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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization FLORIDA HEALTH SCIENCES CENTER INC		D Employer identification number 59-3458145	
	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		E Telephone number (813) 844-7000	
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33601		G Gross receipts \$ 1,457,733,374	
F Name and address of principal officer Steve L Short CFO Attn Corporate Accounting P O Box 1289 Tampa, FL 33601		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates 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

Activities & Governance	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			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8,218
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	929,510
	b Net unrelated business taxable income from Form 990-T, line 34	7b	368,346
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,022,441	6,514,142
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,010,430,381	1,075,363,306
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,688,257	45,755,294
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,595,029	0
		1,035,546,050	1,127,632,742
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,029,444	873,145
	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)	482,254,874	490,538,942
	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)	503,438,848	537,758,616
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	986,723,166	1,029,170,703
	19 Revenue less expenses Subtract line 18 from line 12	48,822,884	98,462,039
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	1,372,968,721	1,491,356,417
	21 Total liabilities (Part X, line 26)	761,007,306	791,047,462
	22 Net assets or fund balances Subtract line 21 from line 20	611,961,415	700,308,955

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			2015-07-14			
	Signature of officer		Date			
Paid Preparer Use Only						
	Steve L Short CFO and Executive Vice President					
	Type or print name and title					
	Print/Type preparer's name Allison Franklin		Preparer's signature	Date 2015-07-14	Check ☐ if self-employed	PTIN P00448640
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401				Phone no (336) 433-7081	

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 or note to any line 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 \$ 784,899,586 including grants of \$) (Revenue \$ 1,024,135,138)

Healthcare Services. Tampa General Hospital, a leading safety net, private not-for-profit hospital, is one of the most comprehensive medical facilities in West Central Florida serving a dozen counties with a population in excess of 4 million. As one of the largest hospitals in Florida, Tampa General is licensed for 1,018 beds, and with over 6,500 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 four medical helicopters, we are able to transport critically injured or ill patients from 23 surrounding counties to receive the advanced care they need. The hospital is home to one of the leading organ transplant centers in the country, having performed more than 6,000 adult solid organ transplants, including the state's first successful heart transplant in 1985. TGH is a state-certified comprehensive stroke center, and its 32-bed Neuroscience Intensive Care Unit is the largest on the west coast of Florida. Other outstanding centers include cardiovascular, orthopedics, high risk and normal obstetrics, urology, ENT, endocrinology, and the Children's Medical Center, which features a nine-bed pediatric intensive care unit and one of just three outpatient pediatric dialysis units in the state. Services for outpatients are provided in a variety of locations. A range of diagnostic and therapeutic outpatient services are provided on the TGH campus. In addition, TGH provides outpatient rehabilitation services in an offsite facility and primary and specialty physician services in various offsite clinics. As the region's leading safety net hospital, Tampa General is committed to providing area residents with excellent and compassionate health care ranging from the simplest to the most complex medical services. TGH provides medical services to those unable to pay through various means, including the Hillsborough County Health Plan and the State Medicaid program. In addition, TGH provides trauma care on a regional basis as well as other services at no charge to eligible patients through its charity care program. Statistics: Total patient days: 279,625; Emergency room visits: 90,949; Deliveries: 5,281; and Surgeries: 29,450.

4b

(Code) (Expenses \$ 20,520,220 including grants of \$) (Revenue \$ 9,003,036)

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 Tampa General Hospital on an annual basis. University of South Tampa has 120 medical students rotating at Tampa General Hospital during our Fiscal Year 2014. 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 \$ 2,238,075 including grants of \$) (Revenue \$ 2,209,073)

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 2014, the OCR provided oversight for a total of 578 active studies including 218 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 \$ 35,053,083 including grants of \$ 2,784,943) (Revenue \$ 39,086,549)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 35,053,083 including grants of \$ 2,784,943) (Revenue \$ 39,086,549)

4e

Total program service expenses ▶ 842,710,964

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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 	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		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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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 	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. 	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		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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	684			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
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	8,218			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country: 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?						
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? <i>If "No," provide an explanation in Schedule O.</i>	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 or note to any line 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		
	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		
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 33606 (813) 844-7000	

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

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	17,401,357	0	1,161,563

355

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

Section B. Independent Contractors

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 DALLAS TX 75207	SOFTWARE LICENSING	3,244,640
UNIVERSITY MED SERVICE ASSOC PO BOX 917492 ORLANDO FL 32891	PHYSICIAN DIRECTORSHIP	3,025,485

\$100,000 of compensation from the organization ➡ 137

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
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	2,671,408								
	e	Government grants (contributions)	1e	3,671,239								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	171,495								
	g	Noncash contributions included in lines 1a-1f \$		0								
	h	Total. Add lines 1a-1f						6,514,142				
Program Service Revenue	2a	Patient Service Revenue	Business Code	622000	1,009,494,444	1,009,494,444	0	0				
	b	Disproportionate Share Revenue		622000	23,643,730	23,643,730	0	0				
	c	Outpatient Pharmacy Sales-Employees		446110	23,082,325	23,082,325	0	0				
	d	Research, Meaningful Use and Other		621990	18,213,297	18,213,297	0	0				
	e	Commercial Lab		621500	929,510	0	929,510	0				
	f	All other program service revenue			0	0	0	0				
	g	Total. Add lines 2a-2f			1,075,363,306							
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,206,147	0	0	17,206,147				
		4	Income from investment of tax-exempt bond proceeds		8,877	0	0	8,877				
5		Royalties		0	0	0	0					
6a		Gross rents		(i) Real	(ii) Personal							
		b	Less rental expenses									
			c	Rental income or (loss)					0	0		
				d	Net rental income or (loss)							
7a		Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other							
		b	Less cost or other basis and sales expenses		358,640,902				0			
			c	Gain or (loss)					330,100,632	0		
				d	Net gain or (loss)				28,540,270	0	0	28,540,270
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18										
		b	Less direct expenses									
			c	Net income or (loss) from fundraising events								
9a		Gross income from gaming activities See Part IV, line 19										
		b	Less direct expenses									
			c	Net income or (loss) from gaming activities								
10a		Gross sales of inventory, less returns and allowances										
		b	Less cost of goods sold									
			c	Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code										
11a												
	b											
		c										
			d	All other revenue				0	0	0	0	
				e				Total. Add lines 11a-11d		0		
12	Total revenue. See Instructions			1,127,632,742	1,074,433,796	929,510	45,755,294					

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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.	873,145	873,145		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	9,329,538	2,025,179	7,304,359	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,823,283		4,823,283	
7	Other salaries and wages.	372,989,008	307,539,213	65,449,795	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,705,827	10,484,228	2,221,599	
9	Other employee benefits.	63,229,845	54,009,658	9,220,187	
10	Payroll taxes.	27,461,441	22,556,975	4,904,466	
11	Fees for services (non-employees):				
a	Management.	5,701,084	1,231,864	4,469,220	
b	Legal.	3,605,544	1,500	3,604,044	
c	Accounting.	338,676		338,676	
d	Lobbying.	371,864	371,864		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	2,182,467		2,182,467	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	110,043,179	96,065,670	13,977,509	
12	Advertising and promotion.	4,065,725	17,376	4,048,349	
13	Office expenses.	270,751,898	249,931,729	20,820,169	
14	Information technology.	31,251,751	11,459,572	19,792,179	
15	Royalties.				
16	Occupancy.	15,478,536	13,621,112	1,857,424	
17	Travel.	1,572,531	579,546	992,985	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	181,227	96,424	84,803	
20	Interest.	16,336,401	14,376,033	1,960,368	
21	Payments to affiliates.	46,712		46,712	
22	Depreciation, depletion, and amortization.	43,148,593	28,592,019	14,556,574	
23	Insurance.	13,932,052	13,932,052		
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.	13,949,209	13,949,209	0	0
b	Dues and Memberships.	1,958,358	478,017	1,480,341	0
c	Property Taxes and Other Taxes.	135,324	32,705	102,619	0
d	Recruitment Costs.	1,431,698	231,591	1,200,107	0
e	All other expenses.	1,275,787	254,283	1,021,504	0
25	Total functional expenses. Add lines 1 through 24e.	1,029,170,703	842,710,964	186,459,739	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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		21,645	1	21,845
	2	Savings and temporary cash investments		125,131,782	2	150,760,813
	3	Pledges and grants receivable, net		566,765	3	841,303
	4	Accounts receivable, net		140,200,302	4	121,034,857
	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		20,167,792	8	20,553,796
	9	Prepaid expenses and deferred charges		6,178,463	9	16,227,701
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a842,736,456			
	b	Less: accumulated depreciation	10b388,838,960	449,020,218	10c	453,897,496
	11	Investments—publicly traded securities		610,935,246	11	686,229,999
	12	Investments—other securities. See Part IV, line 11.		7,261,894	12	9,412,578
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets		5,436,943	14	4,832,838
	15	Other assets. See Part IV, line 11.		8,047,671	15	27,543,191
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,372,968,721	16	1,491,356,417
Liabilities	17	Accounts payable and accrued expenses		175,938,189	17	209,793,009
	18	Grants payable			18	
	19	Deferred revenue		41,194	19	
	20	Tax-exempt bond liabilities		398,755,102	20	396,507,365
	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		2,235,310	23	324,537
	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.		184,037,511	25	184,422,551
	26	Total liabilities. Add lines 17 through 25.		761,007,306	26	791,047,462
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		602,195,811	27	691,556,436
	28	Temporarily restricted net assets		9,765,604	28	8,752,519
	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		611,961,415	33	700,308,955
	34	Total liabilities and net assets/fund balances		1,372,968,721	34	1,491,356,417

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,127,632,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,029,170,703
3	Revenue less expenses Subtract line 2 from line 1	3	98,462,039
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	611,961,415
5	Net unrealized gains (losses) on investments	5	-4,901,801
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	-5,212,698
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	700,308,955

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

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

OMB No 1545-0047

2013

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

☐

2

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11g(i)

Yes

No

11g(ii)

Yes

No

11g(iii)

Yes

No

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
------------------	-------------	--

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

OMB No 1545-0047

2013

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 FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
--	--

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	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		371,864
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?		No	
j	Total. Add lines 1c through 1i.			371,964
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).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.		
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

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.

Return Reference	Explanation
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.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	902,991	850,187	833,825	812,385	797,412
b Contributions	7,745	52,730	16,455	31,507	15,675
c Net investment earnings, gains, and losses	0	74	343	397	821
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	436	10,464	1,523
f Administrative expenses	0	0	0	0	0
g End of year balance	910,736	902,991	850,187	833,825	812,385

- 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
- (i) unrelated organizations

3a(i)

Yes

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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | 0 | 46,639,635 | | 46,639,635 |
| b Buildings | 0 | 435,882,131 | 147,259,101 | 288,623,030 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 320,819,921 | 233,819,519 | 87,000,402 |
| e Other | 0 | 39,394,769 | 7,760,340 | 31,634,429 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 453,897,496 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	1,120,645,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,901,800
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	-4,901,800
3	Subtract line 2e from line 1	3	1,125,547,366
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	2,085,376
c	Add lines 4a and 4b	4c	2,085,376
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,127,632,742

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	1,029,170,703
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	1,029,170,703
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	1,029,170,703

Part XIII

Supplemental Information

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.

Return Reference	Explanation
Schedule D, Part V, Line 4	Permanently restricted funds were available for hospital construction projects, equipment, and educational initiatives
Schedule D, Part X, Line 2	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.
Schedule D, Part XI, Line 4b	The sum of \$2,085,376 represents contributions received that were released for property, plant, and equipment and which are not recognized as income in the financial statements.

[illegible]

Additional Data

Software ID: 13000241
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DUE FROM(TO)GENERAL ESTIMATED PATIENT LIABILITIES	29,747,603
DUE FROM (TO) MEDICARE PRIOR YEARS	39,659,901
DUE TO MEDICAID PRIOR YEARS	20,869,017
ACCRUED RETIREMENT BENEFITS	4,972,224
ACCRUED SUPPLEMENTAL RETIREMENT BENEFITS	16,393,100
ACCRUED POSTRETIREMENT BENEFITS	4,210,430
ACCRUED CLAIMS PAYABLE MALPRACTICE	63,763,659
ACCRUED CLAIMS PAYABLE WORKERS COMPENSATION	2,216,000
2006 BOND ISSUE ARBITRAGE PAYABLE	73,820
CAPTIVE LT LIABILITY	1,889,545
REFORM INCENTIVE PAYMENT	627,252

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) Central America and the Caribbean	1	2	Program Services	Florida Health Sciences Center, Ltd , which was formed in Cayman Islands, began operations on June 1, 2010 It provides professional and general liability insurance to Florida Health Sciences Center, Inc	342,301
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	2			342,301

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

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, Information 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
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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Florida Sciences Center Limited, which was formed in the Cayman Islands, began operations in June 10, 2010 and provides professional and general liability insurance to Florida Health Sciences Center, Inc

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	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 eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes	
		6b	Yes	

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)			51,326,584	13,868,461	37,458,123	3 7 %
b Medicaid (from Worksheet 3, column a)			171,253,450	154,005,240	17,248,210	1 7 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			29,564,109	10,669,835	18,894,274	1 9 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	252,144,143	178,543,536	73,600,607	7 3 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,749,013		2,749,013	0 3 %
f Health professions education (from Worksheet 5)			38,916,999	15,892,558	23,024,441	2 3 %
g Subsidized health services (from Worksheet 6)			8,983,911	5,239,009	3,744,902	0 1 %
h Research (from Worksheet 7)			2,815,889	2,209,273	606,616	0 1 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,027,981		1,027,981	0 1 %
j Total Other Benefits	0	0	54,493,793	23,340,840	31,152,953	2 9 %
k Total. Add lines 7d and 7j	0	0	306,637,936	201,884,376	104,753,560	10 2 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

10,473,642

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

237,377,621

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

241,807,134

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-4,429,513

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

9b

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 IVManagement 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, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Florida Health Sciences Center Inc

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	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 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
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 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>www.tgh.org</u>		
b ☐ Other website (list url) _____		
c ☐ Available upon request from the hospital facility		
d ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ 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? 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	10	Yes
11	Used FPG to determine eligibility for providing discounted care? 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	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a ☒ Income level			
b ☒ Asset level			
c ☒ Medical indigency			
d ☒ Insurance status			
e ☒ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☒ 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills

d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

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?	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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		No
If "Yes," explain in Part VI		
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		No
If "Yes," explain in Part VI		

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **11**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	TGH developed a community benefit report for the period ending September 30, 2013 during fiscal year 2014. This report reflected community benefit activities as well as cost. The report was sent to a selected number of stakeholders and made available on the hospital's website.

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

Form and Line Reference	Explanation
Schedule H, Part III, Section A, Line 4	For receivables associated with services provided to patients who have third party coverage, the Center analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third party coverage exists for part of the bill, the Center records a significant provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. The adequacy of the allowance for bad debts is evaluated regularly, with adjustments to increase or decrease the allowance by adjustments in the provision for bad debts. The calculation of bad debt, at cost, is based on Medicare's cost to charge ratio.

Form and Line Reference	Explanation
Schedule H, Part III, Section B, Line 8	The \$4.2 million shortfall reported at Pt. III line 7 should be considered as a community benefit in that much of the shortfall in Medicare payments relates to the costs associated with the TGH liver, heart, kidney, lung and pancreas organ transplant programs, and medical education programs, which are a significant benefit to all patients in these programs and the community as a whole. Medicare revenue and cost are based on the 2014 Medicare cost report excluding revenues and costs associated with subsidized health services and graduate medical education, which are reported separately in Part I lines 7g and 7f.

Form and Line Reference	Explanation
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 how to apply for financial assistance, describes how TGH will widely publicize the policy within the community served by the hospital, limits the amounts that the hospital will charge for emergency and other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed for medically necessary care.

Form and Line Reference	Explanation
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 (www.tgh.org). 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 FY2014, TGH did not complete any additional assessments of the health care community it serves.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	For fiscal year 2014, the costs associated with charity care, unreimbursed Medicaid, and the unreimbursed costs of other means-tested government programs exceeded \$73.6 million. These include patients who qualify for free care under Tampa General Hospital's (TGH) charity care policy or are enrolled in programs for low-income or under-insured individuals sponsored by state and local governments. While TGH received reimbursement for some of these patients, the amounts are not sufficient to cover the costs of care provided. Free care is provided to patients who qualify based on an evaluation of their income and assets. Individuals with an income that is less than or equal to 200% of the Federal Poverty Level (FPL) are eligible for charity or free care as are individuals whose income is less than 400% of the FPL but whose hospital charges are greater than 25% of their annual income. Financial counselors work with individuals who seek care and are uninsured. Enrollment assistance is provided to individuals for government programs such as Medicaid, Medicare Disability, Healthcare marketplace, or the Hillsborough County Health Plan as well as determining whether they qualify for charity or discounted care. TGH's financial assistance (charity care and discounted care) policy is available to consumers at TGH.org as well as in the hospital admissions area. The information is written in both English and Spanish. 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. 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.

Form and Line Reference	Explanation
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. The CHNA can be found at www.tgh.org. The highlights from the assessment are detailed below. * As of the study date, the primary service area population was 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.

Form and Line Reference	Explanation
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 healthcare providers, health education to the community and support of other not-for-profit organizations in the community with complementary goals and missions. The 16 member board is composed of independent community leaders as well as members of the TGH medical staff. The board bylaws specify that its membership will include the elected medical chief of staff, a representative of the University of South Florida and the chairman of the TGH Foundation. TGH utilizes its surplus funds for the development of inpatient services and to subsidize outpatient services for underserved members of the community. TGH operates a number of outpatient clinics that provide primary and specialty care for the uninsured and under-insured. Services include adult primary and specialty care, pediatrics, and high risk obstetrics. While many of these patients have some funding either through Medicaid or the Hillsborough County Health Plan, the revenue from these sources is insufficient to cover the costs of providing the services. In fiscal year 2014, TGH's clinics provided 198,103 patient visits. The TGH medical staff is open to any physician that meets the requirements of the medical staff bylaws and rules and regulations. The medical staff is composed of community physicians with private practices and physicians on the faculty of the USF Health Morsani College of Medicine (USFHMCOM). Both the community and USFHMCOM physicians are involved in research and training. Many of the community physicians hold clinical appointments with the USFHMCOM and all staff physicians may participate in research. In FY 2014, the TGH Office of Clinical Research supported 578 research studies at a net cost of \$2.2 million. These studies received funding from a variety of public agencies and private sponsors, including the Department of Defense and the Children's Oncology Group. Studies were led by both community and university physician principal investigators. This year's research centered on a range of topics, including Phase I studies in the treatment of pediatric cancer and conducting of an evidence-based clinical decision support system to predict survival and life expectancy of hospice patients. These research initiatives have immediate benefits to the patients who participate in them as well as long term benefits to the community. TGH is considered a statutory teaching hospital under Florida Law. This designation is only available to hospitals that have made a significant commitment to graduate medical education. In fiscal year 2014, TGH funded approximately 300 GME full time equivalent slots in over 50 specialties. The Medicare program reimburses TGH for a portion of approximately 200 of these GME slots supplemented by minimal reimbursement from the Medicaid and TRICARE programs. Approximately 100 slots are funded almost solely by TGH out of operating funds. In addition to a robust medical education program, TGH is also committed to the training of nurses, pharmacists, and other clinical staff. TGH provides financial support for nursing education at both the University of South Florida and the University of Tampa. Students and residents in a variety of clinical programs (pharmacy, pastoral care, and other programs) rotate through TGH or in some cases are assigned to TGH for their training. Finally, TGH sponsors continuing medical education (CME) for physicians in the community and in outlying areas. In fiscal year 2014, TGH CME sponsorships provided CME education to 975 physicians, none of whom were on the TGH medical staff. The cost of CME sponsorships exceeded \$151,000. 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 2014, TGH provided 412 free programs and screenings to 15,099 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. Programs of interest to seniors were provided at several senior living facilities within the primary

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	y service area including Sun City, The Gardens at South Bay, Sun Towers Retirement Center, and the Tampa Baptist Manor. In fiscal year 2014, 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 two 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. In fiscal year 2014, TGH added two programs based on the Community Health Needs Assessment, the "National Diabetes Prevention Program" (NDPP) and the "Breathing Easier With Asthma workshops and support group" (Asthma workshop). The NDPP is a 16-week evidence-based program promoted by the Centers for Disease Control (CDC) and was provided by trained TGH staff in several locations within Hillsborough County. The Asthma workshop was provided for the community at the Hillsborough County Children's Board. We provided it at this location because its surrounding neighborhood has a high density of children with asthma. Screenings provided during fiscal year 2014 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 2014, 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 Family Health Center (TFHC). TFHC 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, the Epilepsy Foundation, 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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6	Not applicable

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	Florida

Additional Data

Software ID: 13000241
Software Version: v1.00
EIN: 59-3458145
Name: FLORIDA HEALTH SCIENCES CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 1-Florida Health Sciences Center Inc	
Schedule H, Part V, Section B, Line 3-Florida Health Sciences Center Inc	Same as Line 1 Explanation Above
Schedule H, Part V, Section B, Line 12-Florida Health Sciences Center Inc	Family size in combination with household income is used to determine eligibility for either free or discounted care
Schedule H, Part V, Section B, Line 16-Florida Health Sciences Center Inc	TGH engages in standard collection activities such as statements and telephone calls
Schedule H, Part V, Section B, Line 20-Florida Health Sciences Center Inc	Medicaid rate is used in rare instances for those who are not able to afford amounts generally billed by Medicare and commercial insurance

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly
> Recognized as a Hospital Facility**

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

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

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

Name and address	Type of Facility (describe)
Transplant Abdominal Clinic 409 Bayshore Blvd Tampa, FL 33606	Transplant clinic
Family Care Center Brandon 214 Morrison Rd Brandon, FL 33511	Transplant clinic
Family Care Center Lois 2106 South Lois Avenue Tampa, FL 33629	Transplant clinic
Family Care Center Carrollwood 13860 North Dale Mabry Highway Tampa, FL 33618	Transplant clinic
Family Care Center Riverview 10647 Big Bend Road Suite 212 Riverview, FL 33579	Transplant clinic
Family Care Sun City 1647 Sun City Center Plaza Sun City Center, FL 33573	Transplant clinic
Family Care Center Westchase 10718 Countryway Blvd Tampa, FL 33626	Transplant clinic
Family Care Center Tampa Palms 16011 Tampa Palms Blvd W Tampa, FL 33647	Transplant clinic
Family Care Center Boyette 11966 Boyette Rd Riverview, FL 33569	Transplant clinic
Family Care Center Manhattan 4212 S Manhattan Ave Tampa, FL 33611	Transplant clinic
TGH Community Health Education 2106 S Lois Ave Tampa, FL 33629	Transplant clinic

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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
See Additional Data Table							

2

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

11

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

Return Reference	Explanation
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

Software ID: 13000241
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 Inc 2103 N Rome Ave Tampa,FL 33607	59-2420282	501(c)(3)	300,000	0	Amount paid		Support for hiring additional primary care physicians to serve uninsured patients

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
More Health 3821 Henderson Blvd Tampa, FL 33629	59-3397472	501(c)(3)	238,715	0	Amount Paid	NA	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 House 28 Columbia Drive Tampa,FL 33606	59-1835985	501(c)(3)	74,000	0	Amount Paid	NA	Support mission to provide temporary lodging and other support for the families of hospitalized 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
University of South Florida 4202 E Fowler Ave Tampa, FL 33620	59-3102112	501(c)(3)	60,000	0	Amount Paid	0	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	0	Amount paid	NA	Support the mission of the American Heart Association via sponsorship of various 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
University of Tampa 401 W Kennedy Blvd Tampa, FL 33606	59-0624459	501(c)(3)	54,778	0	Amount Paid	NA	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	0	Amount paid	0	Support education of healthcare professionals by funding a portion of 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
March of Dimes 405 North Reo Street Suite 160 Tampa, FL 33609	13-1846366	501(c)(3)	26,500	0	Amount Paid	NA	Support of the mission of the March of Dimes via sponsorships 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 Inc PO Box 1881 Tampa, FL 33601	59-0943559	501(c)(3)	20,150	0	Amount Paid	NA	Provide free screening and medical services prior to and on the day of the event

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	0	Amount Paid	NA	Donation to H O P E

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
WEDU 1300 North Boulevard Tampa, FL 33607	59-0840626	501(c)3	8,500	0	Amount Paid	NA	Sponsorship of programing for preventing substance abuse in children and adolescents

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☒	First-class or charter travel	☒	Housing allowance or residence for personal use
☐	Travel for companions	☐	Payments for business use of personal residence
☐	Tax 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 directors, trustees, officers, including 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	Any international travel by an executive is booked with a first class ticket. TGH paid temporary housing expenses during relocation period for Mr. James R. Burkhardt.
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 affect a strategic investment in the people who support the hospital's mission. Compensation goals, policies, and programs are guided by and reflect our values and principles, which are consistent with the high quality of the hospital's achievement in the furtherance of medical science. Differences in pay will not be based upon such factors as race, religion, gender, sexual orientation, national origin, ancestry, age, marital status, or disability. To ensure that TGH is paying reasonable compensation and not violating the private inurement prohibition, the Compensation Committee of the Board of Directors annually reviews and sets the compensation of officers, the executive group and key employees. The Committee utilizes the outside consulting firm of Towers Watson to provide expert information regarding industry-wide compensation norms.
Schedule J, Part I, Line 4	Schedule J, Part I, Line 4 -Tampa General Hospital provides the executive staff with a supplemental retirement plan (SERP). Participants of this plan are listed on Statement 4 column C3 (Officers). As these participants become vested, the incremental amount of vested benefits is included on Form W-2, however, distributions are not made until either the participant retires or leaves the organization. The compensation reported in the 2014 W-2s includes the following vested amounts: Cheryl A. Eagan \$43,512, Chris A. Roederer \$84,312, Deana L. Nelson \$134,197, Janet H. Davis \$88,845.00, Jean M. Mayer \$84,443.00, John H. Bond \$53,862.00, Judith M. Ploszek \$141,481, Robin DeLaVergne \$79,596, Sally Houston \$126,016, Steve L. Short \$190,408, and Jana Gardner \$537,265. Severance payments were also made in the following amounts: Ronald Hytoff \$757,295, Elizabeth Lindsay-Wood \$69,216, Amy Paratore \$123,492.
Schedule J, Part I, Line 6	A portion of the bonuses and incentive is based on achieving certain financial targets. The remaining bonuses are based on the achievement of certain quality indicators and other non-financial metrics.
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

Software ID: 13000241
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 Vice President Surgical Services	(i) (ii)	182,571 0	55,417 0	88,506 0	23,440 0	15,124 0	365,058 0	0 0
Mark W Campbell Vice President Materials Management	(i) (ii)	162,825 0	48,107 0	74,540 0	20,348 0	11,846 0	317,666 0	0 0
Janet H Davis Senior Vice President, CNO	(i) (ii)	234,901 0	84,000 0	198,601 0	30,938 0	8,205 0	556,645 0	0 0
Robin W DeLaVergne Senior Vice President Development	(i) (ii)	238,317 0	83,530 0	70,997 0	24,288 0	6,109 0	423,241 0	0 0
Cheryl A Eagan Senior Vice President Support Services	(i) (ii)	215,692 0	79,150 0	98,528 0	22,995 0	10,659 0	427,024 0	0 0
Anthony D Escobio Vice President Patient Financial Services	(i) (ii)	170,113 0	50,983 0	75,733 0	21,564 0	15,110 0	333,503 0	0 0
Sally H Houston Senior Vice President, CMO	(i) (ii)	405,262 0	150,747 0	114,801 0	41,092 0	10,263 0	722,165 0	0 0
Ronald A Hytoff President, CEO	(i) (ii)	933,912 0	1,376 0	2,908,087 0	17,260 0	10,652 0	3,871,287 0	0 0
Elizabeth J Lindsay-Wood Senior Vice President Information Technology	(i) (ii)	292,960 0	0 0	113,334 0	12,690 0	15,230 0	434,214 0	0 0
Jean M Mayer Senior Vice President Strategic Services	(i) (ii)	252,350 0	90,073 0	121,158 0	33,118 0	7,993 0	504,692 0	0 0
Deana L Nelson Executive Vice President, COO	(i) (ii)	477,276 0	194,751 0	295,944 0	64,124 0	6,050 0	1,038,145 0	0 0
Maureen Ogden Vice President Cardiovascular Services	(i) (ii)	196,684 0	91,181 0	84,840 0	16,091 0	10,635 0	399,431 0	0 0
Amy J Paratore Vice President Emergency Services	(i) (ii)	158,512 0	0 0	58,024 0	3,752 0	15,098 0	235,386 0	0 0
Richard L Paula Chief Medical Informatics Officer	(i) (ii)	231,345 0	70,298 0	4,519 0	17,214 0	14,344 0	337,720 0	0 0
Judith M Ploszek Senior Vice President Finance Administration	(i) (ii)	305,115 0	106,750 0	157,903 0	39,317 0	5,885 0	614,970 0	0 0
Scott J Arnold Senior Vice President Information Systems	(i) (ii)	243,290 0	71,984 0	829 0	17,601 0	15,156 0	348,860 0	0 0
Peter J Berman Internal Medicine Cardiology	(i) (ii)	517,001 0	544 0	9,713 0	39,644 0	15,292 0	582,194 0	0 0
James R Burkhart President - CEO	(i) (ii)	631,432 0	368,112 0	32,564 0	0 0	6,685 0	1,038,793 0	0 0
Jana Gardner Vice President Physician Practice Operations	(i) (ii)	173,667 0	53,046 0	5,663 0	22,219 0	15,115 0	269,710 0	0 0
Maja G Gift Director of Pharmacy	(i) (ii)	165,403 0	17,163 0	17,521 0	17,936 0	8,597 0	226,620 0	0 0

Schedule K (Form 990)	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. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2013
		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
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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 (PNC)	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	5,590,000		0		0			
2	Amount of bonds legally defeased	0		134,532,845		50,593,688			
3	Total proceeds of issue	202,380,091		186,485,298		50,889,807			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	2,184,896		1,945,528		296,119			
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		33,096,528		0			
11	Other spent proceeds	870,854		134,532,845		50,593,688			
12	Other unspent proceeds	166,192		16,910,397		0			
13	Year of substantial completion	2009		2015		2014			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X	X		X			
			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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			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 2 %		0 2 %		0 2 %			
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 2 %		0 2 %		0 2 %			
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?								
b	Exception to rebate?								
c	No rebate due?								
	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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

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

OMB No 1545-0047
2013
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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
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) Gulf to Bay Anesthesiology Associate	Dr Devanand Mangar, a board member, is president and employee of Florida Gulf to Bay Anesthesiology	3,123,100	Gulf to Bay Anesthesiology provides anesthesiology services which are paid at fair market value		No
(2) Lifelink Foundation Inc	Dr Dana L Shires (board member at FHSC) is co-founder and current Chairman of the Lifelink Foundati	14,916,687	Lifelink Foundation provides organ procurement services for FHSC at fair market value		No
(3) Radiology Associates of Tampa PA	Dr Bruce Zwiebel is a board member of FHSC and shareholder of Radiology Associates	553,070	Radiology Associates provides radiology services to FHSC at fair market value		No
(4) Suntrust	Mr Dobbins, a board member of FHSC is an employee of Suntrust Bank	371,367	Suntrust Bank performs custodial functions for FHSC		No
(5) Marriott Business Services Tampa Marriott Tampa Marriott Westshore and Courtyard by Marriott	Mr John McKibbon has an ownership interest in the Courtyard by Marriott in downtown Tampa	96,681	Payment at market value for various hospital events \$92,547 of the total paid was paid to Marriott Business Services		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV	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 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 utilizes Marriott for various functions and pays for services provided at fair market price Mr John McKibbon, a board member, has ownership interest in the Tampa downtown Marriott Hotel Radiology Associates of Tampa is a physician group practice, of which Dr Bruce Zweibel (board director and Chief of Staff at FHSC) is a shareholder and employee FHSC engages Radiology Associates for the provision of radiology services, which are paid at fair market value

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization FLORIDA HEALTH SCIENCES CENTER INC	Employer identification number 59-3458145
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Return Reference	Explanation
Form 990, Part III, Line 4d	Tampa General Hospital's Other Program Services includes cafeteria and vending sales, parking garage revenues, pharmacy sales to employees, net assets released from restrictions, and other miscellaneous revenue

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

Return Reference	Explanation
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

Return Reference	Explanation
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 external tax accountants and law firm for review. Following the revisions made at the suggestion of Tampa General Hospital's external tax accountants, if any, 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.

Return Reference	Explanation
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.

Return Reference	Explanation
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 outside consulting firm to review the compensation arrangements of employed physicians for compliance with all applicable laws.

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part IX, Line 11g	This amount includes payments for residents, organ transplant fees, medical equipment repair and maintenance contracts and various professional fees

Return Reference	Explanation
Form 990, Part XI, Line 9	This amount includes \$5,292,413 in pension-related changes other than net periodic pension costs and other changes in net assets of (\$79,715)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FLORIDA HEALTH SCIENCES CENTER INC

Employer identification number
59-3458145

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHSC Real Property Holding Company LLC P O Box 1289 Tampa, FL 33601 47-1396315	Real Estate Holding Company	FL	0	0	N/A
(2) TGH Architecture & Engineering LLC PO Box 1289 Tampa, FL 33601 46-4515477	Organized to design future properties	FL	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Tampa General Hospital Foundation Inc PO Box 1289 Tampa, FL 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Flonda Health Sciences Center LTD 23 Lime Tree Bay Avenue PO Box 1051 Marsh Management Grand Cayman KY1-1102 CJ 98-0695992	Professional liability & general liability	CJ	Flonda Health Sciences Center Inc	C		75,437,268	100 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Tampa General Hospital Foundation Inc	c	2,534,007	Based on disbursements from Tampa General Hospital Foundation Inc
(2) Tampa General Hospital Foundation Inc	o	511,418	Based on salaries and benefits of shared employees
(3) Florida Health Sciences Center LTD	s	3,659,145	Claims reimbursed from captive
(4) Tampa General Hospital Auxiliary Inc	s	137,401	Funds received from the TGH Auxiliary for hospital activities

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Financial Statements

September 30, 2014 and 2013

(With Independent Auditors' Report Thereon)

FLORIDA HEALTH SCIENCES CENTER, INC.

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

Independent Auditors' Report

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

We have audited the accompanying consolidated financial statements of Florida Health Sciences Center, Inc. (the Center), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, 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, 2014 and 2013, 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

December 18, 2014
Certified Public Accountants

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Balance Sheets

September 30, 2014 and 2013

Assets	2014	2013
Current assets:		
Cash and cash equivalents	\$ 90,518,288	94,027,571
Short-term investments	30,101,630	8,048,436
Current portion of assets limited as to use	14,168,561	9,380,161
Patient accounts receivable, net of allowance for uncollectible accounts of approximately \$138,821,000 in 2014 and \$117,516,000 in 2013	121,034,857	140,200,302
Inventories	20,553,796	20,167,792
Prepaid expenses and other current assets	40,290,257	10,307,874
Total current assets	316,667,389	282,132,136
Assets limited as to use, less current portion	719,742,375	638,951,860
Property and equipment, net	453,897,496	449,020,218
Other assets	8,646,499	9,412,533
	<u>\$ 1,498,953,759</u>	<u>1,379,516,747</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	\$ 107,591,965	83,299,886
Accrued expenses	102,201,044	92,638,304
Current installments of long-term debt	7,275,879	4,158,459
Estimated third-party payor settlements	90,903,772	84,071,944
Total current liabilities	307,972,660	264,168,593
Long-term debt, excluding current installments	389,556,023	396,831,953
Other liabilities	93,518,777	100,006,760
Total liabilities	791,047,460	761,007,306
Net assets:		
Unrestricted	691,556,436	602,195,810
Temporarily restricted	15,439,127	15,410,641
Permanently restricted	910,736	902,990
Total net assets	707,906,299	618,509,441
	<u>\$ 1,498,953,759</u>	<u>1,379,516,747</u>

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, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowances and discounts)	\$ 1,068,768,027	1,032,349,371
Provision for bad debts	<u>(59,273,583)</u>	<u>(77,459,331)</u>
Net patient services revenue less provision for bad debts	1,009,494,444	954,890,040
Disproportionate share distributions	23,643,730	23,637,250
Other revenue	<u>47,070,338</u>	<u>40,685,133</u>
Total unrestricted revenues, gains, and other support	<u>1,080,208,512</u>	<u>1,019,212,423</u>
Expenses:		
Salaries and benefits	490,538,942	482,254,873
Medical supplies	234,371,525	218,842,109
Purchased services	90,468,848	75,831,959
Utilities and leases	20,586,848	20,394,701
Insurance	17,517,582	18,578,309
Depreciation and amortization	43,148,593	42,700,335
Professional fees	32,989,876	32,452,548
Interest	16,336,401	18,829,853
Other	<u>83,212,088</u>	<u>76,538,479</u>
Total expenses	<u>1,029,170,703</u>	<u>986,423,166</u>
Operating income	<u>51,037,809</u>	<u>32,789,257</u>
Nonoperating gains (losses):		
Investment return	36,314,322	42,966,485
Other	<u>4,122,732</u>	<u>(7,092,087)</u>
Total nonoperating gains	<u>40,437,054</u>	<u>35,874,398</u>
Revenues, gains, and other support over expenses	91,474,863	68,663,655
Other changes in net assets:		
Net assets released from restrictions used for property and equipment	3,178,175	4,277,067
Pension-related changes other than net periodic pension cost	<u>(5,292,412)</u>	<u>78,600,330</u>
Increase in unrestricted net assets	<u>\$ 89,360,626</u>	<u>151,541,052</u>

See accompanying notes to consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted net assets:		
Revenue, gains, and other support over expenses	\$ 91,474,863	68,663,655
Net assets released from restrictions used for property equipment	3,178,175	4,277,067
Pension-related changes other than net periodic pension cost	<u>(5,292,412)</u>	<u>78,600,330</u>
Increase in unrestricted net assets	<u>89,360,626</u>	<u>151,541,052</u>
Temporarily restricted net assets:		
Net assets released from restrictions:		
Used for property and equipment	(3,178,175)	(4,277,067)
Used for operations	(1,535,419)	(1,479,377)
Contributions	3,700,509	3,644,560
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	<u>1,041,571</u>	<u>1,344,767</u>
Increase (decrease) in temporarily restricted net assets	<u>28,486</u>	<u>(767,117)</u>
Permanently restricted net assets:		
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	<u>7,746</u>	<u>52,802</u>
Increase in permanently restricted net assets	<u>7,746</u>	<u>52,802</u>
Increase in net assets	89,396,858	150,826,737
Net assets, beginning of year	<u>618,509,441</u>	<u>467,682,704</u>
Net assets, end of year	\$ <u><u>707,906,299</u></u>	<u><u>618,509,441</u></u>

See accompanying notes to consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Consolidated Statements of Cash Flows

Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities:		
Increase in net assets	\$ 89,396,858	150,826,737
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	43,148,593	42,700,335
Amortization of debt issue costs	265,366	2,204,432
Restricted contributions	(1,870,721)	(2,392,325)
Unrealized losses (gains), net	4,901,801	(22,233,096)
Realized gains	(28,500,305)	(10,279,743)
Provision for bad debts	59,273,583	77,459,331
Pension-related changes other than net periodic pension cost	5,292,413	(78,600,330)
Changes in operating assets and liabilities:		
Patient accounts receivable	(40,108,138)	(80,444,021)
Inventories	(386,004)	447,530
Prepaid expenses and other current assets	(29,942,383)	7,291,013
Accounts payable	17,324,155	5,257,474
Accrued expenses	9,562,740	(1,837,916)
Estimated third-party payor settlements	6,831,828	14,399,425
Other liabilities	(12,948,134)	12,443,797
Net cash provided by operating activities	<u>122,241,652</u>	<u>117,242,643</u>
Cash flows from investing activities:		
Purchases of property and equipment	(40,453,843)	(34,684,741)
Increase in assets limited as to use	(61,980,412)	(107,112,664)
(Increase) decrease in short-term investments, net	<u>(22,053,194)</u>	<u>103,730</u>
Net cash used in investing activities	<u>(124,487,449)</u>	<u>(141,693,675)</u>
Cash flows from financing activities:		
Proceeds from restricted contributions	1,870,721	2,392,325
Proceeds from issuance of long-term debt	—	216,412,697
Payments on long-term debt	(2,990,771)	(188,048,005)
Payments of debt issue costs	<u>(143,436)</u>	<u>(2,129,701)</u>
Net cash (used in) provided by financing activities	<u>(1,263,486)</u>	<u>28,627,316</u>
(Decrease) increase in cash and cash equivalents	<u>(3,509,283)</u>	<u>4,176,284</u>
Cash and cash equivalents at beginning of year	<u>94,027,571</u>	<u>89,851,287</u>
Cash and cash equivalents at end of year	\$ <u><u>90,518,288</u></u>	\$ <u><u>94,027,571</u></u>
Supplemental cash flow information:		
Cash paid for interest	\$ 16,310,430	19,813,027
Accounts payable for property and equipment purchases	10,775,672	3,807,748

See accompanying notes to consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

(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. 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 2014 and 2013, net assets of approximately \$1,093,000 and \$1,885,000, respectively, were released from restriction, relating to the annual depreciation expense associated with the leased assets.

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.

In 2010, the Hospital created Tampa General Medical Group (TGMG), a division of the 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 50 physicians that compose TGMG are spread across several locations in the Tampa area. On March 16, 2014, the Center established Tampa General Medical Group, Inc., a corporation organized under the laws of the state of Florida, and a wholly owned subsidiary, for the purpose of holding the operations of TGMG. On June 27, 2014, Tampa General Medical Group, Inc. was granted tax exempt status by the Internal Revenue Service. Tampa General Medical Group, Inc. shall be operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. As of September 30, 2014, Management had not moved the operations of TGMG to Tampa General Medical Group, Inc., and continues to report operations under the Center.

On July 15, 2014, the Center established FHSC Real Property Holding Company, LLC (the Company), a Limited Liability Company organized under the laws of the state of Florida and a wholly owned subsidiary. The Company was organized to hold future use properties and shall be

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

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operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

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 January 31, 2014, the Center and Adventist Health System Sunbelt Healthcare Corporation (Florida Hospital) established West Central Florida Health Alliance, LLC, a Limited Liability Company organized under the laws of the state of Florida. The Center and Florida Hospital, each, contributed \$1,000,000 to West Central Florida Health Alliance, LLC in exchange for a 50% ownership interest. The new partnership will provide Tampa residents with greater access to a spectrum of community services and broaden the geographic footprint of these two healthcare providers. On August 5, 2014, the Center and Florida Hospital established West Florida Health, Inc., a Florida not-for-profit corporation. In October 2014, the Center and Florida Hospital filed Articles of Amendment to give public notice that they are the members of West Florida Health, Inc. In addition, the Center and Florida Hospital have agreed to transfer all assets and liabilities of West Central Florida Health Alliance, LLC to West Florida Health, Inc. As of September 30, 2014, this transfer has not occurred. The Center's distributive share of operating losses, of \$181,000 has been included as a non-operating item in the consolidated statements of operations and changes in unrestricted net assets for the year ended September 30, 2014.

On January 31, 2014, the Center established TGH Architecture & Engineering, LLC, a Limited Liability Company organized under the laws of the state of Florida, and a wholly owned subsidiary, for the purpose of holding architectural licenses for the Center. The Company shall be operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

(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, when purchased, 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.

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

(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 changes 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 \$3,243,000 and \$3,339,000 as of September 30, 2014 and 2013, respectively. These amounts include costs capitalized in connection with the issuance of the Series 2006, 2012A and a 2013 bank loan. Debt issuance costs are amortized using the effective interest method. Amortization of approximately \$265,000 and \$285,000 for the years ending September 30, 2014 and 2013, respectively, is included as a component of interest expense. The debt issuance costs are net of accumulated amortization of approximately \$1,256,000 and \$991,000 as of September 30, 2014 and 2013, 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 of approximately \$1,168,000 and

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

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\$805,000 for the year ending September 30, 2014 and 2013, respectively, is included as a component of interest expense. Bond premiums of approximately \$14,667,000 and \$15,836,000 are included with related debt in the consolidated balance sheets as of September 30, 2014 and 2013, 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, 2014 and 2013. 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. The Foundation complies with the provisions of the Florida Uniform Prudent Management of Institutional Funds Act (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 payers (including final settlements and appeals), amounts due from third-party payers for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the consolidated financial statements.

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

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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 82% of self-pay accounts receivable as of September 30, 2013 to 81% of self-pay accounts receivable as of September 30, 2014. In addition, the Center's private self-pay accounts receivable decreased approximately \$873,000 from \$48.1 million for the year ended September 30, 2013 to \$47.2 million for the year ended September 30, 2014. The Center has not changed its charity care or uninsured discount policies during the years ended September 30, 2014 or 2013. The Center does not maintain a material allowance for doubtful accounts from third-party payers, nor did it have significant write-offs from third-party payers.

(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 payers, and others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payers. 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.

FLORIDA HEALTH SCIENCES CENTER, INC.

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The Center recognizes patient service revenue associated with services provided to patients who have third-party (managed care, Medicare, Medicaid, other) payer 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, 2014 and 2013 from these major payer sources are as follows:

	<u>2014</u>	<u>2013</u>
Managed care	\$ 447,606,680	410,911,823
Medicare	348,474,166	352,378,575
Medicaid	182,181,696	179,904,997
Other	86,255,850	83,943,768
Self-pay	<u>4,249,635</u>	<u>5,210,208</u>
	<u>\$ 1,068,768,027</u>	<u>1,032,349,371</u>

(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 hospitals is based on the federal fiscal year, which coincides with the Center's fiscal year of October 1 through September 30. The reporting period for eligible professionals is based on the calendar year. The Center believes that it and its eligible professionals that met meaningful use objectives in the fiscal year ended September 30, 2013 have also met those objectives in the fiscal year ended September 30, 2014. EHR incentive revenues were approximately \$1,800,000 and \$4,600,000 for the fiscal years ended September 30, 2014 and 2013, and are included in other revenues in the accompanying consolidated statements of operations and changes in unrestricted net assets.

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

(p) *Non-operating 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. Other 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 policy threshold. 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 service 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, 2014 and 2013, 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;

FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

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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.

(u) Reclassification

Certain 2013 amounts have been reclassified to conform to the 2014 consolidated financial statement presentation.

(2) Net Patient Service Revenue

The Center has agreements with third-party payers that provide for payments to the Center at amounts different from its established rates. The most significant third-party payers to the Center are the Medicare and Medicaid programs, which account for approximately 50% and 51%, respectively, of the Center's net patient services revenue for both the years ended September 30, 2014 and 2013. A summary of the payment arrangements with major third-party payers 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. Commercial insurers, which operate as Medicare Advantage Plans, generally follow the traditional Medicare MSDRG payment methodology. Defined organ acquisition and graduate medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limits and regulatory guidelines. 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 included in its MSDRG payment, based on its level of Medicaid patient volume and low income Medicare beneficiaries.

The Center receives a final settlement for cost reimbursable and pass-through items after submission of its annual cost reports and audits thereof by the Medicare fiscal intermediary. A Medicare final settlement has been determined for all years up to and including 2006. Differences between estimated provisions for cost report settlements and final settlements 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 \$3,941,000 and \$12,572,000 for the years ended September 30, 2014 and 2013, respectively.

(b) Medicaid

Historically, inpatient and outpatient services rendered to Florida Medicaid program beneficiaries were paid under a cost reimbursement methodology, subject to certain limits. Beginning on July 1,

FLORIDA HEALTH SCIENCES CENTER, INC.

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2013, the Florida Legislature mandated a new inpatient payment methodology utilizing the All-Patient Refined Diagnosis Related Group (APR-DRG). The methodology, which is utilized by most state Medicaid programs, includes severity of illness information in a set of refined DRGs. In addition, the Florida Legislature mandated that the majority of Florida Medicaid beneficiaries be transitioned to Statewide Medicaid Managed Care (SMMC) beginning on June 1, 2014. Because certain populations will be carved out of SMMC, the Center expects that two-thirds of its Medicaid reimbursement will come from SMMC once the transition is complete. The Center continues to be paid for outpatient services on a cost-based rate that reimburses per occasion of service. In general, Medicaid Managed Care Plans will utilize the same payment methodology as traditional Medicaid for reimbursement of inpatient and outpatient services. The Center continues its submission of annual cost reports, which are utilized to set outpatient rates and are audited by the Medicaid fiscal intermediary.

(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, 2014 and 2013:

	2014	2013
Traditional charity care	\$ 41,686,000	52,013,000
Unreimbursed Medicaid and Medicaid HMO	22,112,000	27,075,000
Unreimbursed Hillsborough County Health Plan	21,774,000	19,750,000
	<u>\$ 85,572,000</u>	<u>98,838,000</u>
As a percentage of operating expenses	8%	10%

FLORIDA HEALTH SCIENCES CENTER, INC.

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(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 payer agreements. The mix of receivables from patients and third-party payers as of September 30 is as follows:

	2014	2013
Managed care	47%	48%
Medicare	25	22
Medicaid	6	10
Other	22	20
	<u>100%</u>	<u>100%</u>

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

FLORIDA HEALTH SCIENCES CENTER, INC.

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

Assets limited as to use as of September 30, 2014 and 2013, at fair value, are as follows:

	<u>2014</u>	<u>2013</u>
Internally designated for capital improvements and employee health benefits:		
Cash and cash equivalents	\$ 37,991,035	40,545,336
Equities securities:		
Domestic stocks	280,147,632	223,698,122
Global stocks	39,480,062	36,562,466
Fixed income securities:		
Government obligations	80,561,574	43,786,466
Corporate bonds	186,092,226	167,230,730
Beneficial interest in Tampa General Hospital Foundation	<u>7,597,344</u>	<u>6,548,026</u>
Total internally designated for capital improvements and employee health benefits	<u>631,869,873</u>	<u>518,371,146</u>
Joint ventures:		
West Central Florida Health Alliance, Inc.	818,743	—
Held by trustee under malpractice self-insurance arrangement:		
Cash and cash equivalents	9,965,086	14,343,288
Municipal bonds	34,645,761	43,986,765
Mutual funds	<u>25,366,323</u>	<u>22,236,993</u>
Total held by trustee under malpractice self-insurance arrangement	<u>69,977,170</u>	<u>80,567,046</u>
Held by trustee under bond indentures:		
Cash and cash equivalents	<u>31,245,150</u>	<u>49,393,829</u>
Total held by trustee under bond indentures	<u>31,245,150</u>	<u>49,393,829</u>
Assets limited to use	733,910,936	648,332,021
Amount required to meet current obligations	<u>(14,168,561)</u>	<u>(9,380,161)</u>
Assets limited to use, less current portion	<u><u>\$ 719,742,375</u></u>	<u><u>638,951,860</u></u>

Short-term investments, stated at fair value, consist of the following as of September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 25,042,454	3,041,666
Government bonds	<u>5,059,176</u>	<u>5,006,770</u>
	<u><u>\$ 30,101,630</u></u>	<u><u>8,048,436</u></u>

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Investment income and gains and losses on assets limited as to use, cash equivalents and other investments comprise the following for the years ended September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Other revenue:		
Interest income	\$ 2,139,941	3,222,027
Net realized (losses) gains on sale of investments, net	(39,965)	172,953
Unrealized gains on trading investments, net	<u>2,170,605</u>	<u>1,433,425</u>
Total	<u>4,270,581</u>	<u>4,828,405</u>
Nonoperating gains:		
Interest income and dividends	14,846,458	12,060,024
Net realized gains on sale of investments, net	28,540,270	10,106,790
Unrealized (losses) gains on trading investments, net	<u>(7,072,406)</u>	<u>20,799,671</u>
Total	<u>36,314,322</u>	<u>42,966,485</u>
Total investment return	<u>\$ 40,584,903</u>	<u>47,794,890</u>

(6) Fair Value Measurements

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

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

Following is a description of the valuation methodologies used for significant assets measured at fair value at September 30, 2014:

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.

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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, 2014 and 2013:

	September 30, 2014	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	\$ 90,518,288	90,518,288	—
Short-term investments:			
Cash and cash equivalents	25,042,454	25,042,454	—
Government bonds	5,059,176	5,059,176	—
Assets limited to use:			
Cash and cash equivalents	79,201,271	79,201,271	—
Equity income securities:			
Domestic stocks	280,147,632	280,147,632	—
Global stocks	39,480,062	39,480,062	—
Mutual funds	25,366,323	25,366,323	—
Fixed income securities:			
Government obligations	80,561,574	80,561,574	—
Corporate bonds	186,092,226	—	186,092,226
Municipal bonds	34,645,761	—	34,645,761
Beneficial interest in Tampa General Hospital Foundation	7,597,344	—	7,597,344
Investment in joint venture	818,743	—	818,743
	<u>733,910,936</u>	<u>504,756,862</u>	<u>229,154,074</u>
Total	\$ <u>854,530,854</u>	<u>625,376,780</u>	<u>229,154,074</u>

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	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
	<u>648,332,021</u>	<u>430,566,500</u>	<u>217,765,521</u>
Total	\$ <u>750,408,028</u>	<u>532,642,507</u>	<u>217,765,521</u>

There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2014 and 2013. There were no investments classified as Level 3 during the years ended September 30, 2014 and 2013.

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(7) Long-Term Debt

Long-term debt consists of the following:

	<u>2014</u>	<u>2013</u>
Series 2006 Bonds, net of unamortized premium of \$3,162,980 and \$3,442,560 as of September 30, 2014 and 2013, respectively, maturing in various amounts through October 1, 2041, with stated rates of 4% to 5.25%	\$ 181,492,980	182,852,560
Series 2012A Bonds, net of unamortized premium of \$11,504,385 and \$12,392,542 as of September 30, 2014 and 2013, respectively, maturing in various amounts through October 1, 2043, with stated rates of 3% to 5%	177,994,385	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	37,020,000
Note payable, due in monthly installments through 2015 at a stated rate of interest of 3.25%, collateralized by software	<u>324,537</u>	<u>2,235,310</u>
Total long-term debt	396,831,902	400,990,412
Less current installments	<u>(7,275,879)</u>	<u>(4,158,459)</u>
Long-term debt, excluding current installments	<u>\$ 389,556,023</u>	<u>396,831,953</u>

The fair value of long-term debt was approximately \$399,053,000 and \$376,508,000 as of September 30, 2014 and 2013, respectively.

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, 2014.

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. This transaction resulted in a loss on early extinguishment of debt of approximately \$5,958,000 and is included in other non-operating gains (losses) on the consolidated statements of operations and changes in unrestricted net assets. 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, 2014.

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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 for the refunding of the remaining outstanding principal of the Series 2003A Bonds. This transaction resulted in a loss on early extinguishment of debt of approximately \$834,000 and is included as a component of other non-operating gains (losses) on the consolidated statements of operations and changes in unrestricted net assets. The 2013 bank loan contains 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, 2014.

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% to 5.25%, with an effective rate of 5.01% at September 30, 2014, 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% to 5% with an effective rate of 4.6% at September 30, 2014, 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, 2014, and maturities to October 1, 2024.

Scheduled maturities of long-term debt as of September 30, 2014 are as follows:

Year ending September 30:	
2015	\$ 6,214,537
2016	9,544,000
2017	6,109,000
2018	6,297,000
2019	6,506,000
Thereafter	<u>347,494,000</u>
Long-term debt, excluding unamortized premiums (discounts)	382,164,537
Unamortized premium	<u>14,667,365</u>
Long-term debt, including unamortized premiums (discounts)	<u>\$ 396,831,902</u>

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(8) Property and Equipment

Property and equipment consist of the following as of September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Land	\$ 46,639,634	46,639,634
Land improvements, buildings, and fixed equipment	460,634,231	442,493,449
Major moveable equipment	299,919,982	271,977,635
Other equipment	<u>8,038,217</u>	<u>7,777,729</u>
Total property and equipment	815,232,064	768,888,447
Accumulated depreciation and amortization	<u>(388,838,960)</u>	<u>(346,295,972)</u>
Total property and equipment less depreciation and amortization	426,393,104	422,592,475
Construction in progress	<u>27,504,392</u>	<u>26,427,743</u>
Property and equipment, net	<u><u>\$ 453,897,496</u></u>	<u><u>449,020,218</u></u>

Depreciation expense amounted to \$42,544,000 and \$42,086,000 during the years ending September 30, 2014 and 2013, respectively.

As of September 30, 2014, the estimated cost to complete construction in progress is approximately \$73.3 million.

Interest expense, net of interest income, of approximately \$314,000 and \$555,000, was capitalized during the years ended September 30, 2014 and 2013, respectively.

(9) Lease Obligations

The Center leases certain medical and other support equipment under operating leases. Rent expense under noncancelable operating leases was approximately \$8,344,000 and \$7,909,000 for the years ended September 30, 2014 and 2013, respectively. Future minimum lease payments as of September 30, 2014 are as follows:

	<u>Operating leases</u>
Year ending September 30:	
2015	\$ 8,506,348
2016	6,241,854
2017	3,119,778
2018	1,638,819
2019 and thereafter	<u>1,079,282</u>
Total leases	<u><u>\$ 20,586,081</u></u>

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The Center does not have any capital leases outstanding as of September 30, 2014.

(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.

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.

Effective January 1, 2014, due to the introduction of employer matching in its 403b plan, the Center's board of trustees approved an amendment to reduce the contribution schedule. The actuarially computed net periodic pension cost for the Center's Plan for the years ended September 30, 2014 and 2013 included the following components and reflects the impact of the contribution reduction:

		2014	2013
Service cost – benefits earned during the period	\$	12,581,943	30,488,947
Interest cost on projected benefit obligation		10,440,276	9,277,995
Expected return on plan assets		(18,679,325)	(16,508,817)
Net amortization and deferral of unrecognized losses		(1,970,287)	4,381,100
Net periodic pension cost	\$	<u>2,372,607</u>	<u>27,639,225</u>

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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, 2014 and 2013 (using a measurement date of September 30):

	<u>2014</u>	<u>2013</u>
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 250,411,706	275,804,834
Service cost	12,581,943	30,488,947
Interest cost	10,440,276	9,277,995
Amendments	—	(20,730,948)
Actuarial (gain) loss	7,568,373	(32,428,155)
Benefits paid	(15,218,928)	(12,000,967)
Projected benefit obligation at end of year	<u>265,783,370</u>	<u>250,411,706</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	248,014,082	206,608,056
Actual return on plan assets	23,015,992	32,345,331
Employer contributions	5,000,000	21,061,662
Benefits paid	(15,218,928)	(12,000,967)
Fair value of plan assets	<u>260,811,146</u>	<u>248,014,082</u>
Funded status and accrued benefit costs	<u>\$ (4,972,224)</u>	<u>(2,397,624)</u>

The accumulated benefit obligation for the Plan was approximately \$264,799,000 and \$248,701,000 as of September 30, 2014 and 2013, respectively.

Weighted average assumptions used to determine projected benefit obligations as of September 30, 2014 and 2013 were as follows:

	<u>2014</u>	<u>2013</u>
Discount rate	4.29%	4.29%
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, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Discount rate	3.82%	3.44%
Projected rate of increase in compensation levels	3.00	3.00
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.

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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, 2014. 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:

	<u>Net prior service credit</u>	<u>Net actuarial loss</u>	<u>Total</u>
Amounts recognized in unrestricted net assets as of September 30, 2014	\$ (17,909,904)	20,306,452	2,396,548
Amounts in net assets to be recognized during the next fiscal year	(15,939,617)	20,306,452	4,366,835

Plan Assets

The weighted average asset allocation of the Center's assets held for pension benefits as of September 30, 2014 and 2013 was as follows:

<u>Asset category</u>	<u>Pension benefits plan assets at September 30</u>	
	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	6%	7%
Equity securities:		
Domestic stocks	47	59
Global stocks	10	14
Mutual funds	10	—
Fixed income securities:		
U.S. Treasury obligations	9	4
Government agencies	2	1
Corporate bonds	16	15
Total	<u>100%</u>	<u>100%</u>

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	September 30, 2014	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	\$ 16,387,743	16,387,743	—
Equity securities:			
Domestic stocks	123,502,070	123,502,070	—
Global stocks	25,970,102	25,970,102	—
Mutual funds	26,581,659	—	26,581,659
Fixed income securities:			
Treasury obligations	22,481,234	22,481,234	—
Government obligations	5,428,135	5,428,135	—
Corporate bonds	40,460,203	—	40,460,203
Total	\$ 260,811,146	193,769,284	67,041,862

	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

There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2014 and 2013. There were no investments classified as Level 3 during the years ended September 30, 2014 and 2013.

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

The investment strategy has a current target allocation policy as follows: 75% equities and 25% fixed income and other securities. The expected long-term rate of return on plan assets is determined based primarily on expectations of future returns for the defined benefit plan's investments based on the

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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 year 2014.

The benefits expected to be paid in each year from 2015 through 2019 are approximately \$15,985,000; \$16,321,000; \$16,414,000; \$17,155,000; and \$18,133,000, respectively. The aggregate benefits expected to be paid from 2020 through 2024 are approximately \$107,392,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations as of September 30, 2014 and include estimated future employee service.

(b) 403b Savings Plan

Effective January 1, 2014, the Center's board of trustees approved an amendment and restatement of its 403(b) Savings Plan document to include a matching contribution equal to the sum of 100% of the first 3% of compensation deferred and 50% of the next 2% of compensation deferred. The original effective date of this plan was December 1, 1999. The Plan was established for the exclusive benefit of the participants and their beneficiaries. All employees are automatically enrolled upon hire for purposes of the elective deferral, unless they opt not to participate. Participants are eligible to receive a matching contribution upon completion of certain service requirements. Contribution expense attributable to this defined contribution plan was approximately \$7.9 million for the year ended September 30, 2014.

(c) 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 10 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.

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The actuarially computed net periodic pension cost for the Center's SERP for the years ended September 30, 2014 and 2013 included the following components (using a measurement date of September 30):

	2014	2013
Service cost – benefits earned during the period	\$ 1,486,088	1,542,861
Interest cost on projected benefit obligation	520,163	488,595
Net amortization and deferral of unrecognized losses	449,399	807,739
Net periodic pension cost	\$ <u>2,455,650</u>	<u>2,839,195</u>

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, 2014 and 2013:

	2014	2013
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 14,993,877	21,665,520
Service cost	1,486,088	1,542,861
Interest cost	520,163	488,595
Amendments	—	716,518
Actuarial gain (loss)	7,219	(949,211)
Settlements	—	(7,338,621)
Benefits paid	(614,247)	(1,131,785)
Projected benefit obligation at end of year	16,393,100	14,993,877
Fair value of plan assets at end of year	—	—
Funded status and accrued benefit costs	\$ <u>(16,393,100)</u>	<u>(14,993,877)</u>

The accumulated benefit obligation for the SERP was approximately \$13,131,000 and \$11,920,000 as of September 30, 2014 and 2013, respectively.

Weighted average assumptions used to determine projected benefit obligations at September 30, 2014 and 2013 were as follows:

	2014	2013
Discount rate	3.46%	3.46%
Projected rate of compensation increase	3.00%–8.00%	3.00%–8.00%

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The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Discount rate	3.46%	2.54%–2.77%
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, 2014. 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:

	<u>Net prior service cost</u>	<u>Net actuarial loss</u>	<u>Total</u>
Amounts recognized in unrestricted net assets as of September 30, 2014	\$ 75,920	373,479	449,399
Amounts in net assets to be recognized during the next fiscal year	75,920	324,807	400,727

Cash Flows

The Center does not expect to make any contributions to the SERP in fiscal year 2015.

The benefits expected to be paid in each year from 2015 through 2019 are approximately \$2,450,000; \$1,810,000; \$439,000; \$452,000; and \$617,000, respectively. The aggregate benefits expected to be paid in the five years from 2020 through 2024 are approximately \$10,462,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30, 2014 and include estimated future employee service.

(d) *Other Postretirement Benefits*

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

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The components of net periodic postretirement benefit cost for the years ended September 30, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Service cost – benefits attributed to service during the year	\$ 107,608	121,285
Interest cost on accumulated postretirement benefit obligation	198,104	185,778
Amortization of net gain (loss)	<u>(141,103)</u>	<u>(108,236)</u>
Net periodic postretirement benefit cost	\$ <u>164,609</u>	<u>198,827</u>

The following table sets forth the postretirement plan's funded status and amounts recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2014 and 2013 (measurement date as of September 30):

	<u>2014</u>	<u>2013</u>
Change in accumulated benefit obligation:		
Accumulated benefit obligation at beginning of year	\$ 3,788,221	4,497,330
Service cost	107,608	121,285
Interest cost	198,104	185,778
Retiree contributions	416,809	458,730
Actuarial loss (gain)	72,405	(732,534)
Benefits paid	<u>(372,717)</u>	<u>(742,368)</u>
Accumulated benefit obligation at end of year	<u>4,210,430</u>	<u>3,788,221</u>
Change in plan assets:		
Employer contribution	(44,092)	283,638
Employee contribution	416,809	458,730
Benefits paid	<u>(372,717)</u>	<u>(742,368)</u>
Fair value of plan assets at end of year	<u>—</u>	<u>—</u>
Funded status and accrued benefit costs	\$ <u>(4,210,430)</u>	<u>(3,788,221)</u>

For measurement purposes, an 8.5% and 9.5% annual rate of increase in the per capita cost of covered healthcare benefits was assumed for 2014 and 2013, respectively, and the rate was assumed to decrease gradually to 5.5% over the subsequent three years and remain at that level thereafter.

The weighted average discount rate used in determining the accumulated postretirement benefit obligation was 4.75% and 5.3% as of September 30, 2014 and 2013, respectively. The weighted average discount rate used in determining the net benefit cost was 5.3% and 4.6% as of September 30, 2014 and 2013, respectively.

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The impact of a one percentage point change in assumed healthcare cost trend rates as of September 30, 2014 is as follows:

	<u>1% Increase</u>	<u>1% Decrease</u>
Effect on total of service and interest cost components	\$ 52,484	(40,819)
Effect on postretirement benefit obligation	758,939	(140,767)

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, 2014. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees.

Net actuarial gain recognized in unrestricted net assets as of September 30, 2014	\$ —
Net actuarial gain to be recognized during the next year	(126,757)

Cash Flows

The Center expects to contribute approximately \$332,000 to its postretirement benefit plan in 2015.

The benefits expected to be paid in each year from 2015 through 2019 are approximately \$332,000; \$322,000; \$268,000; \$272,000; and \$267,000, respectively. The aggregate benefits expected to be paid in the five years from 2020 through 2024 are \$1,096,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations as of September 30, 2014 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, 2014. The Center has renewed its claims-made policy.

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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 \$77,565,000 and \$82,777,000 as of September 30, 2014 and 2013, 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 \$23,644,000 and \$23,637,000 during the years ended September 30, 2014 and 2013, 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 has received 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.

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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, 2015. 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, 2014 and 2013, approximately \$18,975,000 and \$20,913,000, respectively, were included in net patient service revenue.

(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, 2014 and 2013, 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 \$7,597,000 and \$6,548,000 as of September 30, 2014 and 2013, 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, 2014 and 2013, the Center paid the University approximately \$45,470,000 and \$39,468,000, 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.

(14) Subsequent Events

The Center has evaluated events and transactions occurring subsequent to September 30, 2014 as of December 18, 2014, which is the date the consolidated financial statements were available to be issued, and has determined that no additional disclosures or adjustments are required.