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DLN: 93493135056232

Department of the Treasury

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)

OMB No 1545-0047

Interna	al Revenue	e Service	► The organization may ha	ve to use a copy of	fthis return to satisfy	y state reportin	g requirem	ents	Inspection
A F	or the	2010 ca	endar year, or tax year begii	nning 07-01-2010	and ending 06-30-2	011	D Famel		dankifiankian mumban
ВС	heck ıf a	applicable	C Name of organization H LEE MOFFITT CANCER CENTER	R AND			D Empl	oyer ı	identification number
Γ A	ddress cl	hange	RESEARCH INSTITUTE HOSPITAL Doing Business As				59-3	32386	634
Γи	ame cha	ange	Doing Dusiness As				E Telep	hone	number
☐ Ir	ntıal retu	ım	Number and street (or P O box	ıf maıl ıs not delivered	to street address)	Room/suite	— (813)745	5-4673
Гτ	erminate	ed	12902 MAGNOLIA DRIVE						
┌ A	mended	return	City or town, state or country, a	nd ZIP + 4		I	G Gross	receip	ots \$ 566,276,475
Γ _A	pplicatioi	n pending	TAMPA, FL 33612						
		ľ	F Name and address of	principal officer		H(a) is this	a group return	for affil	lates? Yes No
			JOHN A KOLOSKY 12902 MAGNOLIA DRIV	<i>,</i> =		, , == ===	g p		
			TAMPA, FL 33612			I	ıll affılıates ınd		
						_	No," attach up exempt		t (see instructions)
I T	ax-exen	mpt status	▽ 501(c)(3) □ 501(c)()	◀ (insert no)	47(a)(1) or	H(c) Gro	up exempt	1011 111	umber P
JV	Vebsit	e: ► WW\	W MOFFITT ORG						
K Fo	rm of or	rganization	Corporation Trust Associ	ation ○ Other ►		L Year of f	ormation 19	94	M State of legal domicile FL
	art I	Sumi							
			scribe the organization's mis	ssion or most siani	ficant activities				
			TRIBUTE TO THE PREVENT						
Activities & Governance									
Ē									
o.ve	2	Check th	is box দ if the organization	discontinued its o	perations or dispose	d of more than	25% of its	net a	assets
<u>ئ</u>	3	Number	of voting members of the gove	erning body (Part V	'I, line 1a)			3	15
χο (γ)	4	Number	f independent voting membe	rs of the governing	body (Part VI, line 1	1b)	. [4	12
Ě	5	Total nun	nber of individuals employed	ın calendar year 2	010 (Part V , line 2a)			5	2,726
<u> </u>	6	Total nun	nber of volunteers (estimate	ıf necessary) .				6	735
٩.			elated business revenue fron	·				7a	0
	b	Net unrel	ated business taxable incom	e from Form 990-1	T, line 34			7b	0
							or Year		Current Year
<u>o</u>	8		outions and grants (Part VIII				7,551,7		3,536,511
Revenue	9 10		m service revenue (Part VIII ment income (Part VIII, colu				3,009,3	_	559,022,885
Æ	111		evenue (Part VIII, column (•	•	3,050,4	_	2,657,769
	12		evenue—add lines 8 through			line	3,030,	102	2,037,703
	 	12) .	<u> </u>	<u> </u>			528,443,2	222	566,177,014
	13		and similar amounts paid (P			·	141,4	_	0
	14		s paid to or for members (Pa					0	0
88	15	Salarie 5-10)	s, other compensation, empl	oyee benefits (Part	IX, column (A), line	s	189,234,7	730	173,558,237
Expenses	16a	,	sional fundraising fees (Part :	IX, column (A), line	e 11e)			0	0
×	Ь		idraising expenses (Part IX, column		·				
ш	17		expenses (Part IX, column (A		11f-24f)	⁻ .	270,869,9	961	336,105,911
	18		xpenses Add lines 13-17 (460,246,1	141	509,664,148
	19	Revenu	ie less expenses Subtract li	ne 18 from line 12			68,197,0	081	56,512,866
8 8						_	ng of Curre	nt	End of Year
Net Assets or Fund Balances	30	Tatala	ccotc (Part V line 16)				Year	427	
ASS	20 21		ssets (Part X, line 16) abilities (Part X, line 26) .				325,027,4 44,109,2		129,567,820
2 E	22		sets or fund balances Subtra				280,918,1		94,052,747
	rt III		ature Block	ict iiile 21 iioiii iiile	20	•	200,510,	133	54,052,747
knov		and belief,	rjury, I declare that I have exal , it is true, correct, and comple			icer) is based or			
Sig		Signat	ture of officer				Date		
Hei			e Culumber VP/CFO						
		<u> </u>	or print name and title	_			l · ·		T
		Print/Type preparer's		Preparer's signature	EMILY STANCIL	Date	Check if sel employed		PTIN
Paid			ne FERNST & YOUNG US LLP			•			Firm's EIN 🕨
	oarer Only	Fırm's addı	ress 🕨 75 BEATTIE PLACE SUITE 80	00					Phone no b (864) 242-

