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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

Doing Business As

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

12902 MAGNOLIA DRIVE

City or town, state or country, and ZIP + 4

TAMPA, FL 33612

D Employer identification number

59-3238634

E Telephone number

(813) 745-4673

G Gross receipts \$ 553,517,171

F Name and address of principal officer

JANENE CULUMBER

12902 MAGNOLIA DRIVE

TAMPA, FL 33612

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.MOFFITT.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

FL

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER		
	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	10
	5 Total number of employees (Part V, line 2a)	5	2,581
Revenue	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	4,692,682	7,551,785
	9 Program service revenue (Part VIII, line 2g)	452,127,642	514,831,626
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,395,753	3,009,349
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,176,044	3,050,462
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	461,392,121	528,443,222
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	99,847	141,450
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	178,975,259	189,234,730
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	245,904,589	270,869,961
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	424,979,695	460,246,141
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	36,412,426	68,197,081
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	305,218,442	325,027,437
	21 Total liabilities (Part X, line 26)	35,246,528	44,109,244
	22 Net assets or fund balances Subtract line 21 from line 20	269,971,914	280,918,193

Part II

Signature Block

Sign Here

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

Signature of officer

Janene Culumber VP/CFO

2011-05-13

Date

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

ERNST & YOUNG US LLP

75 BEATTIE PLACE SUITE 800

GREENVILLE, SC 29601

Check if self-employed

Preparer's identifying number (see instructions)

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 391,237,103 including grants of \$ 141,450) (Revenue \$ 515,571,444)
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL, INC (THE "HOSPITAL") HAS MADE A LASTING COMMITMENT TO THE PREVENTION AND CURE OF CANCER, WORKING TIRELESSLY IN THE AREAS OF PATIENT CARE, RESEARCH AND EDUCATION TO ADVANCE ONE STEP FURTHER IN FIGHTING THIS DISEASE LOCATED ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA IN TAMPA, FL, THE HOSPITAL HAS ONE MISSION "TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER " MOFFITT IS A LEADING NATIONAL CANCER INSTITUTE (NCI) COMPREHENSIVE CANCER CENTER - ONE OF ONLY 40 IN THE NATION TO HOLD THIS DISTINCTION ADDITIONALLY, TO SERVE OUR LEGISLATIVE MANDATE TO BE A STATEWIDE RESOURCE FOR CANCER RESEARCH AND TREATMENT, THE HOSPITAL HAS CREATED A NETWORK OF STRATEGIC PARTNERS COMPOSED OF 17 AFFILIATE HOSPITALS (14 WITHIN THE STATE OF FLORIDA) AND PRACTICE AFFILIATIONS REPRESENTED BY MORE THAN 400 ONCOLOGISTS REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE OPERATION OF THE HOSPITAL, HOWEVER, KNOWING THAT ALL PATIENTS DO NOT HAVE THE ABILITY TO PAY, THE HOSPITAL RECOGNIZES ITS RESPONSIBILITY TO PROVIDE CANCER SERVICES AND EDUCATION TO THOSE NEEDING OUR SPECIALIZED RESEARCH CAPABILITIES PATIENTS WHO MEET MOFFITT'S MEDICAL AND SURGICAL PROTOCOLS AND DO NOT HAVE THE ABILITY TO PAY WILL BE TREATED, IF SUCH PROTOCOLS ARE NOT AVAILABLE IN THEIR COMMUNITY IT IS THIS COMMITMENT THAT HAS CONSISTENTLY GUIDED THE HOSPITAL TO (1) PROVIDE CARE FOR PATIENTS COVERED BY GOVERNMENTAL PROGRAMS BELOW COST(2) PROVIDE FREE CHARITY CARE FOR THOSE WHO CANNOT PAY(3) PROVIDE ONCOLOGY SPECIALIZATION TO THE STATE OF FLORIDA THROUGH INVOLVEMENT IN INVESTIGATIONAL PROTOCOLS, EDUCATION OF FUTURE PHYSICIANS AND CONTINUING PROFESSIONAL EDUCATION FOR PHYSICIANS AND OTHER ALLIED HEALTH CARE PROFESSIONALS(4) TAKE A LEADERSHIP ROLE IN CANCER PREVENTION AND SCREENING ACTIVITIES THAT INVOLVE NOT ONLY THE LOCAL COMMUNITY BUT ALSO THE STATE OF FLORIDATHE HOSPITAL IS A CRITICAL RESOURCE FOR THE STATE OF FLORIDA, WHICH RANKS SECOND IN THE NATION IN BOTH CANCER INCIDENCE AND MORTALITY THE MOFFITT ORGANIZATION HAS MORE THAN 4,200 EMPLOYEES AND SUPPORTS A MEDICAL STAFF OF 340 IT IS LICENSED FOR 206 BEDS AND INCLUDES A FREESTANDING CLINIC, A MAJOR RESEARCH INSTITUTE CONSISTING OF 625 SCIENTIFIC MEMBERS AND THEIR SUPPORT STAFF AND A FREESTANDING LIFETIME CANCER SCREENING AND PREVENTION CENTER PROVIDING A WIDE ARRAY OF OUTREACH AND EDUCATIONAL ACTIVITIES FOR THE GENERAL PUBLIC AND SELECT UNDERSERVED POPULATIONS IN FISCAL YEAR 2010, THE HOSPITAL RECORDED 320,558 OUTPATIENT VISITS AND 8,616 INPATIENT ADMISSIONS

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 391,237,103
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," 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 a grant selection committee member, or to a person related to such an individual? <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		No
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		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or 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	Yes	
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a181		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a2,581	Yes	
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 this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		No
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	14	
b	Enter the number of voting members that are independent . . .	1b	10	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JANENE CULUMBER 12902 MAGNOLIA DRIVE TAMPA, FL 33612 (813) 745-1329	

1b Total	2,396,166	5,341,179	709,211
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶185

		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 for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ERNST & YOUNG US LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	AUDIT AND TAX SERVICES	268,410
CUMMINS POWER SOUTH LLC 5125 HWY 85 ATLANTA, GA 30349	CONSTRUCTION SERVICES	245,135
AULT INTL MEDICAL MGMT LLC 8425 PULSAR PL STE 270 COLUMBUS, OH 43240	BENEFITS MANAGEMENT SERVICES	233,540
TAMPA BAY RAYS BASEBALL LTD ONE TROPICANA DRIVE ST PETERSBURG, FL 33705	SPONSORSHIP	163,521
RARNA LLC 20110 NATURES HIKE WAY TAMPA, FL 33647	CONSULTING SERVICES	157,680

