patient Financial Services	50 0			X				225,963	0	34,100
Sally H Houston Senior Vice President, CMO	50 0			X				741,818	0	37,987
Jean M Mayer Senior Vice President Strategic Services	50 0			X				432,298	0	38,639
Deana L Nelson Executive Vice President, COO	50 0			X				882,992	0	64,857
John H Bond Jr Vice President Surgical Services	50 0			X				359,087	0	36,051

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark W Campbell Vice President Materials Management	50 0			X				233,145	0	29,442
Scott J Arnold Senior Vice President Information Systems	50 0			X				271,045	0	29,874
Maureen Ogden Vice President Cardiovascular Services	50 0			X				329,721	0	35,488
Richard L Paula Chief Medical Informatics Officer	50 0			X				283,665	0	30,184
Judith M Ploszek Senior Vice President Finance Administration	50 0			X				503,488	0	41,335
Chris A Roederer Senior Vice President Human Resources	50 0			X				488,369	0	29,624
Steve L Short Executive Vice President, CFO	50 0			X				842,138	0	73,377
Jana Gardner Vice President Ambulatory Care	50 0			X				233,675	0	34,234
Vincent D Perron Vice President Medical Affairs	50 0			X				235,652	0	22,868
Pamela G Sanders Vice President Women and Childrens Svcs	50 0			X				113,655	0	18,986
Julita C Kallenborn Vice President Acute Care	50 0			X				157,315	0	29,518
David K Robbins Vice President Professional Svcs	50 0			X				254,913	0	32,909
Balaji Ramadoss Vice President Chief Technology Officer	50 0			X				186,212	0	15,547
Maja G Gift Director of Pharmacy	50 0				X			200,067	0	26,673
Mark W Weston Internal Medicine Cardiology	50 0					X		766,051	0	87,034
Debbie A Rinde-Hoffman Internal Medicine Cardiology	50 0					X		756,847	0	86,868
Victor D Bowers Internal Medicine Surgery	50 0					X		566,836	0	53,833
Peter J Berman Internal Medicine Cardiology	50 0					X		525,469	0	52,788
Ting C Huang Transplant Physician Surgery	50 0					X		433,664	0	32,786
Amy J Paratore Vice President Emergency Services	50 0						X	292,672	0	32,893
Kathi K Katz Senior Vice President, CNO	50 0						X	199,780	0	6,695
Veronica B Martin Vice President Women's and Children	50 0						X	253,578	0	22,801
Elizabeth J Lindsay-Wood Senior Vice President Information Technology	50 0						X	1,643,957	0	35,716
Ronald A Hytoff President, CEO	50 0						X	1,641,677	0	133,173
Thomas L Bernasek MD Board Member	2 0						X	52,027	0	0

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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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

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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

2012

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (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 35c (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 function activities ▶ $ _____

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

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

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		413,686
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			413,786
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
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, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	850,187	833,825	812,385	797,412	762,812
b	Contributions	52,730	16,455	31,507	15,675	34,373
c	Net investment earnings, gains, and losses	74	343	397	821	3,539
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	0	436	10,464	1,523	3,312
f	Administrative expenses	0	0	0	0	0
g	End of year balance	902,991	850,187	833,825	812,385	797,412

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		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 XIII the intended uses of the organization's endowment funds

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

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

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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) must 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) must 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) Book value
Federal income taxes	0
Accrued Claims Payable Malpractice	76,609,348
Accrued Retirement Benefits	2,397,624
Accrued Supplemental Retirement Benefits	14,993,877
Accrued Postretirement Benefits	3,513,221
Accrued Workers Compensation	2,372,000
Due to Third Party Payor/Reform Incentive	84,071,946
2006 Bond Issue Arbitrage Payable	79,495
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	184,037,511

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,055,386,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	22,233,096		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	22,233,096
3	Subtract line **2e** from line **1**			3	1,033,153,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	2,392,325		
c	Add lines **4a** and **4b**			4c	2,392,325
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,035,546,050

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

1	Total expenses and losses per audited financial statements			1	986,723,166
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 XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	986,723,166
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 XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	986,723,166

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Permanently restricted funds were available for hospital construction projects, equipment, and educational initiatives
SchD_P10_S00_L02	Schedule D, Part X, Line 2	TGH has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code Accordingly, income earned in the furtherance of TGH's tax-exempt purpose is exempt from federal and state income taxes TGH applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 for Income Taxes which clarifies the accounting for uncertainty in income tax positions and provides guidance when tax positions are recognized in an entity's financial statements and how the value of these positions are determined
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	The sum of $2,392,325 represents contributions received that were released for property, plant, and equipment and which are not recognized as income in the financial statements

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Central America and the Caribbean	1	2	Program Services	Professional Liability	365,964
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	2			365,964

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. Part II can be duplicated 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ 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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	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 insurance 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

2012

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," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
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	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Worksheet 1)			60,660,172	14,040,622	46,619,550	4 7 %
b Medicaid (from Worksheet 3, column a)			174,598,936	154,066,827	20,532,109	2 1 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			26,940,469	9,585,623	17,354,846	1 8 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	262,199,577	177,693,072	84,506,505	8 6 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,497,217		2,497,217	0 2 %
f Health professions education (from Worksheet 5)			40,554,811	16,386,318	24,168,493	2 4 %
g Subsidized health services (from Worksheet 6)			5,025,619	1,171,399	3,854,220	0 4 %
h Research (from Worksheet 7)			2,428,917	2,039,668	389,249	0 1 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			948,776		948,776	0 1 %
j **Total.** Other Benefits	0	0	51,455,340	19,597,385	31,857,955	3 2 %
k **Total.** Add lines 7d and 7j	0	0	313,654,917	197,290,457	116,364,460	11 8 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,058,869		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	228,725,364		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	236,836,617		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,111,253		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Florida Health Sciences Center Inc dba Tampa General Hospital

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

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

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

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

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year?
6

	Name and address	Type of Facility (describe)
1	TGH Community Health Education 740 S Village Circle Tampa, FL 33606	Community health education center
2	Transplant Abdominal Clinic 409 Bayshore Blvd Tampa, FL 33606	Transplant clinic
3	Family Care Center Brandon 214 Morrison Rd Brandon, FL 33511	Family care clinic
4	Family Care Center Lois 2106 South Lois Avenue Tampa, FL 33629	Family care clinic
5	Family Care Center Carrollwood 13860 North Dale Mabry Highway Tampa, FL 33618	Family care clinic
6	Family Care Center Riverview 10647 Big Bend Road Suite 212 Riverview, FL 33579	Family care clinic
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
SchH_P01_S00_L06a	Schedule H, Part I, Line 6a	TGH completed a Community Benefit report and this information is available at www tgh org
SchH_P01_S00_L07	Schedule H, Part I, Line 7	The hospital's cost accounting system was used to calculate the amounts reported in line 7 For the purpose of computing subsidized services, both direct and indirect costs were considered For research, only direct costs were considered

Identifier	ReturnReference	Explanation
SchH_P03_S0A_L02	Schedule H, Part III, Section A, Line 2	Bad debt results when a patient, who has been determined to have the financial capacity to pay for healthcare services, is unwilling to settle the claim or provide substantiating documentation for any charity and/or discount program The hospital records a provision for bad debts in the period the services are provided As accounts age, increasing percentages of bad debt allowances are applied based on ageing category to reflect estimated uncollectable amounts This method is consistently applied based on established risk parameters
SchH_P03_S0A_L04	Schedule H, Part III, Section A, Line 4	Receivables are reported net of an allowance for bad debt and contractual adjustment estimates Although the aggregate amount of receivables may include balances due from patients and third party payers, amounts due from third-party payers for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the financial statements The adequacy of the allowance for bad debts is evaluated regularly, with adjustments to increase or decrease the allowance by adjustments in the provision for bad debts As expected payments are determined to be uncollectible, they are written off against the allowance for bad debts

Identifier	ReturnReference	Explanation
SchH_P03_S0B_L08	Schedule H, Part III, Section B, Line 8	The $8 0 million shortfall reported at Pt III line 7 should be considered as a community benefit in that much of the shortfall in Medicare payments relates to the costs associated with the TGH liver, heart, kidney, lung and pancreas organ transplant programs, and medical education programs, which are a significant benefit to all patients in these programs and the community as a whole Medicare revenue and cost are based on the 2013 Medicare cost report excluding revenues and costs associated with subsidized health services and graduate medical education, which are reported separately in Part I lines 7g and 7f
SchH_P03_S0C_L09b	Schedule H, Part III, Section C, Line 9b	Each self pay patient is evaluated to determine if covered by Medicaid, Hillsborough County and/or charity assistance The financial information provided by this evaluation determines into which category a patient resides Patients who do not qualify for government assistance are then evaluated in accordance with hospital policy for Charity and Discounted Care Patient balances will either qualify for a total write-off or a discount based on the patient's household income and family size in relation to the Federal Poverty Limitations TGH's financial assistance and charity care policy, following the guidelines of the Internal Revenue Section 501(r) requirement Includes eligibility criteria for financial assistance free and discounted (partial charity) care, describes the basis for calculating discount amounts to patients eligible for financial assistance under this policy, describes the method by which patients may apply for financial assistance, describes how TGH will widely publicize the policy within the community served by the hospital, limits the amounts that the hospital will charge for emergency and other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed for medically necessary care

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L01	Schedule H, Part V, Section B, Line 1	In order to provide community input, the Community Health Needs Assessment (CHNA) methodology included both individual interviews and focus groups Both are qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health It is meant to provide depth and richness to the quantitative data collected Interview Methodology Twenty interviews were conducted in-person when possible and via phone when necessary, based on the availability of the interviewee Interviews required approximately 30 minutes to complete Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community Additionally, the following community-focused questions were used as the basis for discussion * Interviewee's name * Interviewee's title * Interviewee's organization * Overview information about the interviewee's organization * What are the top three strengths of the community? * What are the top three health concerns of the community? * What are the health assets and resources available in the community? * What are the health assets or resources that the community lacks? * What assets or resources in the community are not being used to their full capacity? * What are the barriers to obtaining health services in the community? * What is the single most important thing that could be done to improve the health in the community? * What changes or trends in the community do you expect over the next five years? * What other information can be provided about the community that has not already been discussed? Below is information about the individuals interviewed as part of the CHNA Interviewee Title/Organization Area(s) Represented Adwale Troutman Executive Director, Public Health Practice and Leadership, Florida Covering Kids and Families Public Health Expert Anne Maynard Program Director, USF Area Health Education Center Public Health Expert Carlos Mercado STD Program Manager, Hillsborough County Health Department Public Health Expert Chloe Cooney Founder, Corporation to Develop Communities of Tampa, Inc African American Community Representative Donna Peterson Dean, College of Public Health, University of South Florida Public Health Expert Douglas Holt Director, Hillsborough County Health Department Public Health Expert Joyce Thomas Physician, TGH Family Care Center Hospital Staff Leslie "Les" Miller, Jr County Commissioner, District 3, Hillsborough County Government Official Margaret Ewen Senior Human Resources Manager, Immunizations/Refugee Public Health Expert Margarita Cancio Physician, Infectious Disease Associates of Tampa Bay Hospital Staff Sally Houston Chief Medical Officer, Tampa General Hospital Hospital Administration Deborah Austin Communication and Community Outreach Director, Central Hillsborough Healthy Start Project, REACHUP, Inc Medically Underserved Community Organization Representative Luis Lopez Past President, Hispanic Alliance of Tampa Bay, Director, Moffit Cancer Center Hispanic Advisory Board Hispanic Community Representative Amy Petrila Director of Programs and Outreach, Children's Board of Hillsborough County Community Health Organization Representative Maureen Chiodini Associate Vice President of Membership and Programs, Tampa Metropolitan Area YMCA Community Health Organization Representative Maria Russ Supervisor, School Health Services, Hillsborough County Public Schools Public Health Expert Focus Groups Focus groups were conducted to allow participants to provide information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group The requested information included * Gender * Age * ZIP Code * Ethnicity * Race * Education Level * Employment Status * Household Income * Health Insurance Status Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback A focus group session required approximately two hours to complete and followed this agenda * Session Opening - 15 Minutes o Introductions o Explanation of the purpose of the focus group o Overview of the rules governing the session * Nominal Group Technique was utilized to identify priority health needs in the community The Nominal Group Technique process is as follows o Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community o Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted o Participants instruct the facilitator on which like items, if any, they would like to combine o Participants are instructed to separately rank the items most important (3) to least important (1) o Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded o The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on * After this process has been completed, a discussion is facilitated about the results of the process Examples of these questions include o Was there anything that surprised you? o Why do you feel these are the top health concerns? o How do you feel these needs could be addressed in the community? * Session Conclusion - 15 minutes o Summary of findings o Closing discussion o Distribution of incentives for participation
SchH_P05_S0B_L03	Schedule H, Part V, Section B, Line 3	This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources Input from persons who represented the broad interests of the community served by TGH, which included those with special knowledge of or expertise in public health, Identifying federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by TGH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by TGH, and, Consultation or input from other persons located in and or serving TGH's community, such as Healthcare community advocates, Nonprofit organizations, Academic experts, Local government officials, Community based organizations, including organizations focused on one or more health issues, Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low income persons, minority groups, or those with chronic disease needs For a list of persons that the hospital consulted reference Schedule H, Part V, Section B Line 1

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L12	Schedule H, Part V, Section B, Line 12	Family size in combination with household income is used to determine eligibility for either charity or discounted care
SchH_P05_S0B_L16	Schedule H, Part V, Section B, Line 16	TGH engages in standard collection activities such as statements and telephone calls As of July 1, 2013, Tampa General no longer reports unpaid debts to the credit bureau or engages in extraordinary collection efforts

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L17	Schedule H, Part V, Section B, Line 17	TGH engages in standard collection activities such as statements and telephone calls As of July 1, 2013, Tampa General no longer reports unpaid debts to the credit bureau or engages in extraordinary collection efforts
SchH_P05_S0B_L20	Schedule H, Part V, Section B, Line 20	Medicaid rate is used in rare instances for those that are not able to afford amounts generally billed by Medicare and commercial insurance

Identifier	ReturnReference	Explanation
SchH_P05_S0B_L22	Schedule H, Part V, Section B, Line 22	We assess total charges to international patients coming for highly specialized elective care
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	During Fiscal Year 2013, Tampa General Hospital (TGH) completed its Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act signed into law in 2010 A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues The CHNA is available to the public on the TGH website (tgh org) and is included as an attachment to this filing As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), the TGH CHNA includes the following * A description of the community served, * A description of the process and methods used to conduct the CHNA, including (1) A description of the sources and dates of the data and the other information used in the assessment, and, (2) The analytical methods applied to identify community health needs * A description of information gaps that impacted TGH's ability to assess the health needs of the community served, * The identification of all organizations with which TGH collaborated, if applicable, including their qualifications, * A description of how TGH took into account input from persons who represented the broad interests of the community served by TGH, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by TGH, and, * A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs During FY2013, TGH did not complete any additional assessments of the health care community it serves

Identifier	ReturnReference	Explanation
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	For Fiscal Year 2013, the costs associated with charity care, unreimbursed Medicaid, and the unreimbursed costs of other means-tested government programs care exceeded $84 5 million These include patients who qualify for free care under Tampa General Hospital's (TGH) charity care policy or are enrolled in programs for low-income or under-insured individuals sponsored by state and local governments While TGH received reimbursement for some of these patients the amounts are not sufficient to cover the costs of care provided Free care is provided to patients who qualify based on an evaluation of their income and assets Individuals with an income that is less than or equal to 200% of the Federal Poverty Level (FPL) are eligible for charity or free care as are individuals whose income is less than 400% of the FPL but whose hospital charges are greater than 25% of their annual income Financial counselors work with individuals who seek care and are uninsured Assistance is provided to enroll eligible individuals in government programs such as Medicaid, Medicare Disability or the Hillsborough County Health Plan as well as determining whether they qualify for charity or discounted care TGH's financial assistance (charity care and discounted care) policy is available to consumers at TGH org as well as in the hospital admissions area The information is written in both English and Spanish Guidelines, the patient shall be eligible for a discount that is annually calculated using a "look back" method Patients eligible for Medicaid or other indigent care programs may be eligible for free or discounted care for non-covered services (including charges for days exceeding any length of stay limit) NON-ELIGIBLE SERVICES AND BALANCES Financial assistance will not apply to the following services or patient responsibilities * Cosmetic procedures that are not medically necessary * Co-payments and deductible amounts * Balances payable by other insurance (Medicare, Medicaid, automobile insurance, worker's compensation, or liability insurance) * Ventricular Assist Devices * Transplants * Elective procedures for patients residing outside Hillsborough County, Florida DETERMINATION AND SCREENING PROCESS All patients seeking financial assistance are required to complete the TGH Financial Assistance application, a copy of which is attached Patients will be instructed to complete the forms and return them by mail or in person to a Financial Assistance Specialist Patients who appear to qualify for government assistance will be offered courtesy assistance with the application process Unfunded or under-funded patients will be asked to complete a Financial Assistance Application at the time of registration Financial assistance counseling communication is intended to be clear, concise and considerate of the patient and family members In addition to income and family information, the patient may be required to provide proof of employment Some patients may also be asked to provide additional information about their assets, monthly expenses, and any other resources to pay for their care Determination of eligibility or denial of financial assistance will be communicated to the responsible party within 30 days of receipt of all required documentation The granting of financial assistance shall be based on an individualized determination of financial need and medical necessity, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation RELATIONSHIP TO COLLECTIONS AND BILLING POLICY TGH maintains a separate policy outlining its billing and collection procedures In accordance with its Billing and Collections Policy, TGH will not engage in, nor will it authorize its collection agency to engage in, extraordinary collection actions without verifying that patients have been given the opportunity to apply for financial assistance COMMUNICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE WITHIN THE COMMUNITY Notification about financial assistance available from TGH shall be disseminated by TGH to the community by various means, which may include, but are not limited to, publishing this Policy on the TGH website, placing posters around the hospital, and making brochures available at all patient registration areas REGULATORY REQUIREMENTS In implementing this Policy, TGH will comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy AVAILABILITY OF FORMS AND POLICY Copies of the Financial Assistance Policy and applications will be made available upon request and without charge by contacting a Financial Assistance Specialist or by submitting a written request to Tampa General Hospital The hospital's Financial Assistance Specialist is also available to answer any questions about this Policy
SchH_P06_S00_L04	Schedule H, Part VI, Line 4	Tampa General Hospital's primary service area is Hillsborough County, Florida As part of the CHNA completed during FY 2013, a complete assessment of the service area's demographics was completed and is attached to this filing The highlights from the assessment are detailed below * The primary service area population is currently 1,314,699 * Slight population growth is expected for individuals aged 18-44 (3 2%) Moderate population growth is expected for individuals aged 0-17 (5 8%) and 45-64 (9 2%) The population of women at childbearing age is expected to grow slightly (2 8%) By 2017, substantial population growth is expected for individuals 65 years and older (21 2%) * The most common race/ethnicity in the service area is white (51 8%), followed by Hispanic (26 5%), black/African American (15 6%), Asian (3 7%), individuals of two races (1 9%) and other (0 5%) * Minority and other race populations are expected to grow faster than the white population Substantial growth is expected for the Asian (20 6%), Hispanic (17 5%), individuals of two races (15 0%) and black/African American (10 7%) populations The population of other race individuals is expected to grow moderately (5 3%), while marginal growth is expected for the white population (0 5%) * According to the 2011 annual average unemployment rates reported by the U S Bureau of Labor Statistics, Hillsborough County's unemployment rate (10 5%) is equal to Florida's * According to the U S Census 2010 American Community Survey (ACS), Hillsborough County has a slightly higher median household income ($47,677) than Florida ($46,077) Poverty thresholds are determined by family size, number of children and age of the head of the household A family's income before taxes is compared to the annual poverty thresholds If the income is below the threshold, the family and each individual in it are considered to be in poverty In 2010, the poverty threshold for a family of four was $22,314 The ACS estimates indicate that 14 2% of Hillsborough County residents and 15 0% of Florida residents are living below poverty level Children in Hillsborough County are slightly less likely to be living below poverty level (19 9%) compared to all children in Florida (21 3%) * The American Community Survey (ACS) publishes estimates of the highest level of education completed for residents 25 years and older The ACS 2008-2010 estimates indicate that the percentages of individuals 25 years and older with less than a high school degree in Hillsborough County and in Florida are similar (14 2% and 14 5%, respectively) In Hillsborough County and Florida, approximately 85% of residents have either a high school degree or equivalent or a bachelor's degree * Fourth and eighth grade math and reading proficiencies are all slightly lower in Hillsborough County compared to Florida and fall between the 25th and 50th percentiles * Domestic violence and homicide rates are slightly lower in Hillsborough County than in Florida, while the aggravated assault, forced sex offense and robbery rates are substantially lower in Hillsborough County compared to Florida

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 exemplified by its mission statement The key elements of TGH's mission include the provision of services ranging from wellness and primary care to the most complex specialty and post acute services to all of the residents of West Central Florida, a commitment to a patient centered approach and benchmark performance With our unique blend of academic and other healthcare partners, TGH plays a special role in supporting medical education and research in the region The Board also authorizes the use of surplus funds through the annual budget process to fund enhancements to services, the physical plant, infrastructure and financial support for training physicians, nurses and other health care providers, health education to the community and support of other not-for-profit organizations in the community with complimentary goals and missions The 15 member board is composed of independent community leaders as well as members of the TGH medical staff The board bylaws specify that its membership will include the elected medical chief of staff, a representative of the University of South Florida and the chairman of the TGH Foundation TGH utilizes its surplus funds for the development of inpatient services and to subsidize outpatient services for underserved members of the community TGH operates a number of outpatient clinics that provide primary and specialty care for the uninsured and under-insured Services include adult primary and specialty care, pediatrics, and high risk obstetrics While many of these patients have some funding either through Medicaid or the Hillsborough County Health Plan, the revenue from these sources is insufficient to cover the costs of providing the services In fiscal year 2013, TGH's clinics provided 175,400 patient visits The TGH medical staff is open to any physician that meets the requirements of the medical staff bylaws and rules and regulations The medical staff is composed of community physicians with private practices and physicians on the faculty of the USF Health Morsani College of Medicine (USFHMCOM) Both the community and USFHMCOM physicians are involved in research and training Many of the community physicians hold clinical appointments with the USFHMCOM and all staff physicians may participate in research In FY2013, the TGH Office of Clinical Research supported 518 research studies at a net cost of $1 8 million These studies received funding from a variety of public agencies and private sponsors, including the Department of Defense and the Children's Oncology Group Studies were led by both community and university physician principal investigators This year's research centered on a range of topics, including Phase I studies in the treament of pediatric cancer and conducting of an evidence based clinical decision support system to predict survival and life expectancy of hospice patients These research initiatives have immediate benefits to the patients who participate in them as well as long term benefits to the community TGH is considered a statutory teaching hospital under Florida Law This designation is only available to hospitals that have made a significant commitment to graduate medical education In fiscal year 2013, TGH funded approximately 300 GME full time equivalent slots in over 50 specialties The Medicare program funds a portion of approximately 200 of these GME slots, with the remaining slots funded solely by TGH out of hospital operating funds In addition to a robust medical education program, TGH is also committed to the training of nurses, pharmacists, and other clinical staff TGH provides financial support for nursing education at both the University of South Florida and the University of Tampa Students and residents in a variety of clinical programs (pharmacy, pastoral care, and other programs) rotate through TGH or in some cases are assigned to TGH for their training Finally, TGH sponsors continuing medical education (CME) for physicians in the community and in outlying areas In fiscal year 2013, TGH CME sponsorships provided CME education to 983 physicians, none of whom were on the TGH medical staff The cost of CME sponsorships exceeded $70,500 In all cases, surplus funds are dedicated to the educational mission of TGH Tampa General's commitment to improving the health status of the community is evident in the vast array of educational programs, screenings and support groups it provides to the community In fiscal year 2013, TGH provided 403 free programs and screenings to 7,503 members of the community Educational programs focused on everything from preventing the flu, to smoking cessation to stress management Programs were provided in a variety of locations For example, programs of particular interest to seniors were provided at several senior living facilities within the primary service area including Sun City, University Village, Bayshore Presbyterian and Tampa Baptist Manor In fiscal year 2013, TGH participated in three programs in collaboration with its community partners Health, & Fit for Life is a program for kids and their parents that focus on making healthy food choices and increasing exercise as a way of maintaining and controlling weight Health, & Fit was designed with More Health, a community based health education program for children in Hillsborough & Pinellas Counties This program was provided at the University Area Community Development Center Living Healthy and Matter of Balance are both multi-week programs aimed at individuals with chronic illnesses or balance concerns These programs were provided in conjunction with the Florida's West Coast Area Agency on Aging Our commitment to provide our community with free resources to improve their health was demonstrated by the addition of two new programs, "Active Living Every Day" and "Healthy Living Every Day" Eight weeks each, these programs focus on the importance of being active and eating healthy Screenings provided during fiscal year 2013 ranged from blood pressure and diabetes to screenings for memory loss, hearing, peripheral vascular disease and abdominal aortic aneurysms TGH has a dedicated staff responsible for developing programs as well as identifying high risk areas within the county that might benefit most from screenings and health prevention and promotion programs In addition to providing educational programs and screenings, TGH also provides financial support to other community not-for-profit organizations This funding is another way that TGH utilizes its surplus funds to support the community health and well being In fiscal year 2013, TGH provided financial support to numerous not-for-profit organizations This support ranged from donations under $1,000 to commitments in excess of $250,000 Three organizations in particular receive significant support from TGH More Health Inc , Ronald McDonald Mobile Health Van and Tampa Community Health Center For more than 20 years, TGH has been the largest single sponsor of More Health, Inc More Health provides health education in Hillsborough and Pinellas County public and private schools Innovative, hands on instruction for all grades is a key feature of More Health and more than a million children have benefited from the education provided by More Health TGH, in conjunction with the USF Health Morsani College of Medicine and the Ronald McDonald Foundation supports a mobile medical van that provides medical and dental services to underserved children in the region TGH also provides financial support to Tampa Community Health Center (TCHC) TCHC is a federally qualified health center that provides significant amounts of service to underserved populations in Hillsborough County TGH's donation allows them to expand primary care and other services In addition TGH supports a variety of other not-for-profits including the American Heart Association, March of Dimes, Ronald McDonald Foundation, Wheels of Success, the Epilepsy Foundation, Joshua House, the Spring and many others In addition to financial support, many TGH employees volunteer their time and participate in fundraising events like the Heart Walk for the American Heart Association
SchH_P06_S00_L06	Schedule H, Part VI, Line 6	Not Applicable

Identifier	ReturnReference	Explanation
SchH_P06_S00_L07	Schedule H, Part VI, Line 7	Florida
SchH_P06_S00_L08	Schedule H, Part VI, Line 8	Not Applicable

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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

2012

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. Part II can be duplicated if additional space is needed.

(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) Tampa Family Health Center Inc 2103 N Rome Ave Tampa, FL 33607	59-2420282	501(c)3	300,000				Provides support for hiring additional primary care physicians to serve uninsured patients
(2) More Health Inc 3821 Henderson Blvd Tampa, FL 33629	59-3397472	501(c)3	288,271				Support mission to provide health education to students in Hillsborough County at no charge
(3) Ronald McDonald House 28 Columbia Drive Tampa, FL 33606	59-1835985	501(c)3	79,000				Support mission to provide temporary lodging and other support for the families of hospitalized children
(4) University of South Florida 4202 E Fowler Ave Tampa, FL 33620	59-3102112	501(c)3	60,000				Tampa General Hospital and University of South Florida together support the Ronald McDonald House pediatric care mobile unit The unit provides medical services to children
(5) American Heart Association 11207 Blue Heron Blvd N Suite P St Petersburg, FL 33716	13-5613797	501(c)3	50,000				Support the mission of the American Heart Association via sponsorship of various American Heart Association fundraising events
(6) University of Tampa 401 W Kennedy Blvd Tampa, FL 33606	59-0624459	501(c)3	47,667				Support education of healthcare professionals by funding a portion of an instructor's salary
(7) University of South Florida 4202 E Fowler Ave Tampa, FL 33620	59-3102112	501(c)3	33,002				Support education of healthcare professionals by funding a portion of an instructor's salary
(8) March of Dimes	13-1846366	501(c)3	25,000				Support the mission of the March of Dimes via sponsorship of various March of Dimes fundraising events
(9) Gasparilla Distance Classic Association Inc PO Box 1881 Tampa, FL 33601	59-0943559	501(c)3	19,530				Provide free screening and medical services prior to and on the day of the event
(10) Friends of the Riverwalk 101 E Kennedy Blvd Suite 2000 Tampa, FL 33602	20-3146250	501(c)3	8,500				Support community development of outdoor spaces
(11) Hillsborough Organization for Progress and Equality Inc 5103 N Central Ave Tampa, FL 33603	59-2914463	501(c)3	7,500				Donation to H O P E
(12) WEDU 1300 North Boulevard Tampa, FL 336075646	59-0840626	501(c)3	7,500				Sponsorship of programming for preventing substance abuse in children and adolescents

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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, Part III, column (b), 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 throughout the year We have a select staff whose purpose is to promote health throughout the community with the help of local charities The staff works closely with the charities to ensure that the funds are directly beneficial to the community

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Tampa Family Health Center Inc2103 N Rome Ave Tampa,FL 33607	59-2420282	501(c)3	300,000				Provides support for hiring additional primary care physicians to serve uninsured patients
More Health Inc3821 Henderson Blvd Tampa,FL 33629	59-3397472	501(c)3	288,271				Support mission to provide health education to students in Hillsborough County at no charge

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Ronald McDonald House28 Columbia Drive Tampa,FL 33606	59-1835985	501(c)3	79,000				Support mission to provide temporary lodging and other support for the families of hospitalized children
University of South Florida 4202 E Fowler Ave Tampa,FL 33620	59-3102112	501(c)3	60,000				Tampa General Hospital and University of South Florida together support the Ronald McDonald House pediatric care mobile unit The unit provides medical services to children

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
American Heart Association 11207 Blue Heron Blvd N Suite P St Petersburg, FL 33716	13-5613797	501(c)3	50,000				Support the mission of the American Heart Association via sponsorship of various American Heart Association fundraising events
University of Tampa401 W Kennedy Blvd Tampa, FL 33606	59-0624459	501(c)3	47,667				Support education of healthcare professionals by funding a portion of an instructor's salary

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
University of South Florida 4202 E Fowler Ave Tampa,FL 33620	59-3102112	501(c)3	33,002				Support education of healthcare professionals by funding a portion of an instructor's salary
March of Dimes	13-1846366	501(c)3	25,000				Support the mission of the March of Dimes via sponsorship of various March of Dimes fundraising events

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Gasparilla Distance Classic Association IncPO Box 1881 Tampa,FL 33601	59-0943559	501(c)3	19,530				Provide free screening and medical services prior to and on the day of the event
Friends of the Riverwalk101 E Kennedy Blvd Suite 2000 Tampa,FL 33602	20-3146250	501(c)3	8,500				Support community development of outdoor spaces

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Hillsborough Organization for Progress and Equality Inc 5103 N Central Ave Tampa,FL 33603	59-2914463	501(c)3	7,500				Donation to H O P E
WEDU1300 North Boulevard Tampa,FL 336075646	59-0840626	501(c)3	7,500				Sponsorship of programming for preventing substance abuse in children and adolescents

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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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	TGH pays membership dues for the University Club of Tampa for Mr Ronald Hytoff These membership dues were not treated as taxable compensation to the recipient Any international travel by an executive is booked with a first class ticket
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Within the framework of applicable law, Tampa General Hospital will establish and maintain compensation goals, policies, and programs that enable the hospital to recruit, develop, and retain the most qualified and talented staff Tampa General Hospital strives to effect a strategic investment in the people who support the hospital's mission Compensation goals, policies, and programs are guided by and reflect our values and principles, which are consistent with the high quality of the hospital's achievement in the furtherance of medical science Differences in pay will not be based upon such factors as race, religion, gender, national origin, ancestry, age, marital status, or disability To ensure that TGH is paying reasonable compensation and not violating the private inurement prohibition, the Compensation Committee of the Board of Directors annually reviews and sets the compensation of officers, the executive group and key employees The Committee utilizes the outside consulting firm of Towers Watson to provide expert information regarding industry-wide compensation norms
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Schedule J, Part 1, Line 4 -Tampa General Hospital provides the executive staff with a supplemental retirement plan (SERP) Participants of this plan are listed on Statement 4 column C3 (Officers) As these participants become vested, the incremental amount of vested benefits is included on Form W-2, however, distributions are not made until either the participant retires or leaves the organization The compensation reported in the 2012 W-2s includes the following vested amounts Amy J Paratore $74,448, Anthony D Escobio $20,735 Cheryl A Eagan $40,216, Chris A Roederer $130,401, David K Robbins $141,000, Deana L Nelson $225,203, Elizabeth Lindsay-Wood $1,234,122, Janet H Davis $109,977, Jean M Mayer $95,221, John H Bond $116,614, Judith M Ploszek $112,725, Mark W Campbell $30,722, Maureen Ogden $68,418, Robin DeLaVergne $107,417, Ronald A Hytoff $298,909, Sally Houston $253,648, and Steve L Short $186,259
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	A portion of the bonuses and incentive is based achieving certain financial targets The remaining bonuses are based on the achievement of certain quality indicators and other non-financial metrics
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	33 33% of the total bonus and incentive is based on achieving certain financial targets The remaining bonus is based on the achievement of certain quality indicators and other non-financial metrics

Additional Data Return to Form

Software ID: 12000197
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				
John H Bond Jr	(i)	199,547	38,028	121,512	21,320	14,730	395,137	0
	(ii)	0	0	0	0	0	0	0
Mark W Campbell	(i)	169,381	32,718	31,046	14,737	14,706	262,588	0
	(ii)	0	0	0	0	0	0	0
Janet H Davis	(i)	228,949	63,728	112,696	27,598	7,801	440,772	
	(ii)	0	0	0	0	0	0	0
Robin W DeLaVergne	(i)	248,948	58,769	110,799	22,651	8,000	449,167	0
	(ii)	0	0	0	0	0	0	0
Cheryl A Eagan	(i)	219,346	55,687	49,292	20,891	10,269	355,485	0
	(ii)	0	0	0	0	0	0	0
Anthony D Escobio	(i)	170,928	33,818	21,218	19,389	14,711	260,064	0
	(ii)	0	0	0	0	0	0	0
Sally H Houston	(i)	390,117	96,038	255,663	28,132	9,856	779,806	0
	(ii)	0	0	0	0	0	0	0
Ronald A Hytoff	(i)	1,009,013	307,847	324,817	120,031	13,142	1,774,850	0
	(ii)	0	0	0	0	0	0	0
Elizabeth J Lindsay-Wood	(i)	333,138	73,859	1,236,960	20,876	14,840	1,679,673	0
	(ii)	0	0	0	0	0	0	0
Veronica B Martin	(i)	193,115	59,464	1,000	14,571	8,230	276,380	0
	(ii)	0	0	0	0	0	0	0
Jean M Mayer	(i)	266,180	63,373	102,745	30,939	7,701	470,938	0
	(ii)	0	0	0	0	0	0	
Deana L Nelson	(i)	518,273	137,021	227,698	59,198	5,659	947,849	0
	(ii)	0	0	0	0	0	0	
Maureen Ogden	(i)	191,269	68,261	70,191	25,247	10,241	365,209	0
	(ii)	0	0	0	0	0	0	0
Amy J Paratore	(i)	163,951	53,511	75,210	18,185	14,708	325,565	0
	(ii)	0	0	0	0	0	0	0
Richard L Paula	(i)	233,397	49,459	809	16,231	13,953	313,849	0
	(ii)	0	0	0	0	0	0	0
Judith M Ploszek	(i)	314,899	73,055	115,534	35,849	5,487	544,824	0
	(ii)	0	0	0	0	0	0	0
David K Robbins	(i)	213,438	40,016	1,458	18,167	14,742	287,821	0
	(ii)	0	0	0	0	0	0	0
Chris A Roederer	(i)	289,409	65,937	133,023	19,314	10,309	517,992	0
	(ii)	0	0	0	0	0	0	0
Steve L Short	(i)	516,363	137,021	188,754	59,198	14,180	915,516	0
	(ii)	0	0	0	0	0	0	0
Maja G Gift	(i)	179,107	19,448	1,512	18,467	8,206	226,740	0
	(ii)	0	0	0	0	0	0	0

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				
Peter J Berman	(I)	520,023	544	4,902	38,586	14,202	578,257	0
	(II)	0	0	0	0	0	0	0
Victor D Bowers	(I)	560,030	1,904	4,902	53,353	480	620,669	0
	(II)	0	0	0	0	0	0	0
Debbie A Rinde-Hoffman	(I)	753,681	544	2,622	72,666	14,202	843,715	0
	(II)	0	0	0	0	0	0	0
Mark W Weston	(I)	759,655	544	5,852	72,832	14,202	853,085	0
	(II)	0	0	0	0	0	0	0
Ting C Huang	(I)	432,136	544	984	32,786	0	466,450	0
	(II)	0	0	0	0	0	0	0
Balaji Ramadoss	(I)	173,783	12,174	255	9,908	5,639	201,759	0
	(II)	0	0	0	0	0	0	0
Julita C Kallenborn	(I)	139,802	17,104	408	14,832	14,685	186,831	0
	(II)	0	0	0	0	0	0	0
Jana Gardner	(I)	198,115	33,861	1,699	19,523	14,712	267,910	0
	(II)	0	0	0	0	0	0	0
Scott J Arnold	(I)	218,182	52,209	654	15,112	14,762	300,919	0
	(II)	0	0	0	0	0	0	0
Vincent D Perron	(I)	221,288	12,038	2,326	13,173	9,695	258,520	0
	(II)	0	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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	43233ACT1	09-28-2006	190,910,329	Hospital Expansion		X		X		X
B	Hillsborough County Industrial Development Authority	59-1293512	43233AEA0	02-28-2013	186,480,570	Hospital Expansion and Refunding 2003 Bond Issue		X		X		X
C	Hillsborough County Industrial Development Authority	59-1293512		09-19-2013	50,889,807	Refunding 2003 Bond Issue		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,550,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	202,380,091	186,480,570	50,889,807	
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	134,532,845	50,593,688	
7	Issuance costs from proceeds	2,184,896	1,945,528	161,750	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	199,158,149	19,672,822	0	
11	Other spent proceeds	870,854	0	0	
12	Other unspent proceeds	166,192	30,329,375	134,369	
13	Year of substantial completion	2009	2015	2014	

		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		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0%		0%		0%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0%		0%		0%		%	
6	Total of lines 4 and 5	0%		0%		0%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	Transamerica Life							
c	Term of GIC		2 25						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Identifier	Return Reference	Explanation
See Additional Data Table		

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SchK_P01_S00_L00e	Schedule K, Part I, Column e	Differences between "Issue Price" (column e) and "Total Proceeds of Issue" (line 3) are th e result of investment earnings

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SchK_P04_S00_L02c	Schedule K, Part IV, Line 2c	100% of these funds were utilized to defease other outstanding issues, therefore, no arbit rage calculation is required

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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, line 38a or 40b.**

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	No
(1) DeLaVergne & Company	Business owned by son of Robin DeLaVergne (Senior Vice President of FHSC)	51,840	Real Estate Commission		No
(2) Florida Orthopedic Institute	Dr Bernasek, a former board member	1,896,243	Florida Orthopedic Institute provides orthopedic services		No
(3) Suntrust	Mr Dobbins, a board member	309,589	Suntrust performs a custodial function		No
(4) Lifelink Foundation Inc	Dr Dana L Shires, board member	14,916,687	Lifelink Foundation Inc provides organs for transplant		No
(5) Gulf to Bay Anesthesiology Associate	Dr Devanand Mangar, a board member and former chief of staff	4,478,252	Gulf to Bay Anesthesiology provides anesthesiology		No
(6) Radiology Associates of Tampa PA	Bruce Zwiebel, a board member and chief of staff	1,320,481	Radiology Associates of Tampa PA provides radiology physician group		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	Schedule L, Part IV - DeLaVergne & Company is a real estate brokerage firm owned by the son of Robin DeLaVergne (Senior Vice President of FHSC) FHSC engages DeLaVergne & Company for commercial real estate services, which are paid at fair market value Florida Orthopedic is an orthopedic care center, of which Dr Thomas Bernasek (former board director and Chief of Staff at FHSC) is a shareholder and employee FHSC engages Florida Orthopedic Institute for orthopedic services, which are paid at fair market value Suntrust Bank is a national bank, of which Fred Dobbins (board director of FHSC) is an employee FHSC has commercial bank accounts with Suntrust Bank that are maintained in the ordinary course of business Lifelink Foundation is an organ procurement organization, of which Dr Dana Shires (board director at FHSC) is co-founder, former CEO and current Chairman of the Foundation FHSC purchases organs for transplantation at fair market value from the Lifelink Foundation Gulf to Bay Anesthesiologists is a physician group practice, of which Dr Devanand Mangar (board director and former Chief of Staff at FHSC) is President and an employee FHSC engages Gulf to Bay Anesthesiologists for the provision of anesthesiology services, which are paid at fair market value Radiology Associates of Tampa is a physician group practice, of which Dr Bruce Zweibel (board director and Chief of Staff at FHSC) is a shareholder and employee FHSC engages Radiology Associates for the provision of radiology services, which are paid at fair market value

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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

2012

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 initiate 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 In addition, the hospital utilizes an outisde consulting firm to review the compensation arrangements of employed physicians for compliance with all applicable laws

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_P09_S00_L11g	Form 990, Part IX, Line 11g	The amount in other expenses includes $20,015,282 in payments to residents, $30,705,146 in payments to physicians, $18,286,483 for organ transplant fees, $11,822,590 in medical equipment repairs and maintenance contracts , and the remaining balance is made up of other various professional fees

Identifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	This amount includes $78,600,330 in pension-related changes associated with a plan amendment and increases in plan assets and other net changes in net assets of $(227,141)

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SCHEDULE R (Form 990)

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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
(3) Tampa General Medical Group Inc P O Box 1289 Tampa, FL 33601 27-4749421	Physician Specialty Offices	FL	501(c)(3)	Line 9 (509)(a)(2)	N/A		No

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

(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(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		75,437,268	100 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Tampa General Hospital Foundation Inc	c	1,398,292	Donated amounts based on hospital needs
(2) Tampa General Hospital Foundation Inc	n	472,534	Based on benefit and salary of shared employees
(3) Florida Health Sciences Center LTD	s	6,167,525	Based on cost of services

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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TY 2012 Reasonable Cause Explanation

Name: FLORIDA HEALTH SCIENCES CENTER INC

EIN: 59-3458145

Software ID: 12000197

Software Version: v1.00

Explanation: Extension filed and approved by the Internal Revenue Service.

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Financial Statements

September 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

FLORIDA HEALTH SCIENCES CENTER, INC.

Table of Contents

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa, FL 33602-5145

Independent Auditors' Report

The Board of Directors
Florida Health Sciences Center, Inc.:

We have audited the accompanying consolidated financial statements of Florida Health Sciences Center, Inc. (the Center), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, 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, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the consolidated financial position of Florida Health Sciences Center, Inc. as of September 30, 2013 and 2012, and the changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Tampa, Florida
December 19, 2013
Certified Public Accountants

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Balance Sheets

September 30, 2013 and 2012

Assets	2013	2012
Current assets:		
Cash and cash equivalents	$ 94,027,571	89,851,287
Short-term investments	8,048,436	8,152,166
Current portion of assets limited as to use	9,380,161	9,034,450
Patient accounts receivable, net of allowance for uncollectible accounts of approximately $117,516,000 in 2013 and $146,042,000 in 2012	140,200,302	137,215,612
Inventories	20,167,792	20,615,322
Prepaid expenses and other current assets	10,307,874	17,558,887
Total current assets	282,132,136	282,427,724
Assets limited as to use, less current portion	638,951,860	499,672,068
Property and equipment, net	449,020,218	459,277,846
Other assets	9,412,533	10,131,368
	$ 1,379,516,747	1,251,509,006
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	$ 83,299,886	80,888,550
Accrued expenses	92,638,304	94,476,220
Current installments of long-term debt	4,158,459	7,627,279
Current installments of obligations under capital leases	—	53,727
Estimated third-party payor settlements	84,071,944	69,672,520
Total current liabilities	264,168,593	252,718,296
Long-term debt, excluding current installments	396,831,953	364,912,367
Obligations under capital leases, excluding current installments	—	32,346
Other liabilities	100,006,760	166,163,293
Total liabilities	761,007,306	783,826,302
Net assets:		
Unrestricted	602,195,810	450,654,758
Temporarily restricted	15,410,641	16,177,758
Permanently restricted	902,990	850,188
Total net assets	618,509,441	467,682,704
	$ 1,379,516,747	1,251,509,006

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, 2013 and 2012

	2013	2012
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowances and discounts)	$ 1,032,349,371	970,317,559
Provision for bad debts	(77,459,331)	(48,661,315)
Net patient services revenue less provision for bad debts	954,890,040	921,656,244
Disproportionate share distributions	23,637,250	26,121,039
Other revenue	40,685,133	40,352,902
Total unrestricted revenues, gains, and other support	1,019,212,423	988,130,185
Expenses:		
Salaries and benefits	482,254,873	480,497,523
Medical supplies	218,842,109	208,511,053
Purchased services	75,831,959	72,365,891
Utilities and leases	20,394,701	20,747,108
Insurance	18,578,309	25,067,922
Depreciation and amortization	42,700,335	43,508,694
Professional fees	32,452,548	33,923,642
Interest	18,829,853	19,154,570
Other	76,538,479	72,936,519
Total expenses	986,423,166	976,712,922
Operating income	32,789,257	11,417,263
Nonoperating gains (losses):		
Investment return	42,966,485	36,849,631
Loss on extinguishment of debt	(6,792,087)	—
Contributions	(300,000)	(75,000)
Total nonoperating gains	35,874,398	36,774,631
Revenues, gains, and other support over expenses	68,663,655	48,191,894
Other changes in net assets:		
Net assets released from restrictions used for property and equipment	4,277,067	3,214,168
Pension-related changes other than net periodic pension cost	78,600,330	(529,766)
Increase in unrestricted net assets	$ 151,541,052	50,876,296

See accompanying notes to consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2013 and 2012

	2013	2012
Unrestricted net assets:		
Revenue, gains, and other support over expenses	$ 68,663,655	48,191,894
Net assets released from restrictions used for property equipment	4,277,067	3,214,168
Pension-related changes other than net periodic pension cost	78,600,330	(529,766)
Increase in unrestricted net assets	151,541,052	50,876,296
Temporarily restricted net assets:		
Net assets released from restrictions:		
Used for property and equipment	(4,277,067)	(3,214,168)
Used for operations	(1,479,377)	(1,186,062)
Contributions	3,644,560	2,715,413
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	1,344,767	283,809
Decrease in temporarily restricted net assets	(767,117)	(1,401,008)
Permanently restricted net assets:		
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	52,802	16,363
Increase in permanently restricted net assets	52,802	16,363
Increase in net assets	150,826,737	49,491,651
Net assets, beginning of year	467,682,704	418,191,053
Net assets, end of year	$ 618,509,441	467,682,704

See accompanying notes to consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Cash Flows

Years ended September 30, 2013 and 2012

	2013	2012
Cash flows from operating activities:		
Increase in net assets	$ 150,826,737	49,491,651
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	42,700,335	43,508,694
Amortization of debt issue costs	2,204,432	206,851
Restricted contributions	(2,392,325)	(1,148,818)
Unrealized gains, net	(22,233,096)	(23,051,906)
Realized gains	(10,279,743)	(3,915,528)
Provision for bad debts	77,459,331	48,661,315
Pension-related changes other than net periodic pension cost	(78,600,330)	529,766
Changes in operating assets and liabilities:		
Patient accounts receivable	(80,444,021)	(61,114,611)
Inventories	447,530	(1,398,372)
Prepaid expenses and other current assets	7,291,013	14,699,364
Accounts payable	5,257,474	5,494,289
Accrued expenses	(1,837,916)	2,959,527
Estimated third-party payor settlements	14,399,425	9,805,439
Other liabilities	12,443,797	1,225,742
Net cash provided by operating activities	117,242,643	85,953,403
Cash flows from investing activities:		
Purchases of property and equipment	(34,684,741)	(49,433,448)
Increase in assets limited as to use	(107,112,664)	(51,536)
Decrease in short-term investments, net	103,730	24,975,767
Net cash used in investing activities	(141,693,675)	(24,509,217)
Cash flows from financing activities:		
Proceeds from restricted contributions	2,392,326	1,148,818
Proceeds from issuance of long-term debt	216,412,697	5,875,741
Payments on long-term debt and capital leases	(188,048,006)	(7,426,799)
Payments of debt issue costs	(2,129,701)	(15,000)
Net cash provided by (used in) financing activities	28,627,316	(417,240)
Increase in cash and cash equivalents	4,176,284	61,026,946
Cash and cash equivalents at beginning of year	89,851,287	28,824,341
Cash and cash equivalents at end of year	$ 94,027,571	89,851,287
Supplemental cash flow information:		
Cash paid for interest	$ 19,813,027	19,272,898
Accounts payable for property and equipment purchases	3,807,748	6,653,887

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 healthcare 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 Captive, 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 transactions 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.

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 2013 and 2012, net assets of approximately $1,885,000 and $2,066,000, respectively, were released from restriction, relating to the annual depreciation expense associated with the leased assets.

In 2010, the Hospital created Tampa General Medical Group (TGMG), a division of Tampa General Hospital. TGMG includes physicians that were once part of the Lifelink Transplant Institute. TGMG has grown to include physicians specializing in family practice, cardiology, endocrinology, hepatology (liver disease), internal medicine, nephrology (kidney disease), organ transplantation and surgery. The over 40 physicians that compose TGMG are spread across several locations in the Tampa area.

(b) Mission Statement

Tampa General Hospital is committed to serving all residents of West Central Florida. The Hospital provides comprehensive health services, ranging from wellness and primary care to the most complex specialty care and post-acute services. The Hospital's care reflects a patient-centered approach, and the Hospital's services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care processes, cost-effectiveness, and patient experience. With

the Hospital's unique blend of academic and other healthcare partners, the Hospital plays a special role in supporting medical education and research in its region.

(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 for capital improvements and employee health benefits, over which the Center 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.

(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 improvements 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 expense 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 $3,339,000 and $3,414,000 as of September 30, 2013 and 2012, respectively. The amount as of September 30, 2012 includes cost capitalized in connection with the issuance of the Series 2003A, 2003B and 2006 bonds. The amount as of September 30, 2013 includes cost capitalized in connection with the issuance of the Series 2006, 2012A and a 2013 bank loan. Debt issuance costs incurred as part of the Series 2003A and 2003B bonds were amortized over the term of the related debt using the straight-line method, which approximates the effective interest method. Debt issuance costs incurred as part of the issuance of the Series 2006 and 2012A bonds, and 2013 bank loan are amortized using the effective interest method. Amortization is included as a component of interest expense. The debt issuance costs are net of accumulated amortization of approximately $991,000 and $1,659,000 as of September 30, 2013 and 2012, 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. Bond premiums of approximately $15,836,000 and $4,719,000 are included with related debt in the consolidated balance sheet as of September 30, 2013 and 2012, 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. There were no impairment losses recorded during the years ended September 30, 2013 and 2012. 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 whether an impairment loss exists. The impairment loss, if any, would be determined by comparing the historical carrying value of the asset to its estimated fair value.

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.

In July 2011, the State of Florida adopted the Florida Uniform Prudent Management of Institutional Funds Act ("FUPMIFA"). The Foundation complies with the provisions of FUPMIFA.

(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 consolidated financial statements.

For receivables associated with services provided to patients who have third-party coverage, the Center analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Center records a significant provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Center's allowance for doubtful accounts for private self-pay patients decreased from 87% of self-pay accounts receivable as of September 30, 2012 to 82% of self-pay accounts receivable as of September 30, 2013. In addition, the Center's private self-pay write-offs increased $15,141,000 from $20,610,000 for the year ended September 30, 2012 to $35,751,000 for the year ended September 30, 2013. This change was the result of increases in unfunded care during the year ended September 30, 2013. This increase represents patients who did not meet charity criteria. The Center has not changed its charity care or uninsured discount policies during the years ended September 30, 2012 or 2013. The Center does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

(n) Net Patient Service Revenue

Net patient service 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.

The Center recognizes patient service revenue associated with services provided to patients who have third-party (managed care, Medicare, Medicaid, other) payor coverage on the basis of contractual rates for the services rendered. For under insured and uninsured patients who do not qualify for charity care, the Center recognizes revenue on the basis of individualized arrangements based on financial need and medical necessity. These arrangements shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. On the basis of historical experience, a significant portion of the Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized for the years ended September 30, 2013 and 2012 from these major payor sources, are as follows:

	2013	2012
Managed care	$ 410,911,823	348,141,584
Medicare	352,378,575	333,342,116
Medicaid	179,904,997	206,613,796
Other	83,943,768	70,741,813
Self-pay	5,210,208	11,478,250
	$ 1,032,349,371	970,317,559

(o) Electronic Health Record Incentive Program

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health records (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, upgrade and meaningfully use certified EHR technology. The Center utilizes a grant accounting model to recognize EHR incentive revenues. The Center records EHR incentive revenue ratably throughout the incentive reporting period when it is reasonably assured that it will meet the meaningful use objectives for the required reporting period and that the grants will be received. The EHR reporting period for eligible professionals and hospitals is based on the federal fiscal year, which coincides with the Center's fiscal year of October 1 through September 30. The Center believes that it and its eligible professionals that met meaningful use objectives for the fiscal year ending September 30, 2012 will continue to meet those objectives for the fiscal year ending September 30, 2013. EHR incentive revenues were approximately $4,600,000 and $5,489,000 for the fiscal years ended September 30, 2013 and 2012,

and are included in other revenues in the accompanying consolidated statements of operations and changes in unrestricted net assets.

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

Activities deemed by the Center to be a provision of healthcare services are reported as unrestricted revenues, gains and other support, and expenses. Other activities that are peripheral to providing healthcare services are reported as nonoperating gains and losses.

The consolidated statements of operations and changes in unrestricted 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.

(q) 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. 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.

(r) 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.

(s) 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 positions and provides guidance when tax positions are recognized in an entity's financial statements 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, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the consolidated 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 2008.

(t) Use of Estimates

The preparation of consolidated 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 consolidated financial statements and the accompanying notes. Actual results could differ from those estimates.

(2) Net Patient Service 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 37% and 35%, respectively, of the Center's net patient services revenue for both the years ended September 30, 2013 and 2012. 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 $12,572,000 and $14,268,000 for the years ended September 30, 2013 and 2012, 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, 2013 and 2012:

		2013	2012
Traditional charity care	$	52,013,000	38,029,000
Unreimbursed Medicaid and Medicaid HMO		27,075,000	21,626,000
Unreimbursed Hillsborough County Health Plan		19,750,000	18,374,000
	$	98,838,000	78,029,000
As a percentage of operating expenses		10%	8%

(4) Concentration of Credit Risk of Net Accounts Receivable

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:

	2013	2012
Managed care	48%	48%
Medicare	22	21
Medicaid	10	9
Other	20	22
	100%	100%

(Continued)

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

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

Assets limited as to use as of September 30, 2013 and 2012, at fair value, are as follows:

	2013	2012
Internally designated for capital improvements and employee health benefits:		
Cash and cash equivalents	$ 40,545,336	30,104,603
Equities securities:		
Domestic stocks	223,698,122	148,991,850
Global stocks	36,562,466	30,867,860
Fixed income securities:		
Government obligations	43,786,466	36,444,176
Corporate bonds	167,230,730	144,826,049
Beneficial interest in Tampa General Hospital Foundation	6,548,026	5,150,456
Total internally designated for capital improvements and employee health benefits	518,371,146	396,384,994
Held by trustee under malpractice self-insurance arrangement:		
Cash and cash equivalents	14,343,288	11,237,166
Corporate bonds	—	411,808
Government obligations	—	21,369,976
Municipal bonds	43,986,765	27,272,066
Mutual funds	22,236,993	18,533,432
Total held by trustee under malpractice self-insurance arrangement	80,567,046	78,824,448
Held by trustee under bond indentures:		
Cash and cash equivalents	49,393,829	19,359,056
Government obligations	—	14,138,020
Total held by trustee under bond indentures	49,393,829	33,497,076
Assets limited to use	648,332,021	508,706,518
Amount required to meet current obligations	(9,380,161)	(9,034,450)
Assets limited to use, less current portion	$ 638,951,860	499,672,068

(Continued)

Short-term investments, stated at fair value, consist of the following as of September 30, 2013 and 2012:

		2013	2012
Cash and cash equivalents	$	3,041,666	3,130,658
Government bonds		5,006,770	5,021,508
	$	8,048,436	8,152,166

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, 2013 and 2012:

		2013	2012
Other revenue:			
Interest income	$	3,222,027	3,180,302
Net realized gains on sale of investments, net		172,953	160,065
Unrealized gains on trading investments, net		1,433,425	2,562,488
Total		4,828,405	5,902,855
Nonoperating gains:			
Interest income and dividends		12,060,024	12,604,750
Net realized gains on sale of investments, net		10,106,790	3,755,463
Unrealized gains on trading investments, net		20,799,671	20,489,418
Total		42,966,485	36,849,631
Total investment return	$	47,794,890	42,752,486

(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.

(Continued)

Following is a description of the valuation methodologies used for significant assets measured at fair value at September 30, 2013:

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.

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 tables summarize the fair values of the Center's significant financial assets and liabilities as of September 30, 2013 and 2012:

		September 30, 2013	Fair value measurement at reporting date	
			Level 1	Level 2
Cash and cash equivalents	$	94,027,571	94,027,571	—
Short-term investments:				
Cash and cash equivalents		3,041,666	3,041,666	—
Government bonds		5,006,770	5,006,770	—
Assets limited to use:				
Cash and cash equivalents		104,282,453	104,282,453	—
Equity income securities:				
Domestic stocks		223,698,122	223,698,122	—
Global stocks		36,562,466	36,562,466	—
Mutual funds		22,236,993	22,236,993	—
Fixed income securities:				
Government obligations		43,786,466	43,786,466	—
Corporate bonds		167,230,730	—	167,230,730
Municipal bonds		43,986,765	—	43,986,765
Beneficial interest in Tampa General Hospital Foundation		6,548,026	—	6,548,026
		648,332,021	430,566,500	217,765,521
Total	$	750,408,028	532,642,507	217,765,521

(Continued)

		September 30, 2012	Fair value measurement at reporting date	
			Level 1	Level 2
Cash and cash equivalents	$	89,851,287	89,851,287	—
Short-term investments:				
Cash and cash equivalents		3,130,658	3,130,658	—
Government bonds		5,021,508	5,021,508	—
Assets limited to use:				
Cash and cash equivalents		60,700,825	60,700,825	—
Equity income securities:				
Domestic stocks		148,991,850	148,991,850	—
Global stocks		30,867,860	30,867,860	—
Mutual funds		18,533,432	18,533,462	—
Fixed income securities:				
Government obligations		71,952,172	71,952,172	—
Corporate bonds		145,237,857	—	145,237,857
Municipal bonds		27,272,066	—	27,272,066
Beneficial interest in Tampa General Hospital Foundation		5,150,456	—	5,150,456
		508,706,518	331,046,169	177,660,379
Total	$	606,709,971	429,049,622	177,660,379

There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2013 and 2012. There were no investments classified as Level 3 during the years ended September 30, 2013 and 2012.

(Continued)

(7) Long-Term Debt

Long-term debt consists of the following:

	2013	2012
Series 2003A and B Bonds, net of unamortized discount of $981,668 at September 30, 2012, maturing in various amounts through October 1, 2034, with stated rates of 2.5% to 5.45%	$ —	180,533,332
Series 2006 Bonds, net of unamortized premium of $3,442,560 and $3,737,394 as of September 30, 2013 and 2012, respectively, maturing in various amounts through October 1, 2041, with stated rates of 4% to 5.25%	182,852,560	184,187,395
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	—	3,733,858
Series 2012A Bonds, net of unamortized premium of $12,392,542 as of September 30, 2013, maturing in various amounts through October 1, 2043, with stated rates of 3% to 5%	178,882,542	—
2013 bank loan, maturing in various amounts through October 1, 2024 at a stated interest rate of 2.57%	37,020,000	—
Note payable, due in monthly installments through 2015 at a stated rate of interest of 3.25%, collateralized by software	$ 2,235,310	4,085,061
Total long-term debt	400,990,412	372,539,646
Less current installments	(4,158,459)	(7,627,279)
Long-term debt, excluding current installments	$ 396,831,953	364,912,367

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 healthcare facilities. As of September 30, 2013, the Series A and Series B 2003 Bonds have been fully redeemed through the Series 2012A and 2013 bank loan issues.

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 healthcare 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, 2013.

On February 28, 2013, the Hillsborough County Industrial Authority (Florida) issued $166,490,000 aggregate principle amounts of tax-exempt Hospital Revenue Refunding Bonds (2012A Bonds). A portion of the proceeds of the 2012A Bonds was used to purchase and redeem all of the Hospital's outstanding 2003B Bonds and a portion of the Hospital's outstanding Series 2003A Bonds. The remaining proceeds of the 2012A Bonds will be utilized for the expansion, improvement and further equipping of the healthcare facilities. The 2012A 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, 2013.

On September 19, 2013, the Hillsborough County Industrial Development Authority (Florida), Florida Health Sciences Center, Inc. and PNC Bank N.A. entered into a Loan Agreement (2013 bank loan) in the amount of $37,020,000 to provide the refunding of the remaining outstanding principal of the Series 2003A Bonds. The 2013 bank loan contain various covenants, including, but not limited to, the maintenance of a minimum debt service coverage ratio. Management believes the Center is in compliance with such covenants at September 30, 2013.

A loss on early extinguishment of debt of approximately $6,792,000 was recorded during 2013 related to the redemption of the 2003A bonds. This amount is included in other nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in unrestricted net assets.

The 2006 and 2012A 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 2006 Bonds range from 4.0% to 5.25%, with an effective rate of 5.01% at September 30, 2013, 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. Stated interest rates on the 2012A Bonds range from 3.0% to 5.0% with an effective rate of 4.09% at September 30, 2013, and maturities through October 1, 2043. Except for $21,180,000 of serial bonds maturing prior to October 1, 2028, the 2012A Bonds are subject to mandatory redemption by the Center beginning October 1, 2028 at par plus accrued interest. Stated interest rates on the 2013 bank loan are set at 2.57% with an effective rate of 2.43% at September 30, 2013, and maturities to October 1, 2024.

Scheduled maturities of long-term debt as of September 30, 2013 are as follows:

Year ending September 30:		
2014	$	3,035,124
2015		6,170,186
2016		9,544,000
2017		6,109,000
2018		6,297,000
Thereafter		354,000,000
Long-term debt, excluding unamortized premiums (discounts)		385,155,310
Unamortized premium		15,835,102
Long-term debt, including unamortized premiums (discounts)	$	400,990,412

(Continued)

(8) Property and Equipment

Property and equipment consist of the following as of September 30, 2013 and 2012:

	2013	2012
Land	$ 46,639,634	46,639,634
Land improvements, buildings, and fixed equipment	442,493,449	428,724,284
Major moveable equipment	271,977,635	261,610,391
Other equipment	7,777,729	7,954,791
Total property and equipment	768,888,447	744,929,100
Accumulated depreciation and amortization	(346,295,972)	(304,483,043)
Total property and equipment less depreciation and amortization	422,592,475	440,446,057
Construction in progress	26,427,743	18,831,789
Property and equipment, net	$ 449,020,218	459,277,846

As of September 30, 2013, the estimated cost to complete construction in progress is approximately $19,635,000.

Interest expense, net of interest income of approximately $555,000 and $167,000, was capitalized during the years ended September 30, 2013 and 2012, respectively.

(9) Lease Obligations

The Center leases certain medical and other support equipment under operating leases. Rent expense under noncancelable operating leases was approximately $7,909,000 and $9,007,000 for the years ended September 30, 2013 and 2012, respectively. The Center does not have any capital leases outstanding as of September 30, 2013. Future minimum lease payments as of September 30, 2013 are as follows:

	Operating leases
Year ending September 30:	
2014	$ 6,857,520
2015	6,111,130
2016	3,677,780
2017	1,679,199
2018	653,279
Total leases	$ 18,978,908

(Continued)

(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.

The actuarially computed net periodic pension cost for the Center's Plan for the years ended September 30, 2013 and 2012 included the following components:

		2013	2012
Service cost – benefits earned during the period	$	30,488,947	23,612,165
Interest cost on projected benefit obligation		9,277,995	9,864,101
Expected return on plan assets		(16,508,817)	(12,983,360)
Net amortization and deferral of unrecognized losses		4,381,100	4,988,603
Net periodic pension cost	$	27,639,225	25,481,509

(Continued)

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, 2013 and 2012 (using a measurement date of September 30):

	2013	2012
Change in projected benefit obligation:		
Benefit obligation at beginning of year	$ 275,804,834	233,571,110
Service cost	30,488,947	23,612,165
Interest cost	9,277,995	9,864,101
Amendments	(20,730,948)	—
Actuarial (gain) loss	(32,428,155)	18,187,468
Benefits paid	(12,000,967)	(9,430,010)
Projected benefit obligation at end of year	250,411,706	275,804,834
Change in plan assets:		
Fair value of plan assets at beginning of year	206,608,056	161,669,419
Actual return on plan assets	32,345,331	28,216,161
Employer contributions	21,061,662	26,152,486
Benefits paid	(12,000,967)	(9,430,010)
Fair value of plan assets	248,014,082	206,608,056
Funded status and accrued benefit costs	$ (2,397,624)	(69,196,778)

The funded status and accrued benefit costs decreased significantly from September 30, 2012 to September 30, 2013 due to a reduction of $25,400,000 in the projected benefit obligation and an increase of $41,406,000 in plan assets. The reduction in the projected benefit obligation is due to a pension plan amendment that will become effective on January 1, 2014 and an increase in the rate used to discount future benefit payments. The discount rate increased from 3.44% as of September 30, 2012 to 4.29% as of September 30, 2013.

The accumulated benefit obligation for the Plan was approximately $248,701,000 and $250,433,000 as of September 30, 2013 and 2012, respectively.

Weighted average assumptions used to determine projected benefit obligations as of September 30, 2013 and 2012 were as follows:

	2013	2012
Discount rate	4.29%	3.44%
Projected 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, 2013 and 2012 are as follows:

	2013	2012
Discount rate	3.44%	4.33%
Projected rate of increase in compensation levels	3.00	6.00
Expected long-term rate of return on plan assets	7.75	7.75

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 that have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2013. 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 as of September 30, 2013	$ (19,880,191)	17,074,746	(2,805,445)
Amounts in net assets to be recognized during the next fiscal year	(17,909,904)	17,074,746	(835,158)

Plan Assets

The weighted average asset allocation of the Center's pension benefits as of September 30, 2013 and 2012 was as follows:

	Pension benefits plan assets at September 30	
Asset category	2013	2012
Cash and cash equivalents	7%	7%
Equity securities:		
Domestic stocks	59	60
Global stocks	14	13
Fixed income securities:		
U.S. Treasury obligations	4	1
Government agencies	1	1
Corporate bonds	15	18
Total	100%	100%

(Continued)

	September 30, 2013	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	$ 17,832,507	17,832,507	—
Equity securities:			
Domestic stocks	147,097,883	147,097,883	—
Global stocks	35,940,707	35,940,707	—
Fixed income securities:			
Treasury obligations	8,968,477	8,968,477	—
Government obligations	1,807,061	1,807,061	—
Corporate bonds	36,367,447	—	36,367,447
Total	$ 248,014,082	211,646,635	36,367,447

	September 30, 2012	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	$ 14,488,375	14,488,375	—
Equity securities:			
Domestic stocks	122,861,253	122,861,253	—
Global stocks	27,476,205	27,476,205	—
Fixed income securities:			
Treasury obligations	2,949,324	2,949,324	—
Government obligations	2,068,414	2,068,414	—
Corporate bonds	36,764,485	—	36,764,485
Total	$ 206,608,056	169,843,571	36,764,485

There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2013 and 2012. There were no investments classified as Level 3 during the years ended September 30, 2013 and 2012.

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.

(Continued)

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 does not expect to make any contributions to the Plan in fiscal 2014.

The benefits expected to be paid in each year from 2014 through 2018 are approximately $14,247,000; $14,792,000; $14,930,000; $15,324,000; and $16,192,000, respectively. The aggregate benefits expected to be paid from 2019 through 2023 are approximately $101,036,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations as of September 30, 2013 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, 2013 and 2012 included the following components (using a measurement date of September 30):

		2013	2012
Service cost – benefits earned during the period	$	1,542,861	1,914,252
Interest cost on projected benefit obligation		488,595	695,128
Net amortization and deferral of unrecognized losses		807,739	577,958
Net periodic pension cost	$	2,839,195	3,187,338

(Continued)

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, 2013 and 2012:

		2013	2012
Change in projected benefit obligation:			
Benefit obligation at beginning of year	$	21,665,520	17,935,700
Service cost		1,542,861	1,914,252
Interest cost		488,595	695,128
Amendments		716,518	—
Actuarial gain (loss)		(949,211)	3,174,740
Settlements		(7,338,621)	—
Benefits paid		(1,131,785)	(2,054,300)
Projected benefit obligation at end of year		14,993,877	21,665,520
Fair value of plan assets at end of year		—	—
Funded status and accrued benefit costs	$	(14,993,877)	(21,665,520)

The accumulated benefit obligation for the SERP was approximately $11,920,000 and $17,190,000 as of September 30, 2013 and 2012, respectively.

Weighted average assumptions used to determine projected benefit obligations at September 30, 2013 and 2012 were as follows:

	2013	2012
Discount rate	3.46%	2.54%
Projected rate of compensation increase	3.00% – 8.00%	3.00% – 8.00%

The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2013 and 2012 are as follows:

	2013	2012
Discount rate	2.54% – 2.77%	3.60%
Projected rate of increase in compensation levels	3.00% – 8.00%	3.00% – 8.00%

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, 2013. 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

(Continued)

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 as of September 30, 2013	$ 75,920	731,819	807,739
Amounts in net assets to be recognized during the next fiscal year	75,920	436,425	512,345

Cash Flows

The Center does not expect to make any contributions to the SERP in fiscal 2014.

The benefits expected to be paid in each year from 2014 through 2018 are approximately $1,606,000; $1,466,000; $1,359,000; $485,000; and $1,427,000, respectively. The aggregate benefits expected to be paid in the five years from 2019 through 2023 are approximately $10,963,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30, 2013 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. Based on current information, management believes at this time that the results of the litigation and inquiries are not likely to have a material adverse effect on the consolidated financial position and results of the Center.

(b) Professional Liability

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, 2013. 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 $1,000,000 to $5,000,000. 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 $80,000,000 per claim and in the aggregate.

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 $82,777,000 and $80,619,000 as of September 30, 2013 and 2012, respectively, and are included in accrued expenses and other liabilities on the accompanying consolidated balance sheets. The Center records the professional liability based on the actuarially determined expected level. Given the maturity of the plan, the Center believes the expected level is a better estimate of the ultimate outcome than other confidence levels. The expected level is a commonly followed industry practice.

(c) 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 that 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 approximately $23,637,000 and $26,121,000 during the years ended September 30, 2013 and 2012, respectively, and are reported as disproportionate share distributions in the accompanying consolidated statements of operations and changes in unrestricted net assets. Since July 1, 2001, the Hospital receives trauma funding of approximately $3,500,000 per year from Hillsborough County 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, 2014. These payments are subject to certain limits (network caps) for each network per contract, including amounts the Hospital must reimburse physicians. For the year ended September 30, 2013 and 2012, approximately $20,913,000 and $20,600,000, respectively, were included in net patient services revenue and/or trauma funding from Hillsborough County 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, 2013 and 2012, 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 $6,548,000 and $5,150,000 as of September 30, 2013 and 2012, 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 healthcare 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, 2013 and 2012, the Center paid the University approximately $39,468,000 and $41,643,000, 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 expenses in the accompanying consolidated statements of operations and changes in unrestricted net assets.

On September 24, 2013, Tampa General Hospital and Florida Hospital's Tampa Bay Network, agreed to jointly develop new clinical programs and services throughout the Greater Tampa Bay Area. The new agreement will provide residents of Tampa greater access to a variety of community-based healthcare services and broaden the geographic footprint of these two premier healthcare providers. Under the agreement, a new operating board made up of officials from both organizations will be created to determine the potential new services and how best to deliver that care to the community.

(14) Subsequent Events

The Center has evaluated events and transactions occurring subsequent to September 30, 2013 as of December 19, 2013, which is the date the consolidated financial statements were available to be issued, and has determined that no additional disclosures or adjustments are required.

Tampa General Hospital

Community Health Needs Assessment

Fiscal Year 2013

September 9, 2013

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Table of Contents

Introduction

Tampa General Hospital at a Glance

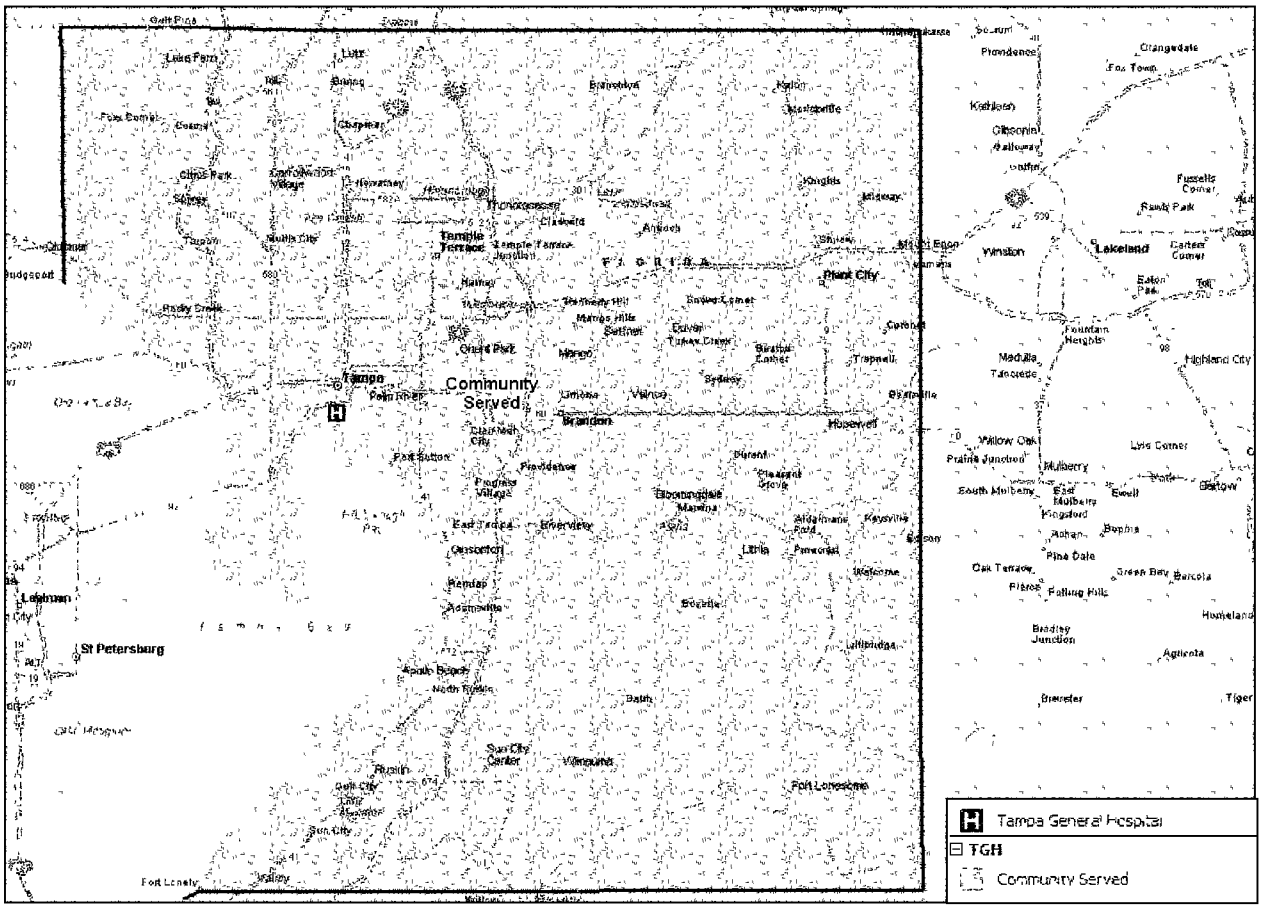
Tampa General Hospital (TGH) is located in Tampa, Florida which is within the limits of Hillsborough County in West Central Florida. One of the largest hospitals in Florida with 1,018 licensed beds, TGH employs 6,600 individuals and is one of the region's largest employers.

Through its longstanding relationship with University of South Florida Health's Morsani College of Medicine, TGH houses over 300 residents as the primary teaching affiliate for the program, providing experience in specialty training areas including internal medicine and neurosurgery.

Tampa General Hospital is the area's only Level I Trauma Center and is one of just four burn centers in Florida. In the 2012-2013 U.S. News and World Report's Best Hospital rankings, TGH was listed among the nation's top 50 hospitals in nine medical specialties.

Community Overview

For the purpose of this report, Tampa General Hospital defined its service area as Hillsborough County. The map below represents the community served by TGH.



Source TGH, Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

On September 20, 2012, Tampa General Hospital contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about the Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA is available to the public [place applicable information here i.e. on the web, translations]. Based on the findings of the CHNA, an implementation strategy for Tampa General Hospital that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs.

- A description of information gaps that impacted TGH's ability to assess the health needs of the community served;
- The identification of all organizations with which TGH collaborated, if applicable, including their qualifications;
- A description of how TGH took into account input from persons who represented the broad interests of the community served by TGH, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by TGH; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

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

The sources used for TGH's CHNA are provided in the Reference List and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews Hillsborough County public health officials, county commissioners, physicians and other community health leaders and focus groups with medically underserved community members.

Health Profile

Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by Tampa General Hospital. Commonly used data sources include Claritas, ONE BAY Healthy Communities, Florida Community Health Assessment Resource Tool Set (CHARTS) and the Florida Vital Statistics Annual Report. Hillsborough County is the community for TGH's CHNA.

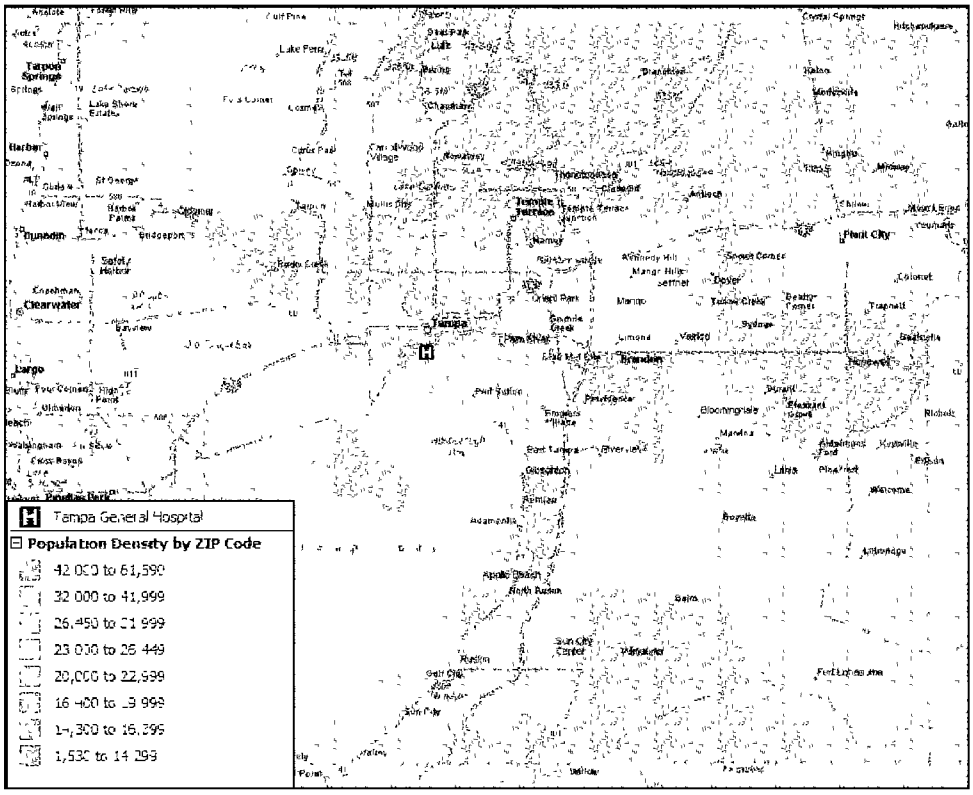
Demographic and health indicators for Hillsborough County are compared to Florida or the Healthy People 2020 (HP 2020) Goals. The HP 2020 Goals are science-based, ten-year national objectives for improving the health of all Americans. Additionally, quartile ratings from the Healthy Tampa Bay Community Dashboard, a data assessment tool published by ONE BAY Healthy Communities, were available for select indicators. Quartiles are created by splitting percentile data into quarters. For example, if an indicator is between the 25th and 50th percentiles, the indicator is more favorable than 25% of the other indicators but less favorable than the top 50%. Green, yellow and red icons indicate the top 50th percentile, the 25th to 50th percentiles and the lowest percentile, respectively, in comparison to other reporting regions (i.e. Florida counties).

	Top 50th Percentile
	25th to 50th Percentiles
	Bottom 25th Percentile

Demographics

Population in Hillsborough County

Figure 1 – Population Density by ZIP Code, 2012



Sources Claritas 2012, Microsoft MapPoint 2013

Population Change by Age and Gender

Slight population growth is expected for individuals aged 18-44 (3.2%). Moderate population growth is expected for individuals aged 0-17 (5.8%) and 45-64 (9.2%). The population of individuals aged 65 and older is expected to grow substantially (21.2%).

Table 1 – Population Change by Age and Gender, 2012-17

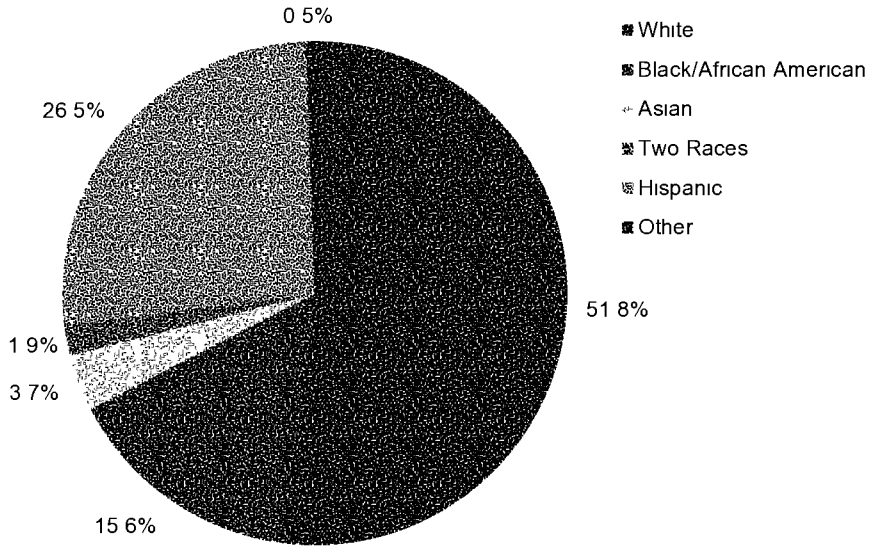
	2012			2017			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	158,935	151,104	310,039	168,145	159,836	327,981	5 8%	5 8%	5 8%
Age 18 through 44	244,849	252,447	497,296	254,012	259,405	513,417	3 7%	2 8%	3 2%
Age 45 through 64	165,253	175,755	341,008	180,798	191,604	372,402	9 4%	9 0%	9 2%
Age 65 and older	71,884	94,472	166,356	87,249	114,425	201,674	21 4%	21 1%	21 2%
Total	640,921	673,778	1,314,699	690,204	725,270	1,415 474	7.7%	7.6%	7.7%

Source Claritas 2012

Population by Race and Ethnicity

The most common race/ethnicity in the service area is white (51.8%), followed by Hispanic (26.5%), black/African American (15.6%), Asian (3.7%), individuals of two races (1.9%) and other (0.5%).

Figure 2 – Race Composition, 2012



Source Claritas 2012

Population Change by Race and Ethnicity

Minority and other race populations are expected to grow faster than the white population. Substantial growth is expected for the Asian (20.6%), Hispanic (17.5%), individuals of two races (15.0%) and black/African American (10.7%) populations. The population of other race individuals is expected to grow moderately (5.3%), while marginal growth is expected for the white population (0.5%).

Table 2 – Population Change by Race and Ethnicity, 2012-17

Race & Ethnicity	Population 2012	Population 2017	Percent Change
White	680,695	684,316	0 5%
Black/African American	205,441	227,486	10 7%
Asian	47,998	57,877	20 6%
Two Races	25,450	29,266	15 0%
Hispanic	348,067	409,107	17 5%
Other	7,048	7,422	5 3%

Source Claritas 2012

Population Change in Select Age Groups

Moderate population growth over the next five years is expected for children 0-17 years old (5.8%). The population of women at childbearing age is expected to grow slightly (2.8%). By 2017, substantial population growth is expected for individuals 65 years and older (21.2%).

Table 3 – Population Change for Special Populations, 2012-17

Age Group	Population 2012	Population 2017	Percent Change
Children 0–17	310,039	327,981	5.8%
Women 15–44	278,295	285,983	2.8%
Individuals 65 and Older	166,356	201,674	21.2%

Source Claritas 2012

Socioeconomic

Socioeconomic Characteristics

According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, Hillsborough County's unemployment rate (10.5%) is equal to Florida's.

According to the U.S. Census 2010 American Community Survey (ACS), Hillsborough County has a slightly higher median household income ($47,677) than Florida ($46,077). Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2010, the poverty threshold for a family of four was $22,314. The ACS estimates indicate that 14.2% of Hillsborough County residents and 15.0% of Florida residents are living below poverty level. Children in Hillsborough County are slightly less likely to be living below poverty level (19.9%) compared to all children in Florida (21.3%).

Table 4 – Socioeconomic Indicators

	Hillsborough County	Florida
Unemployment Rate[1]	10 5%	10.5%
Median Household Income[2]	$47,677	$46,077
Individuals Below Poverty Level[2]	14 2%	15.0%
Children Below Poverty Level[2]	19 9%	21.3%

[1]Source Bureau of Labor Statistics, 2011 annual average

[2]Source Census - American Community Survey, 2008–2010 estimates

Education

Educational Attainment

The ACS publishes estimates of the highest level of education completed for residents 25 years and older. The ACS 2008-2010 estimates indicate that the percentages of individuals 25 years and older with less than a high school degree in Hillsborough County and in Florida are similar (14.2% and 14.5%, respectively). In Hillsborough County and Florida, approximately 85% of residents have either a high school degree or equivalent or a bachelor's degree.

Table 5 – Highest Level of Education Completed by Persons 25 Years and Older, 2008-10

	Hillsborough County	Florida
Less than a High School Degree	14 2%	14.6%
High School Degree	57 0%	59.7%
Bachelor's Degree	28 8%	25.7%

Source Census - American Community Survey, 2008–2010 estimates

Reading and Math Proficiency

Fourth and eighth grade math and reading proficiencies are all slightly lower in Hillsborough County compared to Florida and fall between the 25th and 50th percentiles (see Table 6).

Table 6 – Reading and Math Proficiency among 4th and 8th Graders, 2011

	Hillsborough County	Quartile Rating	Florida
4th Grade Math Proficiency	71%	[illegible]	74%
4th Grade Reading Proficiency	70%	[illegible]	71%
8th Grade Math Proficiency	65%	[illegible]	68%
8th Grade Reading Proficiency	52%	[illegible]	55%

Sources ONE BAY Healthy Communities, FL Dept of Education

Social Environment

Crime Rates

Domestic violence and homicide rates are slightly lower in Hillsborough County than in Florida, while the aggravated assault, forced sex offense and robbery rates are substantially lower in Hillsborough County compared to Florida (see Table 7).

Table 7 – Domestic Violence and Violent Crime Rates, 2011

	Hillsborough County	Florida
Domestic Violence	610 6	589.8
Homicide	5 2	6.3
Aggravated Assault	236 3	325.9
Forced Sex Offense	35 6	52.2
Robbery	96 0	135.3

Source Florida CHARTS

Rates are per 100,000 population

Built Environment

A community's built environment refers to structures influenced and created by humans. This includes infrastructure, buildings, parks, restaurants, grocery stores, recreational facilities and other structures that affect how people interact and the health status of the community. Business and shopping amenities such as farmers markets and fast food restaurant density are factors that contribute to the community's health.

According to the USDA Food Environment Atlas, there are nine recreational facilities per 100,000 residents in Hillsborough County. There are substantially more fast food restaurants (61.0 per 100,000 population) compared to farmers markets (1.0 per 100,000 population) and grocery stores (23.0 per 100,000 population). Farmers market and fast food restaurant densities rank between the 25th and 50th percentiles, while grocery store density is above the 50th percentile.

Table 8 – Select Built Environment Characteristics

	Hillsborough County	Quartile Rating
Recreational Facility Rate,[1] 2009	9 0	N/A
Farmers Market Density,[2] 2011	1 0	
Fast Food Restaurant Density,[2] 2009	61 0	
Grocery Store Density,[2] 2009	23 0	

[1]Source USDA Food Environment Atlas

[2]Source ONE BAY Healthy Communities

Rates are per 100,000 population

Environmental Health

Environmental Health Indicators

Ozone is a colorless gas present in the air we breathe. Even at low levels, ozone can cause adverse health effects such as shortness of breath, coughing, scratchy throat and lung damage.[1] The annual ozone air quality grade is based on the annual number of high ozone days. The scale is from 1-5, where 1 is the best and 5 is the worst. The reported values from 2008-2010 indicate Hillsborough County received the worst score (5).

Particle pollution, or particulate matter, refers to the mixture of solid particles and liquid droplets found in the air. Some of these particles come from direct sources such as construction sites, smokestacks, unpaved roads and fields, while others are produced through chemical reactions. These solid and liquid particles can cause health problems by getting deep into the lungs and bloodstream.[2] The annual particle pollution and daily particle pollution scales are the same as ozone air quality scale. Hillsborough County received the most favorable score (1) for annual particle pollution.

Table 9 – Ozone Air Quality and Particle Pollution, 2008-2010

	Hillsborough County	Quartile Rating
Annual Ozone Air Quality	5	
Annual Particle Pollution	1	

Source ONE BAY Healthy Communities

[1] U.S. Environmental Protection Agency. (2008). *Air Quality Guide*. Retrieved from website: http://www.epa.gov/airnow/aqguide.pdf

[2] U.S. Environmental Protection Agency. (2012). *Particulate Matter (PM): Basic Information*. Retrieved from website: http://www.epa.gov/pm/basic.html

Health Outcomes and Risk Factors

Mortality Indicators

In Hillsborough County, life expectancy is slightly lower (75.1 years) compared to Florida (79.8 years). According to Florida CHARTS, the age-adjusted death rate is higher in Hillsborough County (723.0 per 100,000 population) than in Florida (677.9 per 100,000 population).

Years of potential life lost (YPLL) measure the impact of mortality before age 75. Because these deaths occur before the natural time, societal contributions by individuals are lost. Therefore, this statistic is important for understanding the social and economic impacts of various causes of death. It does not, however, address cost, preventability or morbidity of specific causes of death.[3] In Hillsborough County, the YPLL rate is slightly lower (7,199.1 per 100,000 population) than in Florida (7,312.1 per 100,000 population).

Table 10 – Mortality Indicators

	Hillsborough County	Florida
Life Expectancy at Birth (years), 2009	75.1 [1]	79.8 [2]
Age-Adjusted Death Rate[3], 2011	723.0	677.9
YPLL Rate[3], 2009-2011	7,199.1	7,312.1

[1]Source: Institute for Health Metrics and Evaluation

[2]Source: Florida Vital Statistics Report

[3]Source: Florida CHARTS

Rates are per 100,000 population

[3] Gardner, J.W., & Sanborn, J.S. (1990). Years of Potential Life Lost (YPLL) – What Does it Measure? Journal of Epidemiology, 1, 322-329.

Leading Causes of Death

According to Florida CHARTS, heart disease is the leading cause of death in Hillsborough County, while it ranks second in Florida. Cancer is the leading cause of death in Florida, while it ranks second in Hillsborough The third, fourth and fifth leading causes of death in Hillsborough County and in Florida are unintentional injuries, chronic lower respiratory disease (CLRD) and stroke, respectively. Alzheimer's disease ranks sixth in Hillsborough County and seventh and Florida. In Hillsborough County, diabetes is the seventh leading cause of death, while it ranks sixth in Florida. Suicide and kidney disease are the eighth and ninth leading causes of death, respectively, in Hillsborough County and Florida. Pneumonia/influenza ranks 10th in Hillsborough County, while chronic liver disease and cirrhosis ranks 10th in Florida.

Table 11 – Leading Causes of Death, 2011

	Hillsborough County	Florida
Heart Disease	167 5	153.0
Cancer	161 5	159.9
Unintentional Injuries	49 0	40.2
CLRD	36 9	38.6
Stroke	31 4	31.5
Alzheimer's Disease	25 7	16.1
Diabetes	24 4	19.6
Suicide	12 6	13.5
Kidney Disease	10 6	11.6
Pneumonia/Influenza	9 5	9.2
Chronic Liver Disease and Cirrhosis	9 0	10.8

Source Florida CHARTS

Rates are per 100,000 population

Heart Disease

The following table includes various heart disease indicators. For three of the five indicators, the data for Hillsborough County are compared to the HP 2020 goals. All three Hillsborough County indicators are higher and less favorable than the HP 2020 goals.

Emergency room and hospitalization rates due to congestive heart failure (CHF) in Hillsborough County rank in the top 50th percentile with rates of 2.9 per 10,000 adults and 34.1 per 10,000 adults, respectively.

The coronary heart disease death rate in Hillsborough County (108.3 per 100,000 population) falls between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (100.8 per 100,000 population).

In Hillsborough County, the percentage of adults with high blood pressure (30.6%) is higher than the HP 2020 goal (26.9%), but ranks in the top 50th percentile. The percentage of adults in Hillsborough County with high cholesterol (38.9%) is substantially higher than the HP 2020 goal (13.5%) and ranks between the 25th and 50th percentiles.

Table 12 – Select Heart Disease Indicators

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Emergency Room Rate Due to CHF, 2009–2011*	2 9		N/A
Hospitalization Rate Due to CHF, 2009–2011*	34 1		N/A
Coronary Heart Disease Death Rate, 2010^	108 3		100.8
High Blood Pressure, 2010	30 6%		26.9%
High Cholesterol, 2010	38 9%		13.5%

Source ONE BAY Healthy Communities

*Rates are per 10,000 adults

^Rates are per 100,000 population

Cancer

Overall, cancer incidence and death rates are slightly higher in Hillsborough County than the Florida rates and HP 2020 goals. Incidence rates refer to the number of new cases that occurred during a specified time period. Most Hillsborough County rates fall between the 25th and 50th percentiles. With respect to cancer screenings, Hillsborough County received the most favorable ratings in two of three indicators.

According to Florida CHARTS, age-adjusted breast, prostate and cervical cancer incidence rates are similar to Florida's rates (see Table 13). The breast and prostate cancer incidence rates rank between the 25th and 50th percentiles and the cervical cancer incidence rate is above the 50th percentile.

Table 13 – Age-Adjusted Breast, Prostate and Cervical Cancer Incidence Rates, 2006-08

	Hillsborough County	Quartile Rating	Florida
Breast Cancer[1]	117 4		112.6
Prostate Cancer[2]	136 9		133.2
Cervical Cancer[1]	8 8		9.0

Source Florida CHARTS

[1]Rates are per 100,000 females

[2]Rates are per 100,000 males

Age-adjusted death rates due to breast, colorectal and lung cancer in Hillsborough County are slightly higher than the HP 2020 goals (see Table 14). Breast, colorectal and prostate cancer death rates rank between the 25th and 50th percentiles, while the lung cancer death rate ranks above the 50th percentile.

Table 14 –Age-Adjusted Death Rates Due to Breast, Colorectal, Lung and Prostate Cancer, 2008-10

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Breast Cancer[1]	23 7		20.6
Colorectal Cancer[2]	16 2		14.5
Lung Cancer[2]	49 9		45.5
Prostate Cancer[3]	20 1		21.2

Source ONE BAY Healthy Communities

[1]Rates are per 100,000 females

[2]Rates are per 100,000 population

[3]Rates are per 100,000 males

Colon cancer screening reflects the percentage of individuals aged 50 and older who have had a blood stool test within the past year. Pap test history refers to the percentage of women aged 18 and older who have had a Pap smear in the past year. Hillsborough County received ratings above the 50th percentile in colon cancer screening (18.2%) and Pap test history (56.6%). Mammogram history reflects the percentage of women aged 40 and older who have had a mammogram in the past year. In 2010, 57.1% of women aged 40 and older in Hillsborough County had a mammogram, which ranks between the 25th and 50th percentiles.

Table 15 – Cancer Screenings, 2010

	Hillsborough County	Quartile Rating
Colon Cancer Screening	18 2%	
Mammogram History	57 1%	
Pap Test History	56 6%	

Source ONE BAY Healthy Communities

Diabetes

The percentages of adults who reported being told by a doctor they have diabetes are similar in Hillsborough County and Florida. In Hillsborough County, 11.7% of adults were diagnosed with diabetes compared to 10.4% in Florida. This indicator ranks between the 25th and 50th percentiles.

Table 16 – Diagnosed Diabetes in Adults, 2010

	Hillsborough County	Quartile Rating	Florida
Adults with Diagnosed Diabetes	11 7%		10 4%

Sources ONE BAY Healthy Communities, Florida CHARTS

Adverse events and complications due to diabetes can result in emergency room visits and hospitalizations. These events may reflect the quality of primary care and indicate a lack of preventative behaviors or poor disease management. The majority of these rates fall between the 25th and 50th percentiles, representing a moderate health concern due to the controllable nature of diabetes.

Emergency room rates due to general diabetes (21.0 per 10,000 adults), long-term and short-term complications of diabetes (7.3 per 10,000 adults and 0.3 per 10,000 adults, respectively) and uncontrolled diabetes (2.4 per 10,000 adults) rank between the 25th and 50th percentiles in Hillsborough County.

Table 17 – Emergency Room Rates Due to Diabetes, 2009-11

	Hillsborough County	Quartile Rating
Diabetes	21 0	
Long-term Complications of Diabetes	7 3	
Short-term Complications of Diabetes	0 3	
Uncontrolled Diabetes	2 4	

Source ONE BAY Healthy Communities
Rates are per 10,000 adults

In Hillsborough County, hospitalization rates due to long-term and short-term complications of diabetes (13.8 per 10,000 adults and 6.6 per 10,000 adults, respectively) rank above the 50th percentile. Hospitalization rates due to total diabetes (24.4 per 10,000 adults) and uncontrolled diabetes (3.3 per 10,000 adults) fall between the 25th and 50th percentiles.

Table 18 – Hospitalization Rates Due to Diabetes, 2009-11

	Hillsborough County	Quartile Rating
Diabetes	24 4	
Long-term Complications of Diabetes	13 8	
Short-term Complications of Diabetes	6 6	
Uncontrolled Diabetes	3 3	

Source ONE BAY Healthy Communities
Rates are per 10,000 adults

Respiratory Diseases

Asthma is a condition involving inflammation and narrowing of the respiratory passages. Individuals suffering from asthma can manage the disease through long-term and short-term medication strategies. Chronic obstructive pulmonary disorder (COPD) refers to conditions resulting in the blockage of air passages and breathing problems. These conditions are caused by smoking, air pollutants, genetic factors and respiratory infections. Emergency room rates and hospitalizations reflect poor disease management and care.

The emergency rate due to COPD in Hillsborough County (12.8 per 10,000 adults) is above the 50th percentile. Emergency room rates for adult asthma (33.7 per 10,000 adults), total asthma (47.9 per 10,000 adults) and pediatric asthma (88.7 per 10,000 population under 18 years) are between the 25th and 50th percentiles.

Table 19 – Emergency Room Rates Due to Respiratory Diseases, 2009-11

	Hillsborough County	Quartile Rating
Adult Asthma[1]	33 7	
Asthma[2]	47 9	
Chronic Obstructive Pulmonary Disorder[1]	12 8	
Pediatric Asthma[3]	88 7	

Source ONE BAY Healthy Communities

[1]Rates are per 10,000 adults

[2]Rates are per 10,000 population

[3]Rates are per 10,000 population under 18 years

In Hillsborough County, the hospitalization rate due to COPD (33.4 per 10,000 adults) is above the 50th percentile. Hospitalization rates due to total asthma (15.5 per 10,000 adults) and pediatric asthma (17.8 per 10,000 population under 18 years) rank between the 25th and 50th percentiles. The hospitalization rate of adult asthma (14.7 per 10,000 adults) in Hillsborough County falls below the lowest percentile.

Table 20 – Hospitalization Rates Due to Respiratory Diseases, 2009-11

	Hillsborough County	Quartile Rating
Adult Asthma[1]	14 7	
Asthma[2]	15 5	
Chronic Obstructive Pulmonary Disorder[1]	33 4	
Pediatric Asthma[3]	17 8	

Source ONE BAY Healthy Communities

[1]Rates are per 10,000 adults

[2]Rates are per 10,000 population

[3]Rates are per 10,000 population under 18 years

Communicable Diseases

Tuberculosis (TB) is a bacterial infection primarily affecting the lungs. The bacteria are spread person to person through the cough or sneeze of an infected individual. The majority of exposed individuals are able to ward off infection, thus prolonged exposure is usually required for the disease to develop. Because TB is highly contagious and easily transmitted, it is critical that incidence rates remain low.

The tuberculosis incidence rate in Hillsborough County (7.2 per 100,000 population) is substantially higher than the HP 2020 goal (1.0 per 100,000 population) and received the worst quartile rating.

Table 21 – Tuberculosis Incidence Rates, 2010

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Tuberculosis Incidence Rate	7 2		1.0

Source ONE BAY Healthy Communities

Rates are per 100,000 population

Hepatitis is a condition caused by a viral or non-viral infection resulting in liver inflammation. Influenza is a highly contagious viral infection most prevalent in the winter. Symptoms of influenza include fever, headache, cough, congestion, body aches and sore throat. Bacterial pneumonia causes inflammation in the lungs and manifests through a variety of symptoms ranging from chest pain, fever, chills, coughing and shortness of breath. As the immune system fights influenza, the body becomes susceptible to pneumonia. Whether acting alone or together, influenza and pneumonia can be fatal, particularly in populations with compromised immune systems such as children and the elderly.

In Hillsborough County, emergency room rates due to bacterial pneumonia (12.7 per 10,000 adults), hepatitis (0.8 per 10,000 adults) and immunization-preventable pneumonia and influenza (9.4 per 10,000 adults) are all above the 50th percentile.

Table 22 – Emergency Room Rates for Select Communicable Diseases, 2009-11

	Hillsborough County	Quartile Rating
Bacterial Pneumonia	12 7	
Hepatitis	0 8	
Immunization-Preventable Pneumonia and Influenza	9 4	

Source ONE BAY Healthy Communities

Rates are per 10,000 adults

The hospitalization rate due to bacterial pneumonia in Hillsborough County (28.8 per 10,000 adults) is above the 50th percentile. The hospitalization rate due to hepatitis (2.8 per 10,000 adults) ranks between the 25th and 50th percentiles, while the hospitalization rate due to immunization-preventable pneumonia and influenza (1.9 per 10,000 adults) received the worst quartile rating.

Table 23 – Hospitalization Rates for Select Communicable Diseases, 2009-11

	Hillsborough County	Quartile Rating
Bacterial Pneumonia	28 8	
Hepatitis	2 8	
Immunization-Preventable Pneumonia and Influenza	1 9	

Source ONE BAY Healthy Communities

Rates are per 10,000 adults

In the table below, influenza and pneumonia vaccinations reflect the percentage of adults aged 65 and older who have received the vaccine in the year preceding the data collection. In Hillsborough County, 63.3% of adults aged 65 and older received an influenza vaccine, which ranks between the 25th and 50th percentiles. The percentage of adults aged 65 and older who received a pneumonia vaccine (68.6%) is above the 50th percentile. Despite the quartile ratings, the percentages of influenza and pneumonia vaccinations are substantially lower than the HP 2020 goals (90.0%).

In 2011, 89.7% of enrolled kindergartners in Hillsborough County had received the required immunizations, which ranks below the lowest percentile.

Table 24 – Vaccinations and Required Immunizations

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Influenza Vaccinations*	63 3%		90.0%
Pneumonia Vaccinations*	68 6%		90.0%
Kindergartners with Required Immunizations^	89 7%		N/A

Source ONE BAY Healthy Communities

*2010

^2011

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are spread person to person through direct sexual contact. These infections are very common and may or may not produce symptoms. Reported rates of common STIs are reported below.

In Hillsborough County, rates of reported AIDS (16.8 per 100,000 population) and HIV (28.1 per 100,000 population) are similar to Florida's rates (18.9 per 100,000 population and 29.5 per 100,000 population, respectively). Chlamydia and gonorrhea rates in Hillsborough County (566.5 per 100,000 population and 170.9 per 100,000 population, respectively) are substantially higher than in Florida (396.0 per 100,000 population and 107.6 per 100,000 population, respectively). The infectious syphilis rate in Hillsborough County (9.3 per 100,000 population) is slightly higher than in Florida (6.2 per 100,000 population).

Table 25 – Reported Sexually Transmitted Infections, 2009-11

	Hillsborough County	Florida
AIDS	16 8	18.9
HIV	28 1	29.5
Chlamydia	566 5	396.0
Gonorrhea	170 9	107.6
Infectious Syphilis	9 3	6.2

Source Florida CHARTS

Rates are per 100,000 population

Oral Health

Oral health involves the practice of keeping the mouth free of infection, pain and other adverse conditions. Poor oral health has been linked to some major chronic diseases such as heart disease and diabetes.[4] Thus, maintaining proper oral health and hygiene is a critical component to overall health.

The percentage of adults in Hillsborough County who did not visit a dentist due to cost (18.5%) is similar to Florida's (19.2%) and above the 50th percentile. Fluoridated water is available for 88.9% of the Hillsborough County population. This indicator is above the 50th percentile and the HP 2020 goal (79.6%). Adults in Hillsborough County are slightly less likely to have had their teeth cleaned in the past year (55.7%) compared to Florida (60.9%). Hillsborough County adults are as likely as all adults in Florida to visit the dentist (63.8% vs. 64.7%).

Table 26 – Oral Health Characteristics in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Did Not Visit a Dentist Due to Cost*	18 5%		19.2%	N/A
Had Their Teeth Cleaned in the Past Year^	55 7%	N/A	60.9%	N/A
Visited a Dentist in the Past Year^	63 8%	N/A	64.7%	N/A
Population with Fluoridated Water^	88 9%		N/A	79.6%

Sources ONE BAY Healthy Communities, Florida CHARTS

*2007

^2010

[4] American Dental Hygienists Association. (2012). *Oral Health-Total Health: Know the Connection*. Retrieved from website: http://www.adha.org/media/facts/total_health.htm

Health Behaviors

The percentage of adults in Hillsborough County who consume at least five servings of fruits and vegetables a day (26.1%) is similar to Florida's (26.2%) and above the 50th percentile.

In Hillsborough County, 19.7% of adults reported currently smoking. This indicator received the most favorable quartile rating but is substantially higher than the HP 2020 goal (12.0%).

Excessive drinking (heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion) was reported by 16.0% of Hillsborough County adults, which is between the 25th and 50th percentiles but substantially lower than the HP 2020 goal (25.3%).

Table 27 – Healthy Eating, Excessive Drinking and Smoking in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Fruit and Vegetable Consumption*	26 1%		26.2%	N/A
Excessive Drinking^	16 0%		N/A	25.3%
Smoking^	19 7%		N/A	12.0%

Sources Florida CHARTS, ONE BAY Healthy Communities

*2007

^2010

Alcohol Abuse

Emergency room and hospitalization rates in Hillsborough County (19.9 per 10,000 adults and 8.7 per 10,000 adults, respectively) fall between the 25th and 50th percentile.

Table 28 – Alcohol Abuse Rates, 2009-11

	Hillsborough County	Quartile Rating
Emergency Room Rate	19 9	
Hospitalization Rate	8 7	

Source ONE BAY Healthy Communities

Rates are per 10,000 adults

Unhealthy behaviors in the teen population are problematic because they are likely to carry over into adulthood. The longer the duration of an unhealthy behavior such as alcohol, substance or tobacco use, the higher the likelihood of developing an adverse health condition.

Of the selected unhealthy behaviors in Hillsborough County teens, methamphetamine use (1.0%) received the most favorable quartile rating. Methamphetamine use, reflective of Hillsborough County high school students who have ever used methamphetamines in their lifetime, is similar in all Florida teens (1.3%).

The percentage of Hillsborough County teens who smoked cigarettes at least once during the 30 days preceding the survey (12.9%) received the most favorable quartile rating and is lower than the HP 2020 goal (16.0%).

Binge drinking is defined as five or more drinks of alcohol in a row at least one time during the 30 days prior to the survey. In Hillsborough County, teen binge drinking (22.4%) is slightly higher than in Florida (19.6%) and ranks between the 25th and 50th percentiles.

Alcohol use reflects the percentage of high school students who had at least one drink of alcohol on at least one day during the 30 days preceding the survey. The percentage of teens that used alcohol in Hillsborough County (41.2%) is slightly higher than in Florida (38.0%) and falls between the 25th and 50th percentiles.

Marijuana use is defined as use on one or more occasions in the 30 days preceding the survey. In Hillsborough County, marijuana use among teens (21.9%) is slightly higher than in Florida (18.6%) and received the worst quartile rating.

Table 29 – Unhealthy Behaviors among Teens, 2010

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Binge Drinking	22 4%		19.6%	N/A
Methamphetamine Use	1 0%		1.3%	N/A
Smoking	12 9%		N/A	16.0%
Alcohol Use	41 2%		38.0%	N/A
Marijuana Use	21 9%		18.6%	N/A

Sources Florida CHARTS, ONE BAY Healthy Communities, FL Dept of Children and Families

Health Risk Factors

Obesity is defined as having a body mass index (BMI) greater than or equal to 30. In Hillsborough County, 25.3% of adults reported a BMI≥30. This indicator received the most favorable quartile rating and is lower than the HP 2020 goal (30.6%).

Adults who do not participate in any leisure-time physical activities or exercise other than their regular job are considered sedentary. The percentage of sedentary adults in Hillsborough County (25.3%) received the most favorable quartile rating and is below the HP 2020 goal (32.6%).

Overweight is defined as a BMI between 25 and 29.9. In Hillsborough County, 39.4% of adults reported a BMI between 25 and 29.9, which is above the 50th percentile and the percentage for all Florida adults (37.8%).

The percentage of adults who engage in moderate physical activity for at least 30 minutes on five or more days per week in Hillsborough County (33.7%) is below the lowest percentile, but similar to Florida (34.6%).

Table 30 – Select Health Risk Factors in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Obesity*	25 3%	▲	N/A	30.6%
Overweight*	39 4%	▼	37.8%	N/A
Sedentary Lifestyle^	25 3%	▲	N/A	32.6%
Moderate Physical Activity^	33 7%	▼	34.6%	N/A

Sources Florida CHARTS, ONE BAY Healthy Communities

*2010

^2007

Teen obesity reflects the percentage of high school students with a BMI at or above the 95th percentile. This indicator received the most favorable quartile rating and is similar in Hillsborough County (11.7%) and Florida (11.4%).

Low-income preschool obesity reflects children 2-4 years old who have a BMI-for-age above the 95th percentile and live in a household with an income less than 200% of the federal poverty level. In Hillsborough County, low-income preschool obesity (14.1%) is between the 25th and 50th percentiles.

Sufficient physical activity is defined as physical activity that makes you sweat or breathe hard for 20 minutes or more. The percentage of teens without sufficient physical activity in Hillsborough County (41.0%) is similar to Florida's (39.1%) but received the worst quartile rating.

Table 31 – Select Health Risk Factors among Low-Income Preschool Children and Teens

	Hillsborough County	Quartile Rating	Florida
Low-income Preschool Obesity*	14 1%		N/A
Teens Who Are Obese^	11 7%		11.4%
Teens Without Sufficient Physical Activity^	41 0%		39.1%

Sources Florida CHARTS, ONE BAY Healthy Communities

*2008-2010

^2010

Maternal and Child Health

The birth rate (13.7 per 1,000 population) in Hillsborough County is slightly higher than the Florida birth rate (11.4 per 1,000 population).

In Hillsborough County, teen births occur at a higher rate (16.6 per 1,000 population) compared to Florida (14.2 per 1,000 population).

Infant mortality is higher in Hillsborough County (8.6 per 1,000 live births) than in Florida (6.4 per 1,000 live births) and ranks between the 25th and 50th percentiles.

Table 32 – Birth Rates and Infant Mortality Rates, 2011

	Hillsborough County	Quartile Rating	Florida
Birth Rate	13 3	N/A	11.4
Teen Birth Rate	16 6	N/A	14.2
Infant Mortality Rate	8 6		6.4

Source Florida CHARTS

Birth rates are per 1,000 population, Infant mortality rate is per 1,000 live births

Low birthweight is defined as less than 2,500 grams. The percentage of low birthweight in Hillsborough County (9.1%) ranks between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (7.8%).

Preterm births are those that occurred at less than 37 weeks of completed gestation. In Hillsborough County, the percentage of preterm births ranks between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (11.4%).

In Hillsborough County, 86.5% of mothers began prenatal care in the first trimester. This indicator is above the 50th percentile and the HP 2020 goal (77.9%).

Table 33 – Select Maternal and Child Health Indicators, 2010

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Low Birthweight	9 1%		7 8%
Preterm Births	13 1%		11 4%
Mothers Who Received Early Prenatal Care	86 5%		77.9%

Source ONE BAY Healthy Communities

Access to Care

Health insurance coverage (both public and private) is similar in Hillsborough County and Florida. There are also similar percentages of uninsured individuals in Hillsborough County and Florida.

Table 34 – Health Insurance Coverage, 2008-10

	Hillsborough County	Florida
Health Insurance Coverage	80 7%	79.1%
Private Insurance	62 8%	61.1%
Public Coverage	27 0%	30.6%
No Health Insurance Coverage	19 3%	20.9%
No Health Insurance Coverage (Children)	12 1%	15.0%

Source Census - American Community Survey

Market Research Data

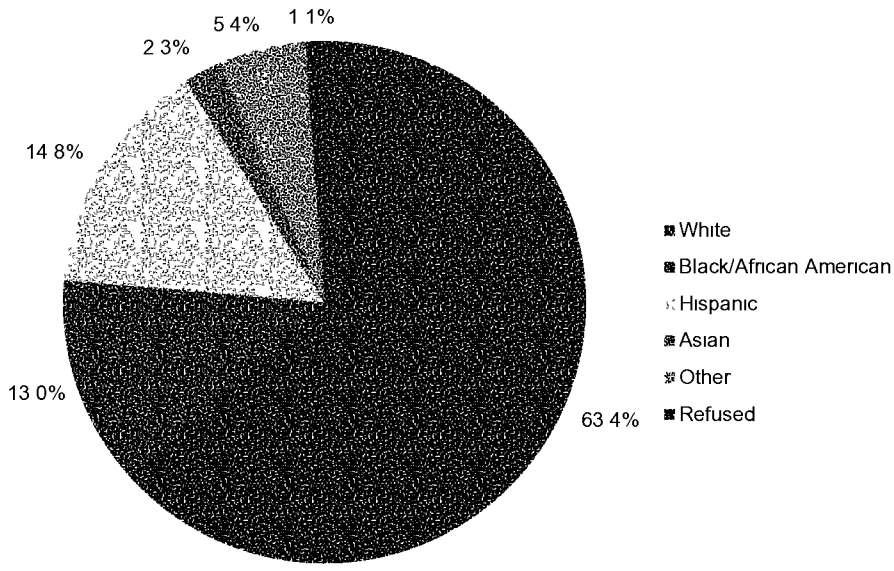
Survey Methodology

Between July and December 2011, National Research Corporation sampled 610 households in the Tampa General Hospital service area utilizing a pre-tested, internet-based questionnaire. Respondents received internet invitations to complete the survey beginning the first of each month with returns completed by the 22nd. The respondent was the primary healthcare decision-maker of the household. The survey consisted of questions on demographics (i.e. gender, race, age, household income, etc.) and other healthcare variables such as preventive behaviors, chronic conditions, healthcare utilization and access to care. For the purpose of this assessment, we will focus on those variables that relate to personal health.

Survey Demographics

The most common race among the survey respondents was white (63.4%), followed by Hispanic (14.8%), black/African American (13.0%), other (5.4%) and Asian (2.3%).

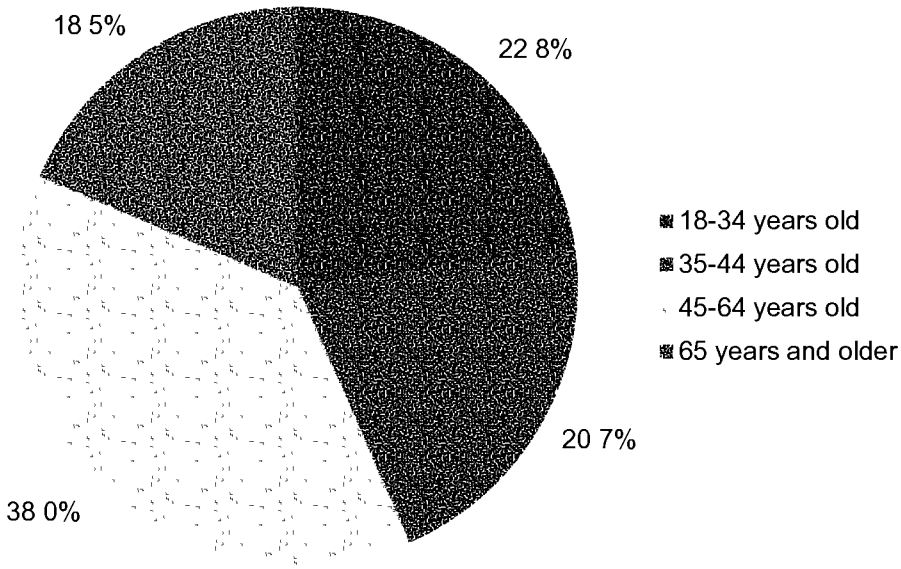
Figure 3 – Survey Respondent Race Composition



Source National Research Corporation

The most common age range among survey participants was 45-64 (38.0%), followed by 18-34 (22.8%), 35-44 (20.7%) and 65 and older (18.5%).