GREENVILLE, SC 29601

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

ΓYes ▼ No

Par	t III		Program Service e O contains a respons			II			 .দ
1	Brief	ly describe the org	anızatıon's mıssıon						
			THE H LEE MOFFITT ENTION AND CURE O			ARCH INSTIT	UTE HOSPITAL	_,INC ISTO	
2	the p	rıor Form 990 or 99	lertake any significant i 90-EZ?					┌ Yes ┌ No)
			new services on Sched						
3	servi	ces?	ese conducting, or make		t changes in how it c	onducts, any i	orogram • • •	┌ Yes ┌ No	o
	If "Ye	es," describe these	changes on Schedule C)					
4	Secti	on 501(c)(3) and 5	rpose achievements for 501(c)(4) organizations e total expenses, and r	and section	on 4947(a)(1) trusts	are required t	o report the amo		and
4a	(Cod	e) (Expenses \$ 4	36,872,599	ıncludıng grants of \$) (Revenue \$	558,846,4	127)
	FLOR CANC DIST: WITH ONCC EDUC THE A TO (PROV AND PREV CANC MOFI AND	LIDA IN TAMPA, FL SING CER " MOFFITT IS A LEA INCTION TO HELP FUR IN THE STATE PLUS ON DILOGISTS REIMBURSEM CATION TO THOSE NEED ABILITY TO PAY WILL BE 1) PROVIDE CARE FOR VIDE ONCOLOGY SPECIA CONTINUING PROFESS JENTION AND SCREENIN CER INCIDENCE AND MO FITT MEDICAL CLINIC, A PREVENTION CENTER F	ENTER & RESEARCH INSTITUTE CE OPENING IN 1986, THE HA ADING NATIONAL CANCER IN INTHER ITS MISSION, THE HO INE IN GEORGIA AND ANOTHE MENT IS CRITICAL TO THE HO DING SPECIALIZED RESEARC PATIENTS COVERED BY GOV ALIZATION TO THE STATE OF IONAL EDUCATION FOR PHY ING ACTIVITIES THE HOSPITA ORTALITY THE MOFFIT OR A FREESTANDING OUTPATIEI PROVIDING A WIDE ARRAY O AR 2011, THE HOSPITAL REC	IOSPITAL HAS ISTITUTE (NO SPITAL HAS ER IN PENNSY OSPITAL'S OP H CAPABILITI COLS ARE NO (ERNMENTAL FLORIDA TH SICIANS AND L IS A CRITIC GANIZATION NT TREATMEN FOUTREACH	BEEN GUIDED BY ONE MEDIO COMPREHENSIVE CANSTABLISHED A NETWORK AS PATIENTS WHO MEET OF AVAILIABLE IN THEIR COMPREHENS AS PATIENTS WHO MEET OF AVAILIABLE IN THEIR COMPREHENS BELOW COSTROUGH INVOLVEMENT IN OTHER ALLIED HEALTH COLL RESOURCE FOR THE SHAS MORE THAN 4,600 ENT CENTER LOCATED IN SELECTIONAL ACTIONAL ACTIVAN STANDARD A RESOURCE TO THE SHAD BOUCATIONAL ACTIONAL A	ISSION, "TO CON CER CENTER - OF OF STRATEGIC PALSO INCLUDES MOFFITT RECOGNIOM MOFFITT'S MEDIOM MUNITY IT IS (2) PROVIDE FREINVESTIGATIONA CARE PROFESSION STATE OF FLORID MPLOYEES IT IS SOUTH TAMPA, AN IVITIES FOR THE	TRIBUTE TO THE PRINE OF ONLY 40 IN THE OF ONLY 40 IN THE ORE THAN 400 CONTENT OF THE ONLY 40 IN	REVENTION AND OTHE NATION TO HE DOF 14 AFFILIA MMUNITY ILITY TO PROVID. PROTOCOLS AND THAT GUIDES TO THAT GUIDES TO THOSE WHO OCATION OF FUTUDERSHIP ROLE IN SECOND IN THE NEBEDS AND INCLES LIFETIME CANCE	CURE OF OLD THIS ITE HOSPITALS E SERVICES AND D DO NOT HAVE THE HOSPITAL CANNOT PAY(3) IRE PHYSICIANS IN CANCER IATION IN BOTH JDES THE ER SCREENING
4b	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
_	/C :) (F +) (D		
4 c	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
						<u></u>			<u> </u>
4d			s (Describe in Schedul		- 1	\	_	•	
		penses \$		g grants of	·) (Revent	ie \$)	
4e	Iota	al program service e	expenses►\$ 4:	36,872,59	9				

Part TV	Chec	klist of	Required	Schedules
		KIISL OI	IXC quii Cu	Scriculics

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \Box Yes \Box No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	
		F:	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.厂	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 150			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	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		
	Organizations that may receive deductible contributions under section 170(c).	, [
а	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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	•		
а	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		
0	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter Cross uncome from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c	14-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No

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.

itains a response to any question in					

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
b	Enter the number of voting members included in line 1a, above, who are independent	<u>,</u>		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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	e		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	7		
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	13-	V * * *	
12	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written decument retention and destruction policy?		1 65	N. c
14	Does the organization have a written document retention and destruction policy?	14		No
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18				
	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			