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶9

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	4,366,116				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,185,669				
	g	Noncash contributions included in lines 1a-1f \$ 2,455,240						
	h	Total. Add lines 1a-1f		7,551,785				
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE RE	900,099	497,521,422	497,521,422			
	b	OUTPATIENT PHARMACY	900,099	14,410,807	14,410,807			
	c	CONFERENCE PLANNING	611,710	755,711	755,711			
	d	REIMBURSEMENTS	541,900	621,287	621,287			
	e	BMT LODGING PROGRAM	721,000	501,564	501,564			
	f	All other program service revenue		1,020,835	565,343		455,492	
	g	Total. Add lines 2a-2f		514,831,626				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,444,289			2,444,289	
	4	Income from investment of tax-exempt bond proceeds . . .		547,886	547,886			
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			25,022,028	69,095				
			24,972,172	101,777				
			49,856	-32,682				
	d	Net gain or (loss)		17,174			17,174	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
b			Less direct expenses	b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	722,210	2,035,377			2,035,377		
b	SERIES 2002A-2002B	523,000	633,292	633,292				
c	INT FROM INS CO	524,114	126,253			126,253		
d	All other revenue		255,540	14,132		241,408		
e	Total. Add lines 11a-11d		3,050,462					
12	Total revenue. See Instructions		528,443,222	515,571,444	0	5,319,993		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	141,450	141,450		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,726,031	1,380,825	345,206	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	148,829,396	118,784,652	30,044,744	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,479,315	6,767,746	1,711,569	
9	Other employee benefits	18,928,873	15,214,809	3,714,064	
10	Payroll taxes	11,271,115	8,996,015	2,275,100	
11	Fees for services (non-employees)				
a	Management				
b	Legal	90,172		90,172	
c	Accounting	196,418		196,418	
d	Lobbying	677,192		677,192	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	80,982		80,982	
g	Other	10,278,592	9,111,059	1,167,533	
12	Advertising and promotion	1,959,990	1,959,990		
13	Office expenses	157,873,799	153,806,608	4,067,191	
14	Information technology	5,509,185		5,509,185	
15	Royalties				
16	Occupancy	14,191,276	9,825,663	4,365,613	
17	Travel	357,627	253,481	104,146	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	602,683	602,683		
20	Interest	7,201,618	7,196,856	4,762	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,508,501	18,353,782	8,154,719	
23	Insurance	1,210,618	1,210,618		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED SERVICES	25,471,092	20,714,811	4,756,281	
b	BAD DEBT EXPENSE	7,802,815	7,802,815		
c	HCCB ASSESSMENT	5,500,022	5,500,022		
d	CATERING/FOOD SERVICE	1,527,854	1,509,683	18,171	
e	MINOR EQUIPMENT	1,362,921	506,044	856,877	
f	All other expenses	2,466,604	1,597,491	869,113	
25	Total functional expenses. Add lines 1 through 24f	460,246,141	391,237,103	69,009,038	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			11,725	1	12,625
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,021,169	3	1,157,383
	4	Accounts receivable, net			55,809,503	4	57,914,955
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,956,936	8	8,433,711
	9	Prepaid expenses and deferred charges			7,032,605	9	7,113,030
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	468,631,242	228,070,045	10c	230,340,629
	b	Less accumulated depreciation	10b	238,290,613			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			6,316,459	15	20,055,104
	16	Total assets. Add lines 1 through 15 (must equal line 34)			305,218,442	16	325,027,437
Liabilities	17	Accounts payable and accrued expenses			35,246,528	17	41,148,192
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			0	25	2,961,052
	26	Total liabilities. Add lines 17 through 25			35,246,528	26	44,109,244
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			267,653,914	27	278,802,193
	28	Temporarily restricted net assets			2,318,000	28	2,116,000
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			269,971,914	33	280,918,193
	34	Total liabilities and net assets/fund balances			305,218,442	34	325,027,437

Part XI Financial Statements and Reporting

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Employer identification number
59-3238634

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. 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—2008. 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 IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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, line 35a (regarding proxy tax), then

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

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC	Employer identification number 59-3238634
--	--

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

1

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

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a

Was a correction made?

☐ Yes

☐ No

b

If "Yes," describe in Part IV

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

1

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

▶ \$

2

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

▶ \$

3

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

▶ \$

4

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

☐ Yes

☐ No

5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

	(a)		(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?	Yes		
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		
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		809,889
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		9,116
j Total lines 1c through 1i			899,496
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC. AND ITS THREE NON-PROFIT SUBSIDIARY CORPORATIONS ("CORPORATION") WERE CREATED TO GOVERN AND OPERATE THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE ("INSTITUTE") PURSUANT TO SECTION 1004.43, FLORIDA STATUTES. AMONG OTHER THINGS, SECTION 1004.43, FLORIDA STATUTES PROVIDES: (1) THAT THE CORPORATION SHALL ENTER INTO AN AGREEMENT WITH THE STATE BOARD OF EDUCATION FOR THE UTILIZATION OF FACILITIES ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA; (2) THAT THE CORPORATION SUBMIT ANNUAL POST AUDITS OF ITS FINANCIAL ACCOUNTS TO THE AUDITOR GENERAL OF THE STATE OF FLORIDA AND THE BOARD OF GOVERNORS FOR THEIR REVIEW; AND (3) THAT THE CORPORATION'S CEO REPORT TO THE BOARD OF GOVERNORS OR ITS DESIGNEE AND PROVIDE COPIES OF THE INSTITUTE'S ANNUAL REPORT TO THE GOVERNOR OF THE STATE OF FLORIDA, THE CABINET, THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE HOUSE AND THE CHAIR OF THE BOARD OF GOVERNORS. ALTHOUGH THE CORPORATION IS A PRIVATE ENTITY, IT IS NONETHELESS SUBJECT TO THE STATE OF FLORIDA'S PUBLIC RECORDS AND THE PUBLIC MEETINGS LAWS. THE CORPORATION ALSO RELIES ON ANNUAL APPROPRIATIONS BY THE LEGISLATURE OF THE STATE OF FLORIDA AND GRANTS FROM VARIOUS LOCAL, STATE AND FEDERAL AGENCIES FOR OPERATION AND MAINTENANCE OF ITS FACILITIES AND FOR SPECIFIC RESEARCH AND CLINICAL PROGRAMS. FOR THESE REASONS, THE CORPORATION FROM TIME TO TIME ENGAGES LOBBYISTS AND OTHER CONSULTANTS: (1) TO ASSIST IT IN COMPLYING WITH ITS REPORTING REQUIREMENTS TO THE STATE OF FLORIDA UNDER SECTION 1004.43, FLORIDA STATUTES; (2) TO MONITOR LEGISLATIVE AND EXECUTIVE BRANCH ACTION AT LOCAL, STATE AND FEDERAL LEVELS OF GOVERNMENT WHICH IMPACT ITS OPERATION AND THE FULFILLMENT OF ITS MISSION; AND (3) TO INFLUENCE LEGISLATION IN FURTHERANCE OF ITS MISSION IN THE AREAS OF CANCER RESEARCH AND TREATMENT, THE TEACHING AND TRAINING OF HEALTH CARE PROFESSIONALS AND COMMUNITY EDUCATION AND OUTREACH ACTIVITIES. THE CORPORATION DOES NOT ENGAGE IN ANY ACTIVITIES TO SUPPORT OR OPPOSE ANY CANDIDATE FOR PUBLIC OFFICE. OTHER ACTIVITIES, LINE 1i: THE OTHER ACTIVITIES AMOUNT LISTED ON LINE 1i IS COMPRISED OF EXPENSES RELATED TO ORGANIZING VOLUNTEERS TO VISIT LEGISLATORS.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC	Employer identification number 59-3238634
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
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 XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		212,493,448	55,333,261	157,160,187
c Leasehold improvements		3,405,873	2,806,609	599,264
d Equipment		244,556,116	180,150,743	64,405,373
e Other		8,175,805		8,175,805
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				230,340,629

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Cancer Center recognizes uncertain tax positions when it is more likely than not (i.e., greater than 50% likelihood of receiving benefit) and records these benefits at the amount most likely to be realized assuming a review by tax authorities having all relevant information and applying current conventions. The Cancer Center has no significant unrecognized tax benefits and does not believe that there will be any material changes in the Cancer Center's unrecognized tax position over the next 12 months.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)		3,924	20,252,643	0	20,252,643	4 470 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		2,266	32,937,568	10,966,345	21,971,223	4 850 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		220	1,875,918	721,439	1,154,479	0 250 %
d Total Charity Care and Means-Tested Government Programs		6,410	55,066,129	11,687,784	43,378,345	9 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	3,831	80,121	16,459	63,662	0 010 %
f Health professions education (from Worksheet 5)	5	1,553	492,663	411,522	81,141	0 010 %
g Subsidized health services (from Worksheet 6)				0		
h Research (from Worksheet 7)				0		
i Cash and in-kind contributions to community groups (from Worksheet 8)	0	0	0	0		0 %
j Total Other Benefits	21	5,384	572,784	427,981	144,803	0 020 %
k Total. Add lines 7d and 7j	21	11,794	55,638,913	12,115,765	43,523,148	9 590 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	22,210,545	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5108,977,000	
6	Enter Medicare allowable costs of care relating to payments on line 5	6122,243,000	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-13,266,000	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Name and address

H LEE MOFFITT CANCER CENTER & RESEARCH
12902 MAGNOLIA DRIVE
TAMPA, FL 33612

Part VI

Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 IN RESPONSE TO AN URGENT NEED TO CREATE SOLUTIONS FOR THE DEVELOPMENT OF EFFECTIVE CANCER INTERVENTIONS AND EFFECTIVE PENETRATION WITHIN THE COMMUNITY, THE CANCER CENTER IN COLLABORATION WITH LOCAL COMMUNITY-BASED HEALTH CENTERS, SOCIAL SERVICES AGENCIES, FAITH-BASED GROUPS, ADULT EDUCATION AND LITERACY GROUPS, AND LOCAL MEDIA FORMED A NETWORK THIS NETWORK AIMS TO ADDRESS CRITICAL ACCESS, PREVENTION AND CANCER CONTROL ISSUES THAT IMPACT MEDICALLY UNDERSERVED, LOW-LITERACY AND LOW-INCOME POPULATIONS IN THE COMMUNITY

- 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 charity care policy

See additional data

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

Part VI, Line 4 THE HOSPITAL IS THE ONLY FLORIDA BASED NCI DESIGNATED CANCER CENTER, PRIMARILY SERVICING FIVE COUNTIES WITH A BROAD RANGE OF COMMUNITIES WITHIN A 15 MILE RADIUS, MINORITIES, MAINLY COMPRISING OF AFRICAN-AMERICAN AND HISPANICS, MAKE UP 30-40% OF THE POPULATION WITH MEDIAN HOUSEHOLD INCOME RANGING FROM \$30k TO \$39k AND UNEMPLOYMENT AS OF THE BEGINNING OF 2011 AT 12.5%, SLIGHTLY ABOVE THE FLORIDA UNEMPLOYMENT RATE

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

- 6** Provide any other information important to describing how the organization's hospitals 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.)

Part VI, Line 6 THE HOSPITAL IS INTERNATIONALLY RECOGNIZED FOR ITS FOCUS ON TOTAL CANCER CARE AND TRANSLATIONAL RESEARCH AND HAS GROWN TO BE THE THIRD-LARGEST CANCER CENTER IN THE U.S. BASED ON OUTPATIENT VISITS. IT HAS CREATED ALLIANCES WITH 14 STATEWIDE HEALTH CARE SYSTEMS TO FURTHER IMPROVE THE DELIVERY OF CANCER CARE AND ACCESS TO CLINICAL TRIALS

- 7** 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

See additional data

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Employer identification number
59-3238634

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
AMERICAN CANCER SOCIETY8095 NW 12TH ST 200 DORAL,FL 33126	590657320	501(C)(3)	18,000				SPONSORSHIP
HILLSBOROUGH COUNTY MEDICAL ASSOC FDN INC 606 SOUTH BLVD TAMPA,FL 33606	593470072	501(C)(3)	5,300				SPONSORSHIP
TAMPA GENERAL HOSPITAL FOUNDATION INCPO BOX 1289 RM H-149 TAMPA,FL 33601	237354477	501(C)(3)	10,000				SPONSORSHIP
THE V FOUNDATION106 TOWERVIEW COURT CARY,NC 27513	133705951	501(C)(3)	25,000				SPONSORSHIP
JULIE WEINTRAUB'S HANDS ACROSS THE BAY 3800 ULMERTON RD CLEARWATER,FL 33762	271983612	501(C)(3)	7,500				SPONSORSHIP

2

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

5

3

Enter total number of other organizations ▶

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

Employer identification number
59-3238634

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		
	☐ Travel for companions		
	☒ Tax idemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☒ 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 the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ 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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		No
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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1b	PAYMENTS MADE FOR PERSONAL SERVICES AND PAYMENT WHICH ARE GROSSED UP ARE APPROVED BY THE JOINT EXECUTIVE COMPENSATION AND BENEFITS COMMITTEE (JEC&BC). PAYMENTS ARE A FIXED AMOUNT BASED ON JOB CLASSIFICATION AND IS DOCUMENTED IN MINUTES OF THE COMMITTEE AND REPORTED BACK TO THE BOARD.

Software ID:
Software Version:
EIN: 59-3238634
Name: H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL 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				
W MICHAEL ALBERTS	(i)	0	0	0	0	0	0	0
	(ii)	318,833	0	53,437	25,603	25,289	423,162	0
JULIE DJEU	(i)	0	0	0	0	0	0	0
	(ii)	269,041	711	19,494	25,602	1,547	316,395	0
WILLIAM S DALTON	(i)	0	0	0	0	0	0	0
	(ii)	894,794	0	137,602	25,603	23,102	1,081,101	0
LOUIS D DE LA PARTE	(i)	0	0	0	0	0	0	0
	(ii)	383,304	0	1,784	25,603	16,522	427,213	0
JOHN A KOLOSKY	(i)	0	0	0	0	0	0	0
	(ii)	518,538	0	149,298	25,603	27,641	721,080	0
ALAN F LIST	(i)	0	0	0	0	0	0	0
	(ii)	493,050	10,072	19,511	25,602	25,436	573,671	0
NICOLAS C PORTER	(i)	0	0	0	0	0	0	0
	(ii)	425,486	0	62,041	25,603	32,492	545,622	0
BRAULIO VICENTE	(i)	131,905	0	3,151	7,906	12,037	154,999	0
	(ii)	135,614	0	7,261	11,694	14,049	168,618	0
JANENE CULUMBER	(i)	0	0	0	0	0	0	0
	(ii)	273,308	0	16,564	19,600	17,584	327,056	0
BRENDA S GORDON	(i)	193,655	0	10,254	15,986	11,984	231,879	0
	(ii)	0	0	0	0	0	0	0
KELLY HALL	(i)	3,747	0	25,903	0	535	30,185	0
	(ii)	13,299	0	135,668	1,276	9,934	160,177	0
DEAN R HEAD	(i)	62,894	831	0	5,153	3,957	72,835	0
	(ii)	91,351	1,134	0	7,496	5,397	105,378	0
MARK F HULSE	(i)	0	0	0	0	0	0	0
	(ii)	134,073	37,120	26,118	1,327	5,716	204,354	0
MARY E REARDON	(i)	215,067	0	27,952	18,538	15,977	277,534	0
	(ii)	0	0	0	0	0	0	0
YVETTE LYONS TREMONTI	(i)	0	0	0	0	0	0	0
	(ii)	230,149	0	18,994	19,549	18,588	287,280	0
W J WILSON	(i)	224,904	0	9,442	18,114	11,046	263,506	0
	(ii)	0	0	0	0	0	0	0
SCOTT D ELDREDGE	(i)	164,543	0	2,111	10,564	9,967	187,185	0
	(ii)	0	0	0	0	0	0	0
PHILIP E JOHNSON	(i)	188,289	0	13,078	12,549	11,524	225,440	0
	(ii)	0	0	0	0	0	0	0
VLADIMIR FEYGELMAN	(i)	215,806	0	792	22,789	8,662	248,049	0
	(ii)	0	0	0	0	0	0	0
KENNETH M FORSTER	(i)	251,317	0	17,091	25,603	16,984	310,995	0
	(ii)	0	0	0	0	0	0	0
BRIAN K NORIEGA	(i)	205,580	0	988	13,231	19,983	239,782	0
	(ii)	0	0	0	0	0	0	0
SIRIPORN SARANGKASIRI	(i)	209,489	0	988	13,231	7,554	231,262	0
	(ii)	0	0	0	0	0	0	0
STUART G WASSERMAN	(i)	210,922	0	5,467	13,941	11,323	241,653	0
	(ii)	0	0	0	0	0	0	0
THOMAS A SELLERS	(i)	0	0	0	0	0	0	0
	(ii)	424,448	0	39,082	25,602	31,866	520,998	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STORR OFFICE EQUIPMENT	SEE SCHEDULE O EXPLANATION	754,231	OFFICE EQUIPMENT		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Employer identification number
59-3238634

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	16	2,455,240	PURCHASE PRICE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31			No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE NUMBER OF CONTRIBUTORS REPORTED REFLECTS THE NUMBER OF ITEMS CONTRIBUTED

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

Name: H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133040231

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC	Employer identification number 59-3238634
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRIOR TO PROVIDING FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, TO THE HOSPITAL BOARD OF DIRECTORS FOR REVIEW, THE CHIEF FINANCIAL OFFICER REVIEWS THE RETURN SUGGESTED COMMENTS OR CHANGES ARE DISCUSSED AND ANY NECESSARY CORRECTIONS ARE MADE PRIOR TO ELECTRONICALLY FILING FORM 990, MOFFITT HOSPITAL PROVIDES A COPY OF THE RETURN TO THE GOVERNING BODY , GIVING EACH BOARD MEMBER TIME TO REVIEW THE RETURN BOARD MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS RELATED TO THE INFORMATION PROVIDED ON THE RETURN

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ON AN ANNUAL BASIS A PRESENTATION IS MADE TO HOSPITAL BOARD MEMBERS TO REVIEW THE CONFLICT OF INTEREST POLICY AND PROCEDURES FOR DISCLOSING ANY POTENTIAL CONFLICTS EACH DIRECTOR, OFFICER, COMMITTEE MEMBER, AND KEY EMPLOYEE SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ATTACHED TO THE POLICY ANY DIRECTOR, OFFICER, COMMITTEE MEMBER, OR KEY EMPLOYEE WHO REASONABLY BELIEVES THAT HE OR SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST DISCLOSE THE EXISTENCE OF AND THE MATERIAL FACTS OF THE NATURE OF HIS/HER INTEREST ON THE FORM THE FORM IS SUBMITTED TO THE CORPORATE COMPLIANCE OFFICE, WHICH REVIEWS THE FORMS, GATHERS ADDITIONAL RELEVANT INFORMATION WHERE NECESSARY , AND PREPARES A SUMMARY OF THE DISCLOSURES TO BE REVIEWED BY THE CONFLICT OF INTERST WORK GROUP IF A DIRECTOR OR COMMITTEE MEMBER DISCLOSES THAT HE/SHE HAS A POTENTIAL CONFLICT OF INTEREST AT A BOARD OR COMMITTEE MEETING, SUCH DIRECTOR OR COMMITTEE MEMBER MUST DISCLOSE THE NATURE OF THE INTEREST AND ANY RELATED INFORMATION AND RESPOND TO QUESTIONS AS MAY BE REQUIRED BY THE REMAINING MEMBERS BASED ON THE INFORMATION DISCLOSED, THE REMAINING BOARD MEMBERS WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF A CONFLICT EXISTS THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER AN ALTERNATIVE TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT IS EQUALLY ADVANTAGEOUS IF AN ALTERNATIVE TRANSACTION IS NOT EQUALLY ADVANTAGEOUS THE DIRECTOR OR COMMITTEE MEMBER WHO IS THE SUBJECT OF THE CONFLICT SHALL NOT VOTE ON, NOR USE HIS/HER PERSONAL INFLUENCE ON, NOR PARTICIPATE IN DISCUSSIONS OR DELIBERATIONS WITH RESPECT TO THE TRANSACTION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		MOFFITT'S BOARD OF DIRECTORS HAS AN ESTABLISHED SUB-COMMITTEE, THE JOINT EXECUTIVE COMPENSATION & BENEFITS COMMITTEE (JEC&BC) THAT IS MADE UP ENTIRELY OF INDEPENDENT, OUTSIDE DIRECTORS THIS COMMITTEE IS CHARGED WITH THE OVERSIGHT OF THE PERFORMANCE AND COMPENSATION OF MOFFITT EXECUTIVES AND DISQUALIFIED PERSONS THESE POSITIONS INCLUDE THE CEO, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, VICE PRESIDENTS AND DEPARTMENT CHAIRPERSONS TO ACCOMPLISH ITS MISSION, THE COMMITTEE CAN AS NEEDED AND DOES AT ITS DISCRETION, ENGAGE OUTSIDE INDEPENDENT, OUTSIDE ADVISORS INCLUDING, BUT NOT LIMITED TO ATTORNEYS AND COMPENSATION CONSULTANTS ON AN ANNUAL BASIS THE JEC&BC ENGAGES A NATIONALLY KNOWN, THIRD PARTY CONSULTING FIRM TO PROVIDE A DETAILED STUDY OF THE CASH COMPENSATION FOR EACH EXECUTIVE, DISQUALIFIED PERSON AND INDIVIDUAL IN KEY POSITIONS THE CONSULTANT USES A VARIETY OF PUBLISHED SURVEYS COMPILED BY INDEPENDENT FIRMS TO PROVIDE THE SOURCE DATA FOR THE STUDY USING FUNCTIONALLY COMPARABLE POSITIONS IN OTHER SIMILARLY SIZED, NOT-FOR-PROFIT AND FOR-PROFIT HEALTHCARE, ACADEMIC AND RESEARCH ORGANIZATIONS, THE CONSULTING FIRM PRODUCES A STUDY THAT COMPARES EACH DESIGNATED MOFFITT POSITION TO ITS APPROPRIATE MARKET EQUIVALENT THE RESULTING DATA IS PROVIDED TO THE DIRECTOR OF COMPENSATION, WHO IS NOT INCLUDED IN THE EXECUTIVE OR DISQUALIFIED PERSON CATEGORIES, FOR USE IN THE FORMULATION OF RECOMMENDATIONS FOR COMPENSATION CHANGES TO MAINTAIN MARKET COMPETITIVENESS OR TO REWARD PERFORMANCE THESE RECOMMENDATIONS ALONG WITH THE CONSULTANT'S COMPARABILITY DATA ARE PRESENTED TO THE JEC&BC FOR IT TO CONFIRM ITS REASONABLENESS, MAKE MODIFICATIONS AS IT DEEMS NECESSARY AND PROVIDE FINAL APPROVAL EVERY THIRD YEAR THE INDEPENDENT CONSULTANT ANALYZES THE TOTAL EXECUTIVE COMPENSATION PROGRAM, USING THE SAME METHODOLOGY AS DESCRIBED ABOVE, THAT INCLUDED THE VALUE OF ALL BENEFITS AND PREREQUISITES (CASH AND NON-CASH) PROVIDED AS COMPENSATION TO THE EXECUTIVES AND DISQUALIFIED PERSONS THE PURPOSE OF THE ANALYSIS IS TO PROVIDE AN OPINION ON THE REASONABLENESS OF EACH OF THE INDIVIDUAL COMPENSATION COMPONENTS AND THE AGGREGATE COMPENSATION TOTAL THIS MORE COMPREHENSIVE ANALYSIS IS PROVIDED TO THE JEC&BC FOR THEIR USE IN THE ANNUAL REVIEW PROCESS MINUTES ARE KEPT AT EACH OF THESE ANNUAL MEETINGS DETAILING THE RECOMMENDATIONS PRESENTED AND THE DECISIONS MADE BY THE COMMITTEE THESE MINUTES ARE PUBLISHED TO THE COMMITTEE AT THE NEXT MEETING AND REPORTED BACK TO THE FULL BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MOFFITT HOSPITAL MAKES AVAILABLE TO THE PUBLIC THROUGH THIRD PARTY VENDORS' WEBSITES, ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS FORM 990 IS MADE AVAILABLE ON GUIDESTAR WHILE THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON DACBOND ALL ORGANIZING AND GOVERNING DOCUMENTS SUCH AS FORM 1023, CONFLICTS OF INTEREST POLICY, AND BY LAWS AS WELL AS FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
		Form 990, Part VII, Section A, Line 1a EMPLOYEES WHO ARE LISTED ON HOSPITAL 2009 FORM 990 ARE EMPLOYEES WHOSE 2009 W-2'S WERE ISSUED BY MOFFITT INSTITUTE AFTER SIGNIFICANT ANALYSIS A DETERMINATION WAS MADE THAT TO REPORT EMPLOYEES BY ENTITY RATHER THAN BY THE ORGANIATION WHICH ISSUED THE W-2'S IS A MORE CONSERVATIVE APPROACH SINCE KEY EMPLOYEES HAVE THE POTENTIAL OF BEING EXCLUDED DUE TO THE FACT THAT THESE EMPLOYEES ARE NOT KEY EMPLOYEES OF THE ENTITY THAT ISSUED THE W-2'S PROCEDURES TO REPORT COMPENSATION OF THESE EMPLOYEES ON FORM 990 PART VII AND ON SCHEDULE J ARE IN ACCORDANCE WITH IRS INSTRUCTIONS FOR EACH RESPECTIVE SECTION IN ADDITION, SEVERAL OFFICERS LISTED IN PART VII SECTION A ARE ALSO OFFICERS OF A RELATED ORGANIZATION AND THEIR HOURS ARE TRACKED AND SALARIES PAID BY A RELATED ORGANIZATION THESE HOURS AND SALARIES ARE NOT SPECIFICALLY ALLOCATED BETWEEN THE ORGANIZATIONS FOR THESE OFFICERS SINCE THEIR DUTIES AND RESPONSIBILITIES IMPACT THE ORGANIZATION(S) AS A WHOLE

Identifier	Return Reference	Explanation
		PART IV LINE 28C AND SCHEDULE L PART IV HOSPITAL TRANSACTS BUSINESS WITH STORR OFFICE EQUIPMENT, AN ENTITY OF WHICH A CURRENT BOARD MEMBER, KAREN ARNOLD, IS A KEY EMPLOYEE

Identifier	Return Reference	Explanation
		FORM 990, Part I Line 4 and Part VI Section A Line 1B DURING THE FISCAL YEAR ENDING JUNE 30, 2010 H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC , A RELATED ENTITY AND PARENT ORGANIZATION, BECAME AWARE THAT A BOARD MEMBER WHO IS ALSO A MEMBER OF THE HOSPITAL BOARD, PERIODICALLY USED A PORTION OF SPACE RENTED BY THE RESEARCH ENTITY THE CANCER CENTER BECAME AWARE OF THE USE WHEN MR MOFFITT COMPLETED A CONFLICT OF INTEREST QUESTIONNAIRE THE RELATED ENTITY CONFIRMED THAT RENT INADVERTENTLY WAS NOT CHARGED TO MR MOFFITT MR MOFFITT AND THE RELATED ENTITY CORRECTED THE EXCESS BENEFIT TRANSACTION IN ACCORDANCE WITH CODE SECTION 4958 AND 4962 WITHIN 30 DAYS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

Employer identification number
59-3238634

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-2451713	RESEARCH	FL	501(c)(3)	509(a)(1)	N/A
H LEE MOFFITT CC&RI FOUNDATION INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238636	FUNDRAISING	FL	501(c)(3)	509(a)(2)	N/A
H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238640	PRACTICE MANAGEMENT	FL	501(c)(3)	509(a)(2)	N/A

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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
MOFFITT TECHNOLOGIES CORPORATION 12902 MAGNOLIA DRIVE TAMPA, FL33612 30-0332914	TECHNOLOGY MANAGEMENT	FL	N/A	C			
MOFFITT GENETICS CORPORATION 12902 MAGNOLIA DRIVE TAMPA, FL33612 20-8486180	DATABASE MANAGEMENT	FL	N/A	C			

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) MOFFITT GENETICS CORPORATION	E	5,132,241
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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]

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 59-3238634
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)						21 Listed property
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22					0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23					

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost				
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25								
26 Property used more than 50% in a qualified business use														
		%												
		%												
		%												
27 Property used 50% or less in a qualified business use														
		%				S/L -								
		%				S/L -								
		%				S/L -								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28								
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29						

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

Name: H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH A HOUGHTON CHAIR	1 00	X		X				0	0	0
THE HONORABLE MARK A PIZZO VICE CHAIR	1 00	X		X				0	0	0
THE HONORABLE H LEE MOFFITT SECRETARY/TREASURER	1 00	X		X				0	0	0
W MICHAEL ALBERTS CHIEF MEDICAL OFFICER	40 00	X		X				0	372,270	44,337
KAREN A ARNOLD DIRECTOR	1 00	X						0	0	0
JOSEPH CABALLERO DIRECTOR	1 00	X						0	0	0
MUNYA CHIURA PHD DIRECTOR	1 00	X						0	0	0
JULIE DJEU DIRECTOR	1 00	X						0	289,246	25,602
HARVEY M GREENBERG MD DIRECTOR	1 00	X						0	0	0
DWAYNE HAWKINS DIRECTOR	1 00	X						0	0	0
RONALD A HURST DIRECTOR	1 00	X						0	0	0
STEPHEN K KLASKO MD DIRECTOR	1 00	X						0	0	0
THE HONORABLE GWEN MILLER DIRECTOR	1 00	X						0	0	0
MARY ANNE REILLY DIRECTOR	1 00	X						0	0	0
WILLIAM S DALTON PRES/CEO & CTR DIRECTOR	40 00			X				0	1,032,396	40,756
LOUIS D DE LA PARTE ASST SECRETARY, EVP-GEN COUNSEL	40 00			X				0	385,088	39,756
JOHN A KOLOSKY EXEC VP/COO	40 00			X				0	667,836	47,071
ALAN F LIST EXEC VP PHYSICIAN IN CHIEF	40 00			X				0	522,633	43,375
NICOLAS C PORTER EXEC VP INST ADV/CO REL	40 00			X				0	487,527	54,177
BRAULIO VICENTE SVP HOSP & PHYSICIAN GRP O	40 00			X				135,056	142,875	42,453
JANENE CULUMBER ASST TREASURER, VP/CFO	40 00			X				0	289,872	32,816
BRENDA S GORDON VP ANCILLARY SVCS	40 00			X				203,909	0	19,555
KELLY HALL VP/FACULTY AFFAIRS	40 00			X				29,650	148,967	10,003
DEAN R HEAD VP FACILITIES MGMT & CONST	40 00			X				63,725	92,485	19,169
MARK F HULSE VP & CIO	40 00			X				0	197,311	5,136

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY E REARDON VP PATIENT CARE SERVICES/C	40 00			X				243,019	0	2,558
YVETTE LYONS TREMONTI VP HUMAN RESOURCES	40 00			X				0	249,143	29,459
W J WILSON VP STRATEGIC COMM/PUB AFFA	40 00			X				234,346	0	24,634
SCOTT D ELDREDGE DEPARTMENT ADMINSTRATOR	40 00				X			166,654	0	17,020
PHILIP E JOHNSON DIR PHARMACY	40 00				X			201,367	0	21,627
VLADIMIR FEYGELMAN ASSISTANT MEMBER FACULTY C	40 00					X		216,598	0	29,518
KENNETH M FORSTER ASSOCIATE MEMBER FACULTY C	40 00					X		268,408	0	38,849
BRIAN K NORIEGA CLINICAL PHYSICIST	40 00					X		206,568	0	29,636
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST	40 00					X		210,477	0	18,809
STUART G WASSERMAN DIR CLINICAL PHYSICS	40 00					X		216,389	0	23,440
THOMAS A SELLERS FORMER EXEC VP/ACD CANCER	40 00						X	0	463,530	49,455

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE RE	900,099	497,521,422	497,521,422		
OUTPATIENT PHARMACY	900,099	14,410,807	14,410,807		
CONFERENCE PLANNING	611,710	755,711	755,711		
REIMBURSEMENTS	541,900	621,287	621,287		
BMT LODGING PROGRAM	721,000	501,564	501,564		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	25,471,092	20,714,811	4,756,281	
BAD DEBT EXPENSE	7,802,815	7,802,815		
HCCB ASSESSMENT	5,500,022	5,500,022		
CATERING/FOOD SERVICE	1,527,854	1,509,683	18,171	
MINOR EQUIPMENT	1,362,921	506,044	856,877	

Additional Data

Software ID:
Software Version:
EIN: 59-3238634
Name: H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE HOSPITAL INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c CHARITY ADJUSTMENTS ARE PROVIDED BY THE CANCER CENTER AS FOLLOWS A PATIENTS WHO HAVE FAMILY INCOME AND ASSETS AT OR BELOW 200% FO THE FEDERAL POVERTY GUIDELINE FOR THE PATIENT'S FAMILY SIZE SHALL BE ENTITLED TO CHARITY ADJUSTMENTS OF 100% ON QUALIFYING BALANCES B PATIENTS, WHO HAVE FAMILY INCOME AND ASSETS BETWEEN 201%-300% OF THE FEDERAL POVERTY GUIDELINE FOR THE PATIENT'S FAMILY SIZE, SHALL BE ENTITLED TO CHARITY ADJUSTMENTS OF 70% ON QUALIFYING BALANCES C PATIENTS, WHO HAVE FAMILY INCOME AND ASSETS BETWEEN 301%-400% OF THE FEDERAL POVERTY GUIDELINE FOR THE PATIENT'S FAMILY SIZE, SHALL BE ENTITLED TO CHARITY ADJUSTMENTS OF 60% ON QUALIFYING BALANCES PART I, LINE 4 CHARITY CARE IS PROVIDED TO THOSE CLASSIFIED AS MEDICALLY INDIGENT IF A PATIENT'S MEDICAL BILLS/CHARGES EXCEED 25% OF PATIENT'S AND FAMILY'S GROSS ANNUAL INCOME AND ASSETS OUTSTANDING MEDICAL BALANCES FROM FACILITIES OTHER THAN THE CANCER CENTER CAN AND WILL BE USED IN THIS DETERMINATION MEDICALLY INDIGENT PATIENTS SHALL BE ENTITLED TO CHARITY ADJUSTMENTS OF 100% ON QUALIFYING BALANCES PART I, LINE 5A & 5B THE ANNUAL BUDGETED AMOUNT FOR CHARITY CARE IS AN ESTIMATE USED FOR FINANCIAL BUDGETING PURPOSES AND DOES NOT LIMIT THE CANCER CENTER FROM PROVIDING CARE TO QUALIFYING PATIENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a OUR ANNUAL COMMUNITY BENEFIT REPORT WAS MAILED TO SEVERAL COMMUNITY ORGANIZATIONS WITH WHOM WE ARE ASSOCIATED THE REPORT IS ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS IS THE COST-TO-CHARGE RATIO USED FOR THE CHARITY CARE AND MEANS TESTED PROGRAMS AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN A FOR HOSPITAL \$460,246,141 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$7,802,815 AFTER BAD DEBT WAS DEDUCTED FROM THE TOTAL EXPENSES THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN F WAS \$452,443,326

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBTS ACCOUNTS ARE WRITTEN OFF WHEN DEEMED TO BE UNCOLLECTIBLE AND ARE DEDUCTED FROM THE PATIENT'S ACCOUNTS RECEIVABLE BALANCE THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENT HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS ONE TOOL USED IN MANAGEMENT'S ASSESSMENT IS A DETAILED REVIEW OF HISTORICAL COLLECTIONS AND WRITE-OFFS AT THE CANCER CENTER THAT REPRESENT A MAJORITY OF THE CANCER CENTER'S REVENUES AND ACCOUNTS RECEIVABLE THE RESULTS OF THE DETAILED REVIEW OF HISTORICAL COLLECTIONS AND WRITE-OFFS EXPERIENCE, ADJUSTED FOR CHANGES IN TRENDS AND CONDITIONS, ARE USED TO EVALUATE THE ALLOWANCE AMOUNT FOR THE CURRENT PERIOD PART III, LINE 2 THE RATIO OF PATIENT COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS REPORTED ON LINE 2 DISCOUNTS ARE NOT NETTED AGAINST BAD DEBT EXPENSE BUT RATHER ARE CONSIDERED AJUSTMENTS TO REVENUE PART III, LINE 3 AN AMOUNT OF BAD DEBT SHOULD BE INCLUDED IN COMMUNITY BENEFIT , HOWEVER, AT THIS TIME A THOROUGH ASSESSMENT/ANALYSIS HAS NOT BEEN MADE TO DETERMINE THE AMOUNT THAT SHOULD BE CONSIDERED CHARITY CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS IS THE STEP DOWN METHOD WHICH DISALLOWS CERTAIN COSTS TO BE CONSIDERED AS COSTS RELATED TO PATIENT CARE MEDICARE SHORTFALLS WHICH ARE COSTS INCURRED BY THE HOSPITAL TO PROVIDE QUALITY CARE AND TREATMENT OF ITS PATIENTS SHOULD BE TREATED AS COMMUNITY BENEFIT TO NOT INCUR THESE COST WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b PATIENTS ARE SCREENED DURING THE ADMISSIONS PROCESS (PRIOR TO THE COLLECTION PROCESS)TO ASSESS THE NEED FOR FINANCIAL ASSISTANCE HOWEVER, IF AT ANY POINT IN THE COLLECTION PROCESS IT IS DETERMINED THAT THE PATIENT MAY BE UNABLE TO MEET ITS OBLIGATION, THE PATIENT WILL BE SENT AN APPLICATION FOR FINANCIAL ASSISTANCE OR CHARITY ADJUSTMENT BASED ON PATIENT'S ELIGIBILITY THE QUALIFYING AMOUNT WILL NO LONGER BE BILLED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V CERTAIN COMMUNITY BENEFIT PROGRAMS AND MEDICAL RESEARCH ARE IN COLLABORATION WITH OR CONDUCTED BY OTHER RELATED ENTITIES SINCE MOFFITT'S RELATED ENTITIES, SUCH AS ITS RESEARCH FACILITY, ARE SEPARATE LEGAL ENTITIES AND ARE NOT LICENSED AS HOSPITALS, EXPENSES INCURRED RELATED TO COMMUNITY BENEFIT ARE NOT INCLUDED IN SCHEDULE H PART I EXPENSES INCURRED BY RELATED ENTITIES ARE SHOWN IN THE SUPPLEMENTAL SECTION OF SCHEDULE H PART VI LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 DURING THE PATIENT ADMISSION/REGISTRATION PROCESS, PATIENTS WILL MEET WITH A HOSPITAL PATIENT SERVICE REPRESENTATIVE WHO OBTAINS DEMOGRAPHIC AND FINANCIAL, I E INSURANCE, INFORMATION WHEN THE PATIENT SERVICE REPRESENTATIVE DETERMINES A PATIENT HAS NO INSURANCE COVERAGE AND WILL NOT LIKELY BE ABLE TO PAY FOR ANTICIPATED SERVICES, THE PATIENT SERVICE REPRESENTATIVE WILL DETERMINE THE PATIENT'S ELIGIBILITY FOR RELEVANT STATE, COUNTY, AND FEDERAL PROGRAMS IF THE PATIENT DOES NOT QUALIFY FOR ELIGIBLE FUNDING THE PATIENT SERVICE REPRESENTATIVE WILL WORK WITH THE PATIENT TO COMPLETE A FINANCIAL STATEMENT FOR DETERMINATION OF CHARITY CARE OR PARTIAL CARE ELIGIBILITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 AFFILIATES OF THE HOSPITAL DEDICATED TO SERVING INDIVIDUALS WHO ARE IN NEED OF FINANCIAL ASSISTANCE, HELPING TO DEVELOP AND FUND COMMUNITY PROGRAMS AND PERFORM TRANSLATIONAL RESEARCH TO BENEFIT THE COMMUNITY, INCLUDE MOFFITT FOUNDATION, MOFFITT MEDICAL GROUP, AND MOFFITT RESEARCH MOFFITT FOUNDATION SOLICITS FUNDS TO SUPPORT THE WORK OF THE CANCER CENTER DONATIONS MAINTAINED BY THE FOUNDATION MAY BE USED FOR A SPECIFIC PROGRAM OR MAY BE USED TO FURTHER THE OVERALL NEEDS OF THE COMMUNITY MOFFITT MEDICAL GROUP EMPLOYS PHYSICIANS THAT STAFF THE HOSPITAL AND PROVIDE CLINICAL RESEARCH TO THE CANCER CENTER HEALTH CARE SYSTEM THESE PHYSICIANS PROVIDE MEDICAL SERVICES TO THOSE PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE IN ADDITON, PHYSICIANS PARTICIPATE IN COMMUNITY RELATED PROGRAMS PROVIDING EDUCATION AND TRAINING MOFFITT'S CANCER RESEARCH FACILITY PERFORMS STUDIES AND INVESTIGATIONS TO GENERATE GENERALIZABLE KNOWLEDGE AVAILABLE TO THE PUBLIC THE RESEARCH FACILITY IS ALSO THE PARENT COMPANY OF THE CANCER CENTER HEALTH CARE SYSTEM THAT PLANS, DEVELOPS, AND IMPLEMENTS COMMUNITY BENEFIT PROGRAMS TO ADDRESS COMMUNITY NEEDS SEPARATELY FROM, AS WELL AS IN COLLABORATION WITH, THE HOSPITAL COMMUNITY BENEFIT EXPENSES PERFORMED BY OUR AFFILIATED ENTITIES SUBSIDIZED HEALTH SERVICES NET COMMUNITY BENEFIT EXPENSE WAS \$35,914PERCENT OF TOTAL AFFILIATE EXPENSE < 01%PERCENT OF COMBINED EXPENSE < 01%RESEARCH NET COMMUNITY BENEFIT EXPENSE WAS \$36,104,701PERCENT OF TOTAL AFFILIATE EXPENSE 28 93%PERCENT OF COMBINED EXPENSE 6 25%THE AFFILIATES'S SUBSIDIZED HEALTH SERVICES RELATES TO OUR CANCER SCREENING MOBILE UNIT WHERE PHYSICIAN'S, MID-LEVEL PRACTITIONERS, NURSES AND OTHER STAFF MEMBERS PROVIDE SUPPORT TRAVELING TO VENUES AROUND FLORIDA TO OFFER FREE SCREENINGS AND CANCER EDUCATION SINCE 1995 THE MOLE PATROL HAS SCREENED THOUSANDS OF FLORIDIANS, IDENTIFYING HUNDREDS OF SUSPICIOUS SKIN LESIONS THAT HAVE RESULTED IN THE DIAGNOSIS OF MELANOMA, BASAL AND SQUAMOUS CELL CANCERS, DESPITE OPERATING AT A FINANCIAL LOSS