Figure 4 – Survey Respondent Age Distribution



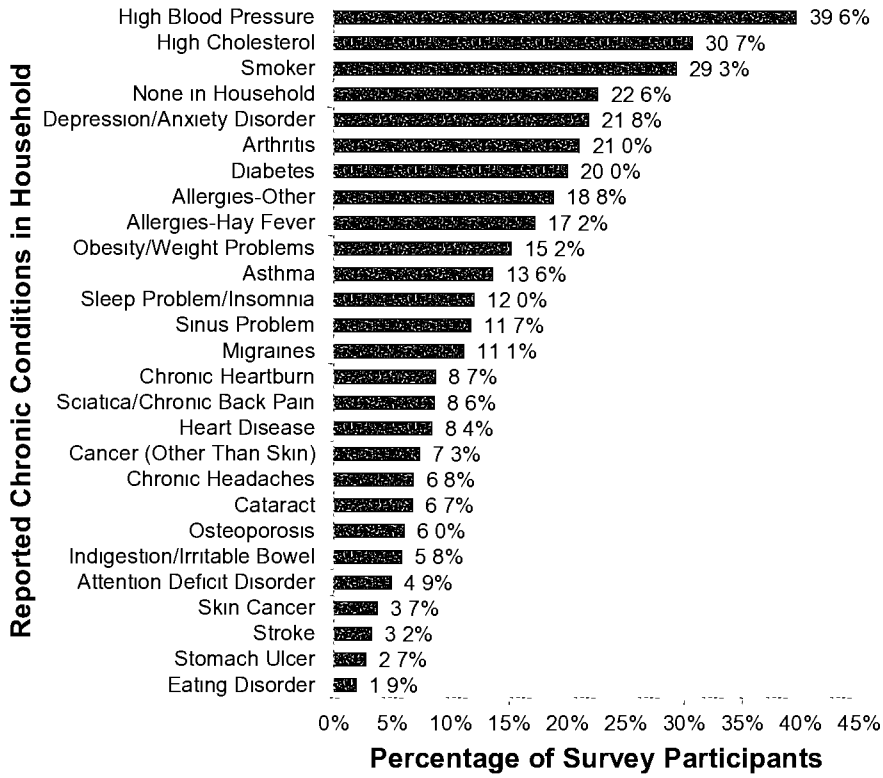
Source National Research Corporation

Chronic Conditions

Question - Has any household member been diagnosed as having any of the following health problems?

More than one-third (39.6%) of survey respondents reported high blood pressure in at least one household member. High cholesterol was reported by 30.7% of respondents and smoking by 29.3% of respondents. No chronic conditions were reported by 22.6% of participants. Approximately one in five respondents reported depression or anxiety disorders (21.8%), arthritis (21.0%) or diabetes (20.0%).

Figure 5 – Reported Chronic Conditions



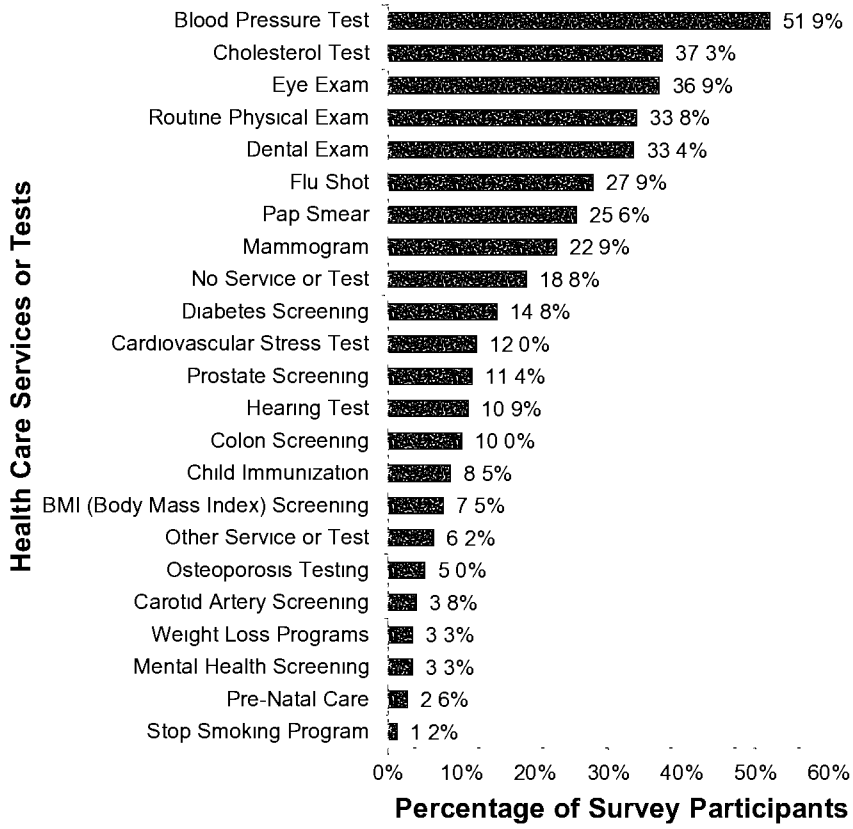
Source National Research Corporation

Preventive Health Behaviors

Question - Has any household member used or had any of the following healthcare services or tests in the last 12 months?

The most common preventive behavior among survey respondents is blood pressure testing (51.9%), followed by cholesterol testing (37.3%), eye exams (36.9%), routine physical exams (33.8%) and dental exams (33.4%).

Figure 6 – Reported Healthcare Service Utilization



Source National Research Corporation

Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected.

Interview Methodology

Twenty interviews were conducted in-person when possible and via phone when necessary, based on the availability of the interviewee. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What assets or resources in the community are not being used to their full capacity?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What changes or trends in the community do you expect over the next five years?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interview Summary

The most commonly discussed health concerns among interviewees were cardiovascular disease, diabetes, dental health, mental health and overweight/obesity.

High cholesterol, hypertension, stroke and general heart disease were the topics discussed in relation to cardiovascular disease. African Americans, Hispanics and American Indians are the populations mentioned as those most affected by cardiovascular health concerns. The lack of physical activity was the most frequently discussed behavioral factor contributing to cardiovascular disease. Access was discussed in relation to lack of physical activity; while the climate is conducive to developing an outdoor exercise regimen, the built environment creates a barrier for many individuals to be active. Sidewalks are inconsistent, lighting is poor in some areas and there are limited safe options for bicyclists.

Dental health was the most frequently discussed concern, particularly as it relates to access and affordability. Many interviewees expressed that dental care is not covered by the majority of insurance plans, and the dental care available to the underinsured and uninsured is not preventive and mainly involves extractions. One individual stated that there is a large volume of dentists in the community, but they are difficult to access. A few dental resources in the community mentioned by interviewees include the Suncoast Mobile Dental Coach, a mobile full-service dental clinic serving the county, Tampa Family Health Centers and MORE HEALTH's school dental education program.

Diabetes was mentioned in multiple interviews, particularly in relation to support systems in the community and eye health. While support exists in the community, most often provided by nurses conducting group courses, it was expressed that diabetic support and education would be best utilized in venues that most community members frequent. Some of these venues included supermarkets, churches, malls and schools. One interviewee discussed the importance of vision screenings for diabetics, as co-occurring eye conditions often go untreated due to a lack of screening.

Mental health and the lack of specialists to address the needs of low-income populations were commonly discussed, particularly among physicians and health department interviewees. There are a very limited number of mental health specialists who provide services to those without insurance or with Medicare or Medicaid, and because of this the wait list is often too long for those with more emergent problems. A suggestion to help reduce the burden and increase access is to integrate behavioral health into acute care. The hope is that this will address developing mental health

conditions on the front end, as well as include a behavioral health component in medical home model clinics who take Medicare and Medicaid. Behavioral health support in schools and increased screening and treatment of behavioral conditions including ADHD in children was also expressed as a growing need in the county.

Overweight and obesity were discussed independently and in conjunction with chronic illnesses including diabetes and cardiovascular disease. Many people expressed that a poor diet was the most concerning of all risk factors contributing to this chronic illness. A lack of awareness about healthy dietary habits and inconsistencies in access to grocery stores and other produce resources (including farmer's markets) were the main barriers discussed. Children were the most commonly mentioned population affected by the obesity epidemic, particularly relating to the food served in schools. However, those who discussed school food options felt that Hillsborough County has made efforts to improve the types of food served.

One of the most valuable resources available to low-income individuals in the community is the Hillsborough County Health Care Plan (HCHCP). This plan is a healthcare trust fund supported by a half-cent sales tax which provides insurance for those adults who are eligible to participate. Almost all interviewees discussed the HCHCP and its importance in the community, stating that the vast network of providers participating in the plan allows a broad range of community members access to healthcare. Other resources providing primary care, cancer and chronic illness screening and other types of healthcare services include the Judeo-Christian Clinic, Redlands Christian Migrant Association, Suncoast Community Health Centers, Tampa Family Health Centers and various nurse and doctor associations that go into neighborhoods to provide screenings and education. Moffitt Cancer Center is also a valuable community resource, providing both women's and men's comprehensive cancer checkups, skin cancer and pap tests, in addition to connecting individuals living with cancer to support resources like the American Cancer Society. The wealth of academic institutions in the area also enhances the healthcare landscape of Hillsborough County. One example of this is the medical school at University of South Florida, which houses the Bridge Clinic, a student-run free clinic providing services ranging from medical to social work. The K-12 school district is also heavily supported in the community, with various healthcare organizations providing free immunizations and vision screenings. However, it should be noted that while immunization rates among children were not frequently discussed in interviews and focus groups, public health experts interviewed expressed that the decrease in children receiving required immunizations has corresponded with a rise in pertussis rates. Interviewees expressed that the reasoning behind this is

due to a distrust of vaccinations and perceived potential side effects, as well as perceived limited access to immunization resources among low-income populations.

The faith community was mentioned by multiple interviewees as having a strong presence in the community, particularly through healthcare ministries in predominantly African American churches like First Baptist and College Hill. Health resources, including screenings and education, are often provided on a regular basis through the healthcare ministries, while other outreach activities are done throughout the community. One outreach program is Pastors on Patrol, which works to promote screening and increase knowledge about HIV/AIDS in the community. Additionally, the Allegany Franciscan Ministries fund health initiatives like REACHUP, Inc. which provides maternal and child health services and support. The Tampa Bay Partnership Regional Research and Education Foundation, which conducts research in the Tampa Bay region, focuses on enhancing the health and quality of life of community residents.

Focus Groups

Focus groups were conducted to allow participants to provide information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group. The requested information included:

- Gender
- Age
- ZIP Code
- Ethnicity
- Race
- Education Level
- Employment Status
- Household Income
- Health Insurance Status

Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. All

participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback.

A focus group session required approximately two hours to complete and followed this agenda:

- Session Opening – 15 Minutes
    - Introductions
    - Explanation of the purpose of the focus group
    - Overview of the rules governing the session
- Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows:
    - Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community
    - Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted
    - Participants instruct the facilitator on which like items, if any, they would like to combine
    - Participants are instructed to separately rank the items most important (3) to least important (1)
    - Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded
    - The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on
- After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include:
    - Was there anything that surprised you?
    - Why do you feel these are the top health concerns?
    - How do you feel these needs could be addressed in the community?
- Session Conclusion – 15 minutes
    - Summary of findings
    - Closing discussion
    - Distribution of incentives for participation

Data Analysis

The collected qualitative data was analyzed using Dedoose software utilizing a thematic approach. These themes and the resulting analysis, combined with quantitative data, served as the foundation of the CHNA, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

Summary

Four focus groups were conducted at Tampa General Hospital's Community Health Education Center over a two-week time span in January 2013. Focus groups consisted of 34 adult community members ranging from ages 20 to 72. Focus group participants' education levels ranged from high school graduate to graduate school or higher, with the majority being unemployed or retired. The majority of participants were uninsured, and seven participants reported having Medicaid or Medicare; only two participants had private insurance. Target populations that best represent the landscape of Hillsborough County were recruited through a cold call process; African American, 65 and over, Hispanic and parents of school-aged children were included.

African American Focus Group

The most common health concerns expressed by focus group participants were dental health, age related issues and nutrition. All individuals mentioned the lack of dental care accessibility in the county. The cost of dental care was the main concern of accessibility; dental insurance is expensive, and the copays with many insurance policies are costly. Some community clinics like Tampa Family Health Center offer dental care services, but they are limited and often do not include referrals if extensive work is needed. One focus group member expressed a need for dental care, stating that they had not been to a dentist for over ten years. The work needed on their teeth was too expensive so it is being left untreated, and because it has been left untreated they are experiencing discomfort and other physical symptoms.

When discussing age-related issues, individuals discussed the general distrust of the older population in relation to medical professionals. A suggestion to combat this was for family members, if available, to assist the aged when receiving medical care so that they were better able to understand the information being relayed. Additionally, enhancing long-term senior care and the rise in senior STI rates were discussed. Focus group participants mentioned that this age group is not

adequately educated on the consequences of unprotected sex, and that an emphasis in areas of the community with higher concentrations of seniors would be beneficial.

Nutrition education in the community was agreed upon as a topic of importance among African Americans in the community, particularly in those in lower SES populations. One individual discussed that many people, including those receiving financial assistance in the form of food stamps, are unaware of how to eat healthy on a budget, and often do not know where to access produce and other healthy food items. A resource mentioned in the Sulphur Springs area is The Harvest Garden Education Center, sponsored in part by various entities including the YMCA and Blue Cross Blue Shield. This initiative seeks to educate those in the neighborhood about healthy eating habits, and will be introducing an urban fresh market.

The topic most discussed in the focus group was prevention, particularly as it relates to health education and outreach. Focus group members felt that concentrating on preventive measures would be a cost-effective upstream approach to combating many of the illnesses those in the community are faced with. Some individuals felt the best way to reach African American community members was through the church, along with community centers and senior centers as these are utilized by many individuals in this demographic. Male-focused outreach and regular doctor appointments for routine physicals were suggested as ways to encourage more men to be screened for prostate cancer. The central idea surrounding all suggestions was that they should be done in the communities where people most at risk live, making preventive services easier to access, both physically and financially. Participants stated that using preventive services is expensive, with or without insurance, and this is the main barrier to accessing them. Colonoscopies, mammograms and blood tests for cardiovascular issues and diabetes were among the services deemed most expensive. Enhancing free and reduced-cost screenings in the community, in addition to expanding marketing efforts to educate people about the available affordable services, were some suggestions mentioned to increase preventive service and general healthcare service utilization among the African American population in Hillsborough County.

Sixty-five and Older Focus Group

Mental health was the most prevalent illness-specific point of discussion among the 65 and older focus group participants, particularly in relation to lack of resources. All participants stated that they only knew of one crisis center in the community where people could go if they needed immediate assistance. The population most in need was young people; stressors in the modern age were

discussed by participants as being the most common reason cited as to why this age group needs to be targeted.

The conversation mostly centered on insurance and accessing care as an older individual. Some younger participants in the group expressed a need for resources to assist those enrolling for Medicare; information is difficult to understand and assistance is often hard to find or access. For example, one participant stated that the information packet was not friendly to the layperson, while another felt that the hotline available was always busy and they could not get through. Participants felt that having in-person information sessions would be the most effective way to learn about Medicare.

Another access issue discussed involved medication. One participant discussed their experience reaching a cap on medication assistance; this individual did not know they had reached a cap. The pharmaceutical company providing the medication was able to assist in the matter, but multiple participants felt that the physicians should be educating patients on the front end about affordable medication options and Medicare caps on prescriptions.

Preventive services were also discussed at length in this focus group, relating to the need for older individuals to be screened for breast and colon cancer as well as other illnesses. However, the monetary and emotional cost of utilizing preventive services was a concern of many individuals. Multiple participants stated that one fear in being screened is that the test will show that the individual is ill. When this happens, people are unsure of where to go and how they will afford treatment, and physician referrals do not always make this a smooth process. Individuals often leave these appointments unsure of the next step in the process of treating their illness; as a result, many do nothing. One participant stated that they would rather let their condition go undiscovered than not be able to afford treatment.

Hispanic Focus Group

Healthcare access, health education, prevention and illness support groups were the most frequently discussed topics. Participants discussed lack of healthcare access particularly for those between the ages of 20-65; it was stated that there are a multitude of resources in the community for young children and older individuals, but that finding affordable services is difficult for those in between. Much of this was due to a lack of affordable insurance options for people in this age range. Another contributing factor to the lack of access is knowledge about existing resources; Tampa Family

Medical Center was mentioned as a resource providing medical home model free and sliding scale care. Even if community members are aware that resources exist, they do not always know details that would encourage them to receive care. These details include walk-in availability, insurance policies and whether or not free or sliding scale options are offered. The main suggestion given by participants was to increase community outreach education, especially in those populations most at need, about the locations, affordability and insurance options of services at these facilities.

Another issue discussed related to access was insurance. Many people are unaware of what services are covered under Medicaid and Medicare, and often physicians will only cover certain services; some will not cover any at all. Participants discussed the confusion and frustration they feel when trying to find a doctor in the area because there is no readily available public resource to access for finding out which physicians take certain types of insurance, Medicare and Medicaid, or if they are accepting new patients.

Focus group participants felt health education, particularly about screenings and other types of preventive measures, would be beneficial in the community. Individuals discussed the benefits of educating people about various screenings like mammograms and colonoscopies. Participants feel that understanding the reasons why these are needed, particularly for those with family histories, would increase the likelihood that they would be screened. Additionally, emphasis was given to patient education prior to routine examinations and upon diagnoses. One individual stated that it is not beneficial for a patient when they are given medication but not given in-depth information about the medication, including its potential side effects. Some participants suggested workshops, and acknowledged that they have seen advertisements in the newspaper and other media outlets for education seminars through TGH, but felt that either the times were not good (many were during the day) or that they were only offered in English. Preventive health education suggestions included school-based nutrition for children and intergenerational health education for seniors and their family members.

Support for those dealing with various illnesses like cancer, diabetes and cardiovascular disease was an important issue for many focus group members. One concern among all participants was that there are not options for Spanish-speaking individuals, and that those who cannot speak English miss out on these opportunities. Suggestions made by participants to improve patient support include continuing education for physicians and other healthcare professionals in cultural competency and health education and enhancing multilingual support group options.

Parent Focus Group

Healthcare access and affordability was the most commonly discussed topic in the parent focus group. Cost of insurance was a main topic of discussion, and many individuals expressed that it is difficult to afford insurance on top of regular expenses. This creates a barrier to accessing healthcare services when it is needed for both low-income and middle class individuals because of the fear that add to the large expense already being spent on insurance. One individual expressed that while she makes a good living, her insurance policy was so expensive that she had to cancel it and put her children on government sponsored insurance, while she went without coverage. Medication affordability was also mentioned; while there are more affordable generic medications available, there is a lack of awareness about this in the general public.

Another component to access that was discussed was transportation. The mass transit system is considered unreliable, some focus group members felt that mobile health services would be the best way to increase utilization of preventive healthcare and education. Mobile healthcare services would also help to mitigate transportation issues. Health fairs and outreach in neighborhoods, apartment complexes and faith-based organizations were also suggested as ways to reach populations that have transportation difficulties. Bringing farmers markets into these venues in collaboration with those conducting health fairs was also mentioned as a way to improve access to fresh fruits and vegetables in low-income populations.

Mental health in children, particularly as it relates to behavioral concerns including ADHD, was also a main topic of discussion. Education about ADD and ADHD in the general public as well as in schools was a need multiple focus group members mentioned, as it would bring awareness and reduce stigma. Nutrition education was also suggested as a way to improve the mental health of children; targeting low-income populations was emphasized. Healthy eating habits were also cited as a contributor to poor general health in children of low-income populations, and focus group members felt that parents are the gatekeepers into behavior change. Other suggestions to improve eating habits in children is bringing in healthier meal options in school federal lunch programs, as well as a nutrition component in food supplement enrollment education from trained social workers.

Sexual health was also a topic of importance among focus group members, particularly relating to general sex education in the African American population. The teen pregnancy rate in this population is felt to partially be caused by young women being afraid to ask men to wear protection, and young men not being educated about the benefits of wearing protection. One suggestion mentioned to

increase the use of condoms to prevent teen pregnancy and STIs was self-empowerment as a component to sex education curriculum, as this would encourage respect among sexual partners for both the partner as well as themselves. Additionally, an increase in awareness and reduction in stigma about HIV screenings was discussed, as it was stated that many people do not utilize screening services because they are afraid they will be told they are HIV positive and that it is not considered socially acceptable in young adults.

Health Needs Prioritization

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs perceived by the community as important, and consequently to assess the comprehensiveness of TGH's strategies in addressing these needs. For the purpose of identifying health needs for TGH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. With this in mind, a modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture all health needs from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. While many health needs were included in the primary and secondary data, only the needs receiving a "high" or "medium" ranking were selected as priorities to be addressed by Tampa General.

An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. From this list of health concerns, larger categories were created. For example, conditions such as high cholesterol and hypertension are included in the cardiovascular disease category. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable.

The eight health priorities on this list include asthma, cancer, cardiovascular disease, communicable disease, diabetes, healthcare access and affordability, mental health and overweight/obesity. For the sake of continuity, the health priorities are ordered alphabetically. For information regarding percentiles, refer to page 9.

Asthma

- Emergency room rates due to total asthma, adult asthma and pediatric asthma are all between the 25th and 50th percentiles.
- The hospitalization rate due to adult asthma falls below the 25th percentile.
- Hospitalization rates due to total asthma and pediatric asthma are between the 25th and 50th percentiles.

Cancer

- Cancer is the second leading cause of death in Hillsborough County, and the mortality rate is higher than the state rate.
- Breast, colorectal and lung cancer mortality rates are all higher in Hillsborough County than in the Healthy People 2020 Goals.
- Focus group members discussed cancer as a community health concern, primarily in the context of support services.

Cardiovascular Disease

Included in the cardiovascular disease category are heart disease mortality, high cholesterol and smoking as it contributes to an increased risk for cardiovascular disease.

- Heart disease is the leading cause of death in Hillsborough County, with a mortality rate higher than Florida's.
- Hillsborough County's coronary heart disease death rate is higher than the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of adults in Hillsborough County who reported high cholesterol is nearly three times the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of Hillsborough County adults who reported smoking is substantially higher than the Healthy People 2020 Goal.
- Interviewees commonly discussed high cholesterol, hypertension, stroke and general heart disease.
- When discussing behavioral factors contributing to cardiovascular disease, interviewees discussed the lack of physical activity in community members most frequently
- Focus group members discussed cardiovascular disease as a community health concern, primarily in the context of social support services and preventive service affordability.

Communicable Disease

Included in the communicable disease category are tuberculosis, influenza, pneumonia and immunization rates.

- The tuberculosis incidence rate in Hillsborough County is more than seven times the Healthy People 2020 Goal and ranks below the 25th percentile.

- Reported rates of chlamydia, gonorrhea and infectious syphilis in Hillsborough County are substantially higher than the rates in Florida.
- The hospitalization rate for immunization-preventable pneumonia and influenza in Hillsborough County ranks below the 25th percentile.
- In Hillsborough County, the percentage of adults aged 65 and older who received influenza vaccinations is substantially lower than the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of kindergartners with required immunizations in Hillsborough County ranks below the 25th percentile.
- Members of the African American focus group discussed a rise in STI rates among older adults.
- Interviewees discussed decreased rates of immunizations among children, citing distrust of vaccinations and perceived side effects and perceived limited access to immunization resources for low-income populations.

Diabetes

- Diabetes is the seventh leading cause of death in Hillsborough County, with a mortality rate substantially higher than Florida's.
- The percentage of adults with diagnosed diabetes in Hillsborough County is higher than Florida's and ranks between the 25th and 50th percentiles.
- Emergency room rates due to general diabetes and uncontrolled diabetes in Hillsborough County rank between the 25th and 50th percentiles.
- Hospitalization rates due to general diabetes, long-term complications, short-term complications and uncontrolled diabetes in Hillsborough County rank between the 25th and 50th percentiles.
- Multiple interviewees discussed diabetes as a health concern, particularly in relation to social support services and eye health.
- Focus group members discussed diabetes as a community health concern, primarily in the context of support services.

Healthcare Access and Affordability

- Interviewees discussed a lack of preventive dental services for the uninsured and underinsured.

- Lack of access to dental care services, primarily due to cost, was commonly discussed in the African American focus group.
- Barriers discussed by focus group members included issues with insurance, accessing care and navigating the healthcare system.
- Individuals in the 65 and older focus group expressed a need for resources that offer more affordable medications as well as insurance education opportunities focusing on enrollment, copays and deductibles, and services coverage, particularly under Medicare.
- Education about and access to preventive services and screenings were common themes in all focus groups.

Mental Health

- Multiple interviewees discussed a lack of specialists available to address the mental health needs of low-income populations.
- Support and treatment services for children with mental health conditions were also discussed by interviewees.
- Among participants in the 65 and older focus group, mental health was discussed most frequently, particularly in relation to a lack of resources.

Obesity/Overweight

According to the World Health Organization, obesity (BMI≥30) and overweight (BMI=25-29.9) refer to abnormal or excessive fat accumulation. Data related to nutrition and physical activity is also included in this category.

- The percentage of adults who reported being overweight in Hillsborough County is higher than Florida's percentage and ranks below the 25th percentile.
- Adults in Hillsborough County are less likely to report moderate physical activity compared to all Florida adults.
- The percentage of teens without sufficient physical activity in Hillsborough County is higher than that of all teens in Florida and ranks below the lowest percentile.
- Interviewees discussed overweight/obesity as a consequence of poor dietary habits and as a risk factor for cardiovascular disease and diabetes. The population felt to be most affected by overweight/obesity was children.
- African American focus group members discussed a need for nutrition education, particularly among individuals of lower SES.

Community Resources

The following is an overview of programs in the community that work to address the priority health needs identified. An extensive search of existing organizations in the community was conducted, and while the majority of the programs discussed are either sponsored or provided by Tampa General Hospital, a brief summary of relevant community programming is provided.

Asthma

The Tampa General Community Health Education Center (CHEC) has two programs addressing asthma. Emergency Department and Tampa General Medical Group physicians are trained to identify asthma-related issues and concerns. The Tampa Bay Asthma Coalition is a collaborative focused on enhancing the quality of life of those with asthma through education and outreach. It should be noted that there were minimal resources identified to meet the needs of those living with asthma in Hillsborough County.

Cancer

CHEC has multiple programs addressing cancer and related concerns. These programs address prostate cancer, HPV, liver cancer and healthy eating while living with chronic conditions. In addition to this programming, Tampa General Hospital is also involved with local screening and health education events including Men's Health Forum, which is done in partnership with Moffitt Cancer Center. The hospital provides various screenings and health education resources during this event. The Tampa General Medical Group emphasizes educating women ages 50-74 and those at high risk about the importance of breast cancer screening through in-office counsel and mail reminders.

Moffitt Cancer Center, a National Cancer Institute Comprehensive Cancer Center, also provides resources focusing on the prevention and treatment of cancer. Additionally, other healthcare providers, clinics and Federally Qualified Health Centers (FQHCs) including Tampa Family Health Centers, Suncoast Community Health Centers and American Cancer Society offer screening and support services to both the general and low-income populations in the community.

Cardiovascular Disease

Nine programs address cardiovascular disease or risk factors including smoking, physical inactivity, nutrition and obesity. Cardiovascular illnesses addressed include hypertension, heart attack and stroke. The Community Health Education Center also provides blood pressure screenings in the community, places of employment and at their South Tampa location. The hospital also supports More Health, Inc., a nonprofit health education organization with a focus on child and adolescent health. More Health, Inc. promotes healthy lifestyle habits in schools and throughout the community. Topics focused on in schools include dental health, nutrition and physical activity.

The American Heart Association provides awareness and support services to the community. The local FQHCs provide prevention, screening and treatment options for low-income community members. The YMCA promotes the reduction of cardiovascular disease risk factors including poor eating habits and physical inactivity. Through a network of organizations and individuals headed by the YMCA working to improve the health of children and adolescents in the community, Creating a Healthier Sulphur Springs for Kids promote building a healthier Sulphur Springs neighborhood.

Communicable Disease

The CHEC has four programs to address communicable disease. Programming topics include sexually transmitted infections and childhood immunization. The hospital conducts a Back to School Immunization Event, which ensures children receive immunizations required to start school. Tampa General Hospital Infectious Disease Services in the hospital oversees a hand hygiene program which emphasizes the importance of hand-washing in keeping down hospital acquired infection rates among patients. Additionally, the CHEC and More Health, Inc. provide sexual health programming for both parents and adults.

The Hillsborough County Health Department provides immunization, STD and tuberculosis (TB) services in the community. These services include screenings, HIV/AIDS and STD counseling and preventive therapies for those exposed to infectious TB cases. The AIDS Drug Assistance Program (ADAP), housed within the health department, provides financial assistance for those unable to afford HIV prescription medications. The AIDS Institute promotes social change through its research, advocacy and education. The West Central Florida Ryan White Care Council evaluates HIV/AIDS services in the greater Tampa Bay area to ensure they are effectively working to improve the quality of life of those living with HIV/AIDS and those around them.

Diabetes

There are nine programs conducted by TGH to address diabetes and related concerns. The hospital provides a nationally recognized diabetes self-management program in addition to programming addressing nutrition, physical activity and other lifestyle factors contributing to the development of diabetes. The CHEC also provides health education and screening events including glucose testing. The hospital also employs diabetic educators through both its medical group and the main medical center.

The YMCA provides a one-year diabetes prevention program to those with pre-diabetes. The program focuses on nutrition, physical activity and behavior modification to help individuals reduce their body weight and develop a physical activity routine. The University of South Florida also has a diabetes center providing education and clinical care for adults, teens and children diagnosed with diabetes.

Healthcare Access and Affordability

Through a collaboration with West Coast Area Agency on Aging, TGH works to provide Medicare education and information to those already enrolled and individuals prior to enrollment. This programs seeks to inform individuals about the choices available within Medicare and which might be best for them. Some medical group physicians provide a resource directory to patients to educate them about services available in the community. Additionally, the TGH health system is expanding its family medical centers to areas throughout the community, with new locations opening in Riverview and Sun City.

Hillsborough County Aging Services provides support services for those sixty and older who are functionally impaired. These resources include case management services that work to identify a plan to address concerns in addition to providing ongoing support while following the plan. The Department of Elder Affairs administers the SHINE (Serving Health Insurance Needs of Elders) program in Hillsborough County, which provides informational support for those seeking health insurance counseling. SHINE provides presentations at various sites throughout the community multiple times a month.

Mental Health

Tampa General Hospital has a 22-bed acute behavioral health unit. This unit addresses needs identified as those requiring immediate care; included in this category are bipolar disorder, schizophrenia and anxiety disorders. Mental Health Care, Inc. provides comprehensive behavioral health services through resources including but not limited to crisis centers, a child guidance center

and various outpatient and inpatient programs. Mental Health Care, Inc. also provides homeless assistance for those living with a mental illness. DACCO is one of Florida's largest community-based providers of behavioral health services. These services address substance abuse and mental health issues through both outpatient and inpatient services.

CHNA Implementation Strategy

Requirements

The Patient Protection and Affordable Care Act requires not-for-profit hospital organizations to develop an Implementation Strategy to address the priority health needs identified in the CHNA. As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this Implementation Strategy includes the following:

- A description of how the hospital facility plans to meet the health needs identified;
- Internal or external resources identified as either existing or potential partners to address a health need; and,
- The anticipated impact of programming or resources on each health need.

Implementation Strategy Development

Tampa General Hospital intends to work towards meeting all significant health needs identified; these needs are listed below:

- Asthma
- Cancer
- Cardiovascular disease
- Communicable disease
- Diabetes
- Healthcare access and affordability
- Mental health
- Overweight/Obesity

The Implementation Strategy was designed following a thorough review of clinical and public health resources for "best practices." These practices address priority health needs identified in the CHNA, and support Tampa General Hospital's contribution to community health program planning and implementation while keeping in mind the hospital's capacity to do so. The goals and corresponding action plans within the Implementation Strategy acknowledge the diverse nature of community stakeholders while aligning Tampa General Hospital's goals and action plans with local, state and national benchmarks and input where applicable. Some of these benchmarks include the 2012–2015 Florida State Health Improvement Plan and Healthy People 2020. The goals developed identify the impact Tampa General Hospital anticipates its efforts having on the community, whether independently or through collaborations with other service providers. Tampa General Hospital plans to track its progress towards meeting the Implementation Strategy goals over the three-year duration

between the current CHNA and the next required CHNA through process and outcome evaluation measures identified in the Implementation Strategy chart. It should be noted that Tampa General Hospital currently provides over fifty educational outreach programs throughout the year, in addition to corporate screenings, health fairs and community health screenings.

The following charts illustrate the key components of the strategies Tampa General Hospital will employ in addressing the priority health needs identified.

Implementation Plan

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Asthma	ED patients presenting with asthma who do not have an established medical home	Assess capacity to implement asthma-related ED admission reduction programing	Investigate program options and collaborate with ED physicians to develop strategic plan		Emergency Department physicians	2015
Asthma	Community members diagnosed with asthma and family members	Increase the health and well-being of those living with asthma and their family members	Provide a support group for those living with asthma and their families		TGH Community Health Education Center	2015
Asthma	Community members at high risk for developing asthma	Increase knowledge of risk factor avoidance and reduction strategies among community members at high risk for asthma	Provide asthma workshop twice a month in the community		TGH Community Health Education Center, Respiratory Department	2014

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Asthma	Tampa General Medical Group (TGMG) primary care patients with diagnosed asthma	Promote use of evidence-based guidelines to manage asthma	Increase the percentage of adults with asthma who received written asthma management plans from their healthcare provider		TGMG healthcare providers	2015
Asthma	Hillsborough County School children	Assess feasibility of implementing asthma curriculum in Hillsborough County Schools	Evaluate Open Airways for Schools Asthma Education curriculum for school children	More Health, Inc.		2014
Asthma	Community members	Increase the number of community members who receive education about their asthma condition	Continue to provide health education and outreach pertaining to asthma management in the community	TGH Community Health Education Center		Ongoing
Cancer	Community members and employees aged 40 to 75	Increase colorectal cancer screening rates among older adults	Offer FIT colorectal cancer screenings at various locations		TGMG, Men's Health Forum, United Community Church College	2013

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Cancer	Female TGMG patients aged 50 to 74	Increase the percentage of women who receive a breast cancer screening based on the most recent guidelines by 2%	Maintain office mailings and physician efforts to educate women in the recommended age group to receive mammograms		TGMG	2016
Cancer	Community members	Promote cancer prevention, outreach and screening awareness and education among community members	Continue to provide health education and screening outreach pertaining to risk factors and various types of cancer in the community	TGH Community Health Education Center		Ongoing
Cardiovascular Disease	Community members	Increase the proportion of adults who have had their blood pressure measured within the last two years and can state whether their blood pressure was normal or high	Increase community outreach efforts that include screenings with subsequent referral when necessary		USF	Ongoing

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Cardiovascular Disease	Community members	Promote cardiovascular disease prevention, outreach and screening awareness and education among community members	Continue to provide health education and outreach pertaining to nutrition, physical activity and healthy lifestyle habits in the community	TGH Comm-unity Health Educa-tion Center		Ongoing
Communicable Disease	TGH hospital staff members	Increase compliance with hand hygiene among hospital staff members	Maintain hospital-wide hand hygiene campaign		Tampa General Infection Control	2013
Communicable Disease	Community members	Increase the number of community members who are vaccinated annually against seasonal influenza	Organize annual flu shot drive in various locations throughout the community		Hillsborou gh County Health Departme nt	2013
Communicable Disease	Community members	Promote communicable disease prevention, outreach and screening awareness and education among community members	Continue to provide health education and screening outreach pertaining to communi-cable disease including flu and sexually transmitted infections in the community			Ongoing

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Diabetes	TGH hospital staff, TGMG patients and community members	Increase prevention behaviors in persons at high risk for diabetes with prediabetes	Implement the National Diabetes Prevention Program among prediabetic employees, TGMG patients and community members		TGMG and TGH staff	2014
Diabetes	TGMG patients with diagnosed diabetes	Increase the proportion of TGMG patients with diagnosed diabetes who receive formal diabetes education	Enhance physician efforts to encourage diabetic patients to utilize the hospital's Diabetes Self-Management Education Program		TGH Community Health Education Center, TGMG providers	Ongoing
Diabetes	At-risk community members	Increase the proportion of at-risk adults who have had a glucose screening	Maintain community outreach efforts that include glucose screenings		USF, community health fair partners, community employee wellness partners	Ongoing
Diabetes	Community members	Promote diabetes prevention, outreach and screening awareness and education among community members	Maintain educational and screening outreach in the community		TGH Commmu-nity Education Center	Ongoing

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Healthcare Access and Availability	Community members	Increase knowledge of eligibility requirements for Affordable Care Act health insurance exchange and Medicaid expansion	Establish intervention to educate community members about insurance eligibility under the Affordable Care Act		TGH Community Health Education Center, Health Care for Florida Now	2013
Healthcare Access and Availability	Community members	Increase access to primary care for community members	Establish new medical home locations throughout Hillsborough County			2014
Healthcare Access and Availability	Community members aged 60 and over	Increase knowledge of Medicare options in adults aged 60 and over	Establish community outreach program during National Medicare Education Week		West Coast Area on Aging	2013
Mental Health	Community members	Provide the community with ongoing education and consultations on topics related to mental health	Maintain community consultations and education on topics pertaining to stress, depression, mental wellbeing and memory loss		TGH Community Health Education Center	Ongoing

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Overweight/ Obesity	Adult community members and TGH employees	Increase the proportion of adults who are at a healthy weight	Maintain offering evidence-based health education classes targeting nutrition and physical activity		TGH Community Health Education Center, TGH Dieticians, TGH Bariatric Center	Ongoing
Overweight/ Obesity	Community members	Increase the proportion of community members who are at a healthy weight	Sponsor the implementation of Find the Fun, a web-based program designed to provide physical activity and nutrition information specific to the local area			2014
Overweight/ Obesity	Community school-aged children (5-18)	Prevent inappropriate weight gain in children and adolescents	Enhance community-based program efforts focused on healthy eating habits and physical activity	More Health, Inc., YMCA		Ongoing
Overweight/ Obesity	Community members	Promote overweight/ obesity prevention, outreach and screening awareness and education among community members	Maintain educational outreach in the community		TGH Health Education Center	Ongoing

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For nearly 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interviewees

Interviewee	Title/Organization	Area(s) Represented
Adwale Troutman	Executive Director, Public Health Practice and Leadership, Florida Covering Kids and Families	Public Health Expert
Anne Maynard	Program Director, USF Area Health Education Center	Public Health Expert
Carlos Mercado	STD Program Manager, Hillsborough County Health Department	Public Health Expert
Chloe Cooney	Founder, Corporation to Develop Communities of Tampa, Inc.	African American Community Representative
Donna Peterson	Dean, College of Public Health, University of South Florida	Public Health Expert
Douglas Holt	Director, Hillsborough County Health Department	Public Health Expert
Joyce Thomas	Physician, TGH Family Care Center	Hospital Staff
Leslie "Les" Miller, Jr.	County Commissioner, District 3, Hillsborough County	Government Official
Margaret Ewen	Senior Human Resources Manager, Immunizations/Refugee	Public Health Expert
Margarita Cancio	Physician, Infectious Disease Associates of Tampa Bay	Hospital Staff
Sally Houston	Chief Medical Officer, Tampa General Hospital	Hospital Administration
Deborah Austin	Communication and Community Outreach Director, Central Hillsborough Healthy Start Project, REACHUP, Inc.	Medically Underserved Community Organization Representative
Luis Lopez	Past President, Hispanic Alliance of Tampa Bay; Director, Moffit Cancer Center Hispanic Advisory Board	Hispanic Community Representative
Amy Petrila	Director of Programs and Outreach, Children's Board of Hillsborough County	Community Health Organization Representative
Maureen Chiodini	Associate Vice President of Membership and Programs, Tampa Metropolitan Area YMCA	Community Health Organization Representative
Maria Russ	Supervisor, School Health Services, Hillsborough County Public Schools	Public Health Expert

Name	Title and Organization	Area(s) Represented
Mary Lynn Ulrey	CEO, DACCO	Community Health Organization Representative
Mindy Murphy	CEO, The Spring of Tampa Bay	Community Health Organization Representative
Bradley Herremans	CEO, Suncoast Community Health Centers, Inc.	Medically Underserved Community Organization Representative
Ven Thomas	Director, Family and Aging Services, Hillsborough County	Government Official
Gene Early	Division Director, Health Care Services, Hillsborough County	Government Official