- 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

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

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

Name and Title Average hours per week (describe hours per week (describe hours of related organizations of room the hours of the per leated organization is schedule organization is schedule organization is schedule organization is schedule organization. Place of the per leated organization is schedule organization in the organization of the organization and related organization is schedule organization. Place organization is schedule organization of the organization and related organization is schedule organization. Place organization or individual for the organization and related organization or individual for the orga		(A)	(B)	Ī	(C)				(D)	(E)		(F)	
week (describe hours for related organizations in a schedule of the search of the sear			Average hours		tion	(che		ıll		Reportable compensation	Reportable compensation	am	Estima nount of	other
b Sub-Total			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Former	organization (W-	organızatıons (W- 2/1099-	org	from t anızatı relate	he on and d
c Total from continuation sheets to Part VII, Section A	See A	dditional Data Table												
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
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c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
d Total (add lines 1b and 1c)	1b	Sub-Total				٠.		٠	-					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►165 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С	Total from continuation sheets	to Part VII, Sec	tion A				۲						
\$100,000 in reportable compensation from the organization 165 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d	Total (add lines 1b and 1c) .							+	3,213,580	5,847,709		8	40,307
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2							above) who	received more tha	n			
on line 1a? If "Yes," complete Schedule J for such individual											_		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						ey e	mploy •	ee, o	r highest compensa	ated employee	3	Yes	
4 1es	4	organization and related organiz	ations greater t	han \$15	0,00	002	If "Y	es," co				1	Vac	
	5								- unrel	ated organization o	r individual for	+	res	

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)	(B)	(C)
Name and business address	Description of services	Compensation
LAB CORP OF AMERICA PO BOX 12140 BURLINGTON, NC 27216	LAB SERVICES	450,161
ERNST & YOUNG US LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	AUDIT AND TAX SERVICES	269,738
CUMMINS POWER SOUTH LLC 5125 HWY 85 ATLANTA, GA 30349	CONSTRUCTION SERVICES	232,448
THERMACIRC LLC 425 MAPLEWOOD DRIVE OLDSMAR, FL 34677	EQUIPMENT SERVICES	192,940
LIBERTY PARTNERS GROUP LLP 1050 K ST NW STE 315 WASHINGTON, DC 20001	CONSULTING SERVICES	150,413
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►10	who received more than	

Form 9 Part \		·				Pag	e 9
Part	VIII.	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f		1,295,659 14,926 2,225,926 141,036	2 526 511			
Program Service Revenue	2a b c d	NET PATIENT SERVICE RE OUTPATIENT PHARMACY LODGING PROGRAM CONFERENCE PLANNING MOFFITT SOUTH All other program service revenue	900099 900099 721000 611710 900099		542,240,459 15,338,615 457,405 385,679 195,402 225,879		179,44
Ь	3 4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	559,022,885 983,206			983,20
Other Revenue	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	(II) O ther 76,104 99,461 -23,357	-23,357			-23,35
Other F	c 9a b c 10a	Less direct expenses b Net income or (loss) from fundraising events					
	11a	Net income or (loss) from sales of inventory	Business Code 722210 453220 524114	2,207,557 240,421 140,147 69,644			2,207,55 240,42 140,14 66,65
		Total. Add lines 11a-11d		2,657,769 566,177,014	558,846,427	0 m 990 (20	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to c		s (B), (C), and ((B)	(D).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21							
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	3,056,621	2,906,934	149,687				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	230,506	219,218	11,288				
7	Other salaries and wages	133,995,080	127,433,153	6,561,927				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,127,873	7,729,840	398,033				
9	Other employee benefits	17,892,320	17,016,108	876,212				
10	Payroll taxes	10,255,837	9,753,594	502,243				
а	Fees for services (non-employees) Management							
b	Legal	172,575		172,575				
C	Accounting							
d	Lobbying	578,518	578,518					
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other	9,422,431	8,001,294	1,421,137				
12	Advertising and promotion	97,676	97,676					
13	Office expenses	172,953,377	171,857,727	1,095,650				
14	Information technology	10,643,253		10,643,253				
15	Royalties							
16	Occupancy	4,530,483	4,416,437	114,046				
17	Travel	322,303	251,893	70,410				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	713,527	713,527					
20	Interest							
21	Payments to affiliates	11 705 750	11 100 070	205 502				
22	Depreciation, depletion, and amortization	11,785,762	11,489,079	296,683				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of							
а	line 25, column (A) amount, list line 24f expenses on Schedule O) INTERCOMPANY SERVICES	82,464,333	33,258,403	49,205,930				
a h	PURCHASED SERVICES	21,983,735	21,352,707	631,028				
C	BAD DEBT EXPENSE	11,357,223	11,357,223	031,028				
d	HCCB ASSESSMENT	5,291,978	5,291,978					
e	CAFETERIA FOOD SERVICES	1,710,694	1,710,694					
f	All other expenses	2,078,043	1,436,596	641,447				
25	Total functional expenses. Add lines 1 through 24f	509,664,148	436,872,599	72,791,549	0			
26	Joint costs. Check here ► ☐ if following	203,001,170	.50,512,533	. 2,. 31,313	<u> </u>			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a							
	combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	•		12,625	1	11,874
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	1,157,383	3	817,776		
	4	Accounts receivable, net			57,914,955	4	78,688,695
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
Ş		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			8,433,711	8	8,871,679
	9	Prepaid expenses and deferred charges			7,113,030	9	1,887,878
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	142,616,444			
	b	Less accumulated depreciation	10b	107,799,938	230,340,629	10c	34,816,506
	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			20,055,104	15	4,473,412
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			325,027,437	16	129,567,820
	17	Accounts payable and accrued expenses .			41,148,192	17	31,800,791
	18	Grants payable				18	
	19	Deferred revenue				19	833,333
	20	Tax-exempt bond liabilities		20			
es es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
E.i.		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5.	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,961,052	25	2,880,949
	26	Total liabilities. Add lines 17 through 25			44,109,244	26	35,515,073
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete	ines 27			
ė		through 29, and lines 33 and 34.					
<u>a</u> n	27	Unrestricted net assets			278,802,193	27	91,987,172
or Fund Balance	28	Temporarily restricted net assets	2,116,000	28	2,065,575		
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ► ┌ a	nd cor	nplete			
		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			280,918,193	33	94,052,747
_	34	Total liabilities and net assets/fund balances			325,027,437	34	129,567,820

FGI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		566,1	.77,014
2	Total expenses (must equal Part IX, column (A), line 25)	2		509,6	64,148
3	Revenue less expenses Subtract line 2 from line 1	3		56,5	512,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		280,9	18,193
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-243,3	378,312
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 94,052,7			52,747
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•		
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the laudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493135056232

OMP No 1545 004

OMB No 1545-0047

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Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization H LEE MOFFITT CANCER CENTER AND

Complete if the organization is a section 501(c)(3) organization or a section

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.

Employer identification number

RESEARCH INSTITUTE HOSPITAL INC 59-3238634 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II **c** Type III - Functionally integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		organızatı col (ı) of	organization in col (i) of your support? Is the organization in col (i) organized in the U S?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14						
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported						
		ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test fill	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

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

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135056232

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

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

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

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

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

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

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

H LEE MOFFITT CANCER CENTER AND			Linployer iden	tilication number			
RESEARCH INSTITUTE HOSPITAL INC Part I-A Complete if the organization is exempt under section 501(c) or is a			59-3238634				
art I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.			
Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV				
Political expenditures			▶	\$			
Volunteer hours							
art I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).				
	e tax incurred by the organization			\$			
•	e tax incurred by organization mar			\$			
·	section 4955 tax, did it file Form 4	_		Yes			
was a correction made?	,	,		☐ Yes ☐ No			
If "Yes," describe in Part IV							
	ganization is exempt unde	er section 501(c) except section 501	l(c)(3).			
Enter the amount directly exp	ended by the filing organization for	section 527 exemp	pt function activities 🕨	\$			
Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527 ►	\$			
Total exempt function expend	tures Add lines 1 and 2 Enter he	re and on Form 112	.0-POL, line 17b ►	¢			
Did the filing organization file	Form 1120-POL for this year?			√			
	ns received that were promptly an political action committee (PAC)			tion in Part IV			
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions receive and promptly and directly delivered to separate political organization. If none enter - 0 -			
Paperwork Reduction Act Notice, s	ee the Instructions for Form 990 or 9	990-EZ. (rorm 990 or 990-EZ) 201			

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

chedule e (i	OHI 550 01 550 EZ/2010	ray
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led 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				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		46,322	
e	Publications, or published or broadcast statements?	Yes		1,779	
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		519,795	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		10,622	
j	Total lines 1c through 1i			578,518	
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".

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).		
а	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

Dues, assessments and similar amounts from members

	Return Reference	Explanation
xplanation of Other Lobbying ctivities	Part II-B, Line 1i	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 ENTITLY, IT IS NONETHELES 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'S PUBLIC RECORDS AND THE PUBLIC MEETINGS LAWS THE CORPORATION FROM TIME TO TIME ENGAGES LOBBYIST! 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 FEDERAL LEVELS OF GOVERNMENT WHICH IMPACT ITS OPERATION AND THE FULFILLMENT OF ITS MISSION, AND FEDERAL LEVELS OF GOVERNMENT WHICH IMPACT ITS OPERATION AND THE FULFILLMENT OF ITS MISSION, AND THE STATE OF FLORIDA UNDER SECTION 1004 43, FLORIDA STATUTES, (2) TO MONITOR LEGISLATIVE AND FEDERAL LEVELS OF GOVERNMENT WHICH IMPACT ITS OPERATION AND THE FULFILLMENT OF ITS MISSION, AND THE STATE OF FLORIDA UNDER SECTION OF THE STATE OF TIMESON, AND THE FULFILLMENT OF ITS MISSION, AND TREATMENT, THE TEACHING AND TRAINING OF HEALTH CARE PROFESSIONALS AND COMMUNITY ECOUPA
ırt IV , Supplemental Information		OPPOSE ANY CANDIDATE FOR PUBLIC OFFICE OTHER ACTIVITIES, LINE 1: THE OTHER ACTIVITIES

1

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DLN: 93493135056232

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emal	Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi			Emp	loyer ident if ica	tion numb	er
	EE MOFFITT CANCER SEARCH INSTITUTE H			59-	3238634		
Pa			dvised Funds or Other Similar F			. Comple	te if the
	organiz	ation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		(b) Funds and c	thorogon	ınta
	Total number at	t end of year	(a) Donor advised funds	'	Fullus allu c	tilei accou	ilits
		ributions to (during year)					
		ts from (during year)					
	Aggregate value	· · · · · ·					
	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advi	sed	┌ Yes	┌ No
	used only for cl	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai			┌ Yes	┌ No
a	TIII Consei	rvation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part I\	/, line 7.	
	Protection Preservation Complete lines	of natural habitat on of open space	on or pleasure) Preservation of an Preservation of a of the form	certifie	d historic struc		ea
		,		,	Held at the	End of the	e Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
C	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	equired after 8/17/06	2d			
	the taxable yea	servation easements modified, transfe ar • es where property subject to conserva	erred, released, extinguished, or terminate	d by th	ie organization	during	
	Does the organ		the periodic monitoring, inspection, hand	— dling of	violations, and	│ ├ Yes	┌ No
	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ients d	uring the year l	-	
	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	g the year 🟲 \$ _		
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar	Assets.	
а	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in fu			e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in				
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets incl	uded in Form 990, Part X			F \$		
	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items	r finan			
a	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	cal Tre	eası	ures, or C	<u> the</u>	r Similar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		-			on	
а	Public exhibition		d	Γ	Loan o	rexc	hange prog	rams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ furthei	r the	organızatıoı	n's ex	cempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									- Yes	┌ No
Par	Part IV, line 9, or reported an an				_		n answere	d "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribut	tions	or other ass	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		-				
									Am	ount	
C	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_		Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,									
	t V Endowment Funds. Complete		n ans	were	ed "Yes	s" to	Form 990	, Par	t IV, line 10.		
		(a)Current Year	(b)	Prior `	⁄ear	(c) Tv	wo Years Back	(d)	Three Years Back	(e) Four Y	ears 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	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	admınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations			•		•		•	3a(i		<u> </u>
	(ii) related organizations							•	3a(ii	-	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				•		•	Зь		<u> </u>
4 Dog	VI Investments—Land, Buildings)() D	art V lina	10			
Раг	investments—Land, Buildings	s, and Equipme	int. 5				,		l		
	Description of investment				Cost or o		(b) Cost or o		(c) Accumulated depreciation	(d) B	ook value
1a I	and						ı		I	1	
Ia L			•								
	Buildings										
b E							28	1,110	281,110		0
b E	Buildings						28 141,79		,	+	
b E c L d E e (easehold improvements	· · · · · · · · · · · · · · · · · · ·					141,79		107,518,828	+	0 34,277,257 539,249

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001111111	Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
(-,,			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.)	b	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
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	
Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 5	\ <u></u>
zaru 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	рег н	eturn
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Con	${f pleas}$ plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines ${f 1a}$ and ${f 4}$, Pa	irt IV , li	nes 1b and 2b,

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 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
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.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

	of the organization MOFFITT CANCER CENTER AND				E	mployer identificati	on nu	mber	
	RCH INSTITUTE HOSPITAL INC				5	9-3238634			
Pa	Tt I Financial Assist	ance and C	ertain Oth	er Community Be					
								Yes	No
1a	Did the organization have a f					tion 6a.	1a	Yes	
b	If "Yes," is it a written policy						1b	Yes	
2	If the organization has multi assistance policy to its vario				describes applicatio	n of the financial			
	Applied uniformly to all h Generally tailored to indi		ls	Applied uniformly	to most hospitals				
3	Answer the following based organization's patients durin			nce eligibility criteria t	hat applied to the la	gest number of the			
а	Does the organization use Foundation use Foundation individuals? If "Yes,						3a	Yes	
		, F 20	о% Г	Other	<u>%</u>				
b	Does the organization use FI "Yes," indicate which of the		= :	=			3b	Yes	
	□ 200% □ 250%	₃₀	о% Г	350% Г 40	0% Г Othe	r			
c	If the organization does not determining eligibility for fre test or other threshold, rega	e or discounte	d care Inclu	de in the description w	hether the organizat				
4	Did the organization's financ					during the tax year	4	Yes	
5a	provide for free or discounted Did the organization budget amour					tay year?	l	I	İ
b	If "Yes," did the organization						5a 5b	Yes	
c	If "Yes" to line 5b, as a resu				_		30	res	
·	care to a patient who was eli						5с		No
6a	Does the organization prepa			ort during the tax			6a	Yes	
6b	If "Yes," did the organization		•				6b	Yes	
	Complete the following table worksheets with the Schedul		ksheets prov	rided in the Schedule H	instructions Do not	submit these			
7	Financial Assistance and		Community	Benefits at Cost		•			
	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community I expense	benefit	(f) Perototal ex	
а	Financial Assistance at cost (from Worksheets 1 and 2)		5,027	20,508,725		20,50	08,725	4	120 %
	Unreimbursed Medicaid (from Worksheet 3, column a)		3,352	40,725,452	18,478,8	42 22,24	16,610	4	460 %
с	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		45	271,422	192,6	20	78,802	0	010 %
ď	Total Financial Assistance and Means-Tested Government Programs		8,424	61,505,599	18,671,4	62 42,83	34,137	8	590 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			108,741	4,3	23 10	04,418	n	020 %
f	Health professions education	_		·	1,3				
q	(from Worksheet 5) Subsidized health services	5	434	1,311,900		0 1,3:	11,900	0	260 %
_	(from Worksheet 6)	1	1,483	51,096		0 5	51,096	0	010 %
	Research (from Worksheet 7) Cash and in-kind contributions					+			
	to community groups (from Worksheet 8)								
-	otal Other Benefits	6		1,471,737	4,3		57,414		290 %
к	Total. Add lines 7d and 7j	6	10,341	62,977,336	18,675,7	00 44,30	01,551	8	880 %

Part I	Community Buildir activities during the to of the communities if	tax year, an									ealth
	or the communities if	(a) Number of	(b) Persons served (optional)	(c) Total communit building expense		rect offs revenue		(e) Net community building expense		(f) Pero total ex	
1 Phys	ical improvements and housing	(1 /									
2 Econ	omic development										
3 Com	munity support										
_	ronmental improvements										
	ership development and training										
	ommunity members										
	munity health improvement										
	rforce development								1		
9 Othe	r										
.0 Tota											
Part II	Bad Debt, Medicar	e, & Collec	tion Practic	es							
ection A	A. Bad Debt Expense									Yes	No
	I the organization report bac stement No 15?				inancial M	anager • •	nent As	sociation	1	Yes	
2 Ent	ter the amount of the organi	zatıon's bad d	ebt expense (a	t cost)		2		3,746,027			
	ter the estimated amount of ributable to patients eligible	_		· · · ·	nolicy	3					
all	inducable to patients engible	: under the org	janization 5 mil	aliciai assistalice	policy .					I	l
Ιn	ovide in Part VI the text of t addition, describe the costii ionale for including a portion	ng methodolog	jy used in dete	rmining the amour							
ection E	3. Medicare										
5 Ent	ter total revenue received fr	om Medicare ((including DSH	and IME)		5		116,681,166			
5 Ent	ter Medicare allowable costs	s of care relati	ng to payment	s on line 5		6		131,031,128			
	btract line 6 from line 5 Thi	•	· · · · · · · · · · · · · · · · · · ·			7		-14,349,962			
Als	scribe in Part VI the extent so describe in Part VI the co eck the box that describes t	sting method	ology or source								
Γ	Cost accounting system	Γc。	st to charge ra	tio	▽ Other						
ection (C. Collection Practices										
9a Do	es the organization have a v	vrıtten debt co	llection policy	[?]					9a	Yes	
	Yes," does the organization								٥L	Vaa	
pat Part I	Management Comp				scribe in P	art V I			9b	Yes	
rait I	(a) Name of entity) Description of p		(c) Organiz	zation's	(d) Officers, directors,	(6	≘) Physic	:ians'
			activity of entit		profit % o ownersh	r stock	er	trustees, or key nployees' profit % stock ownership%	pro	ofit % or ownershi	stock
<u>.</u>											_
2				T							
3							1				
1											
5											
5											
7									+		
3											
							+				
LO											
11							+				
L 2							+				
13							+		+		

Part V Facility Information									
Section A. Hospital Facilities (list in order of size, measured by total revenue per facility, from largest to smallest)	Licensed hospital	General medical &	Children's h	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	
How many hospital facilities did the organization operate during the tax year?1	ospital	dical & surgical	hospital	ospital	ess hospital	acility	æ		
Name and address									Other (Describe)
1 H LEE MOFFITT CANCER CENTER & RESEARCH 12902 MAGNOLIA DRIVE TAMPA,FL 33612	х								
	_								
	-								
	1			<u> </u>					
1				1		1	1		

ow many non-nospital facilities did the organization	on operate during the tax year?
ame and address	Type of Facility (Describe)
-	
0	Schedule H (Form 99

Part V Facility Information (continued)

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Identifier	ReturnReference	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
<u>J</u>	<u> </u>	QUALIFYING PATIENTS

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part I, Line 7g CALCULATION OF SUBSIDIZED HEATH
		SERVICES RELATES TO HOSPITAL'S SKIN CANCER MOLE
		PATROL UNIT PHYSICIAN CLINICS WERE NOT INCLUDED
		IN THE CALCULATION

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN A FOR HOSPITAL \$509,664,148 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$11,357,223 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 \$498,306,925

 	p
	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
'	

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PartIII, 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

I dentifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 13g LANGUAGE IS ADDED TO THE BILLING INVOICE STATING THAT A MOFFITT REPRESENTATIVE CAN HELP EVALUATE ELIGIBILITY FOR FINANCIAL ASSISTANCE IF THE PATIENT IS UNABLE TO PAY IF A PATIENT IS UNABLE TO MEET THE FINANCIAL OBLIGATION BECAUSE THEY ARE UNINSURED OR UNDERINSURED OR IF THE PATIENT EXPRESSES THE INABILITY TO PAY, MOFFITT'S REPRESENTATIVES OR AGENTS WORKS WITH THE PATIENT TO DETERMINE THE NEED FOR FINANCIAL ASSISTANCE

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 15e A DETERMINATION OF WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE WILL BE MADE IF A PATIENT EXPRESSES THE INABILITY TO PAY THEIR OBLIGATION EITHER BEFORE, DURING OR AFTER TREATMENT IF THE PATIENT DOES NOT EXPRESS THE INABILITY TO PAY PRIOR TO BILLING, AN INVOICE IS SENT TO THE PATIENT WHICH HAS LANGUAGE REGARDING THE NEED FOR FINANCIAL ASSISTANCE A HOSPITAL REPRESENTATIVE WILL MAKE EVERY EFFORT TO WORK WITH THE PATIENT TO DETERMINE WHETHER FINANCIAL ASSISTANCE IS NEEDED IF THE PATIENT DOES NOT STATE THE NEED FOR FINANCIAL ASSISTANCE OR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE THEREAFTER AND PAYMENTS ARE NOT MADE AS AGREED, THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 16e THE HOSPITAL REFERS PATIENT ACCOUNTS TO A COLLECTION AGENCY COLLECTION AGENCY MAKES EVERY EFFORT TO CONTACT THE PATIENT BY MAIL OR TELEPHONE THE COLLECTION AGENCY FOLLOWS HOSPITAL'S FINANCIAL ASSISTANCE POLICY, IN THE EVENT THE PATIENT EXPRESSES THE INABILITY TO PAY

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 18c THE HOSPITAL WAS NOT EQUIPPED FOR EMERGENCY MEDICAL CARE SERVICES HOWEVER, IF HOSPITAL PERSONNEL IDENTIFIED A PATIENT NEEDING EMERGENCY MEDICAL TREATMENT, WITHOUT DISCRIMINATION THE HOSPITAL WOULD STABILIZE THE PATIENT UNTIL SUCH TIME THAT THE PAIENT COULD BE TRANSFERRED TO A FACILITY WITH EMERGENCY MEDICAL SERVICES

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 19d HOSPITAL USES A 50% DISCOUNTED RATE OF BILLED CHARGES

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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 ELIGIBLITY 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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 THE HOSPITAL IS THE ONLY FLORIDA
		BASED NCI DESIGNATED CANCER CENTER, PRIMARILY
		SERVICING SEVEN COUNTIES, HILLSBOROUGH, PASCO,
		PINELLAS, POLK, HERNANDO, SARASOTA, AND MANATEE
		IN HILLSBOROUGH COUNTY, MINORITIES, MAINLY
	1	COMPRISING OF AFRICAN-AMERICAN AND HISPANICS,
	1	MADE UP 40% OF THE POPULATION IN 2011 WITH
		MEDIAN HOUSEHOLD INCOME RANGING FROM \$24k TO
	!	\$38k FOR ALL SEVEN COUNTIES HISPANIC AND
		AFRICAN-AMERICAN'S WERE 26% OF THE POPULATION
		FOR 2011 WITH A MEDIAN HOUSEHOLD INCOME
	!	RANGING BETWEEN \$41k AND \$52k FOR THE MONTH OF
		JUNE 2011 UNEMPLOYMENT FOR ALL SEVEN COUNTIES
		RANGED FROM 10 6% TO 13 7%

Identifier	ReturnReference	Explanation
		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 FURTHE
		IMPROVE THE DELIVERY OF CANCER CARE AND ACCESS
		TO CLINICAL TRIALS THE MAJORITY OF THE HOSPITAL'S
		BOARD MEMBERS RESIDE AND ARE CONSIDERED
		COMMUNITY LEADERS IN THE SERVICE AREA

Identifier	ReturnReference	Explanation
Identifier		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 PROGRAMS TO ADDRESS COMMUNITY NEEDS SEPARATELY FROM, AS WELL AS IN COLLABORATION WITH, THE HOSPITAL COMMUNITY BENEFIT PROGRAMS TO ADDRESS COMMUNITY NEEDS PERFORMED BY OUR AFFILIATED ENTITIES FINANCIAL ASSISTANCE AT COST WAS \$2,147,738PERCENT OF TOTAL AFFILIATE EXPENSE 29%COMMUNITY HEALTH IMPROVEMENT WAS \$28,800PERCENT OF COMBINED EXPENSE 201%HEALTH PROFESSIONS EDUCATION WAS \$3,447,355PERCENT OF TOTAL AFFILIATE EXPENSE
		4 115%PERCENT OF COMBINED EXPENSE 47%RESEARCH NET COMMUNITY BENEFIT EXPENSE WAS \$24,004,727PERCENT OF TOTAL AFFILIATE EXPENSE
		17 62%PERCENT OF COMBINED EXPENSE 3 27%

Compensation Information

DLN: 93493135056232

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

RES	EARCE	H INSTITUTE HOSPITAL INC		59-3238634			
Pa	rt I	Questions Regarding Compensation					
						Yes	Νo
la		eck the appropiate box(es) if the organization provided a 0, Part VII, Section A, line 1a Complete Part III to prov					
	Γ	First-class or charter travel	-	Housing allowance or residence for personal use			
	Γ	Travel for companions	-	Payments for business use of personal residence			
	Γ	Tax idemnification and gross-up payments	<i>-</i>	Health or social club dues or initiation fees			
	Γ	Discretionary spending account	<i>-</i>	Personal services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the organizat nbursement orprovision of all the expenses described al			1b		No
2		the organization require substantiation prior to reimbur ters, directors, trustees, and the CEO/Executive Direct			2	Yes	
_							
3		icate which, if any, of the following the organization uses anization's CEO/Executive Director Check all that appl	ply	·			
		Compensation committee		Written employment contract			
		Independent compensation consultant		Compensation survey or study			
	ı	Form 990 of other organizations		Approval by the board or compensation committee			
4		ing the year, did any person listed in Form 990, Part VI related organization	′II,	Section A, line 1a with respect to the filing organization	on		
а	Rec	eive a severance payment or change-of-control payme	ent	from the organization or a related organization?	4a		No
b	Part	ticipate in, or receive payment from, a supplemental nor	onq	ualified retirement plan?	4b	Yes	
C	Part	ticipate in, or receive payment from, an equity-based co	com	npensation arrangement?	4c		Νo
	If"Y	Yes" to any of lines 4a-c, list the persons and provide the	the	applicable amounts for each item in Part III			
	Only	y 501(c)(3) and 501(c)(4) organizations only must com	mpl	ete lines 5-9.			
5		persons listed in form 990, Part VII, Section A, line 1a npensation contingent on the revenues of	a, c	did the organization pay or accrue any			
а	The	organization?			5a		No
b	Any	related organization?			5b		No
	If"Y	Yes," to line 5a or 5b, describe in Part III					
5		persons listed in form 990, Part VII, Section A, line 1anpensation contingent on the net earnings of	a, c	did the organization pay or accrue any			
а	The	organization?			6a		No
b	Any	related organization?			6b		No
	If"Y	Yes," to line 6a or 6b, describe in Part III					
7		persons listed in Form 990, Part VII, Section A, line 1a ments not described in lines 5 and 6? If "Yes," describe			7		No
3		re any amounts reported in Form 990, Part VII, paid or a					
		ject to the initial contract exception described in Regs art III	3 S	ection 53 4958-4(a)(3)? If "Yes," describe	_		
					8		No
9		Yes" to line 8, did the organization also follow the rebutt tion 53 4958-6(c)?	ttal	ble presumption procedure described in Regulations	9		

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

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

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
		PAYMENTS MADE FOR HEALTH OR SOCIAL CLUB DUES, INITIATION FEES OR PERSONAL SERVICES 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
	,	THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND AMOUNTS LISTED ARE INCLUDED IN THEIR TOTAL COMPENSATION, RESPECTIVELY YVETTE M LYONS TREMONTI - \$4,737 49 NICOLAS C PORTER - \$25,999 79 JOHN A KOLOSKY - \$41,138 42 WILLIAM S DALTON - \$87,104 55
Supplemental Information		Schedule J, Part I, Line 3 HOSPITAL'S PRESIDENT AND CEO ARE PAID BY A RELATED ORGANIZATION WHICH ESTABLISHES THEIR COMPENSATION BY RELYING ON AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS OR STUDIES, AN EXECUTIVE COMPENSATION COMMITTEE, AND THE APPROVAL BY THE BOARD OR THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135056232

Schedule L

(Form 990 or 990-EZ)

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

Open to Public **Inspection**

Department of the Treasury
nternal Revenue Service

Name of the organization Employer identification number H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC 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 (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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 (f) (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

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	(c) A mount of transaction	(d) Description of transaction	organiz	arıng of zatıon's nues?
	organization			Yes	No
(1) LISA WETZSTEIN	SEE PART V	17,978	SEE PART V		No
(2) STORR OFFICE	SEE PART V	694,706	SEE PART V		No

Supplemental Information Part V

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

Identifier	Return Reference	Explanation
Form 990, Schedule L, Part IV		INTERESTED PERSON LISA WETZSTEINRELATIONSHIP FAMILY MEMBER OF GENE WETZSTEINTRANSACTION DESCRIPTION COMPENSATIONINTERESTED PERSON STORR OFFICE ENVIRONMENTS (STORR OFFICE) RELATIONSHIP KAREN ARNOLD, DIRECTOR, IS KEY EMPLOYEE FOR STORR OFFICETRANSACTION DESCRIPTION COMPENSATION FOR GOODS AND SERVICES

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493135056232

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

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.

NonCash Contributions

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

Employer identification number

59-3238634

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		bution
1	Art—Works of art			,			
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
good							
6	Cars and other vehicles .						
7	Boats and planes						
	Intellectual property						
	Securities—Publicly traded						
	Securities—Closely held stock						
	Securities—Partnership, LLC, or trust interests .						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts .						
	Other►(<u>EQUIPMENT</u>)	Х	3	9,071	PURCHASE PRICE		
26	Other►(<u>SOFTWARE</u>)	Χ	2	131,965	PURCHASE PRICE		
27	O ther ►()						
28	O ther ► ()						
29	Number of Forms 8283 received by for which the organization complete				29		0
20-	During the year, did the organizatio	n rocalii	o by contribution any promo	rty raparted in Dart I lines	1-28 that it	Ye	s No
SUA							
	must hold for at least three years fr			on, and which is not require	a to be used	_	,,,
	for exempt purposes for the entire h					30a	No
	If "Yes," describe the arrangement					21	l No
31	Does the organization have a gift a					31	No I
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a	No
ь 33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,		

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	,	THE NUMBER OF CONTRIBUTORS REPORTED REFLECTS THE NUMBER OF ITEMS CONTRIBUTED

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135056232

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

59-3238634

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE FOLLOWING DIRECTORS AND OFFICERS, THAT JOINTLY SERVE ON THE HOSPITAL AND A FOR-PROFIT RELATED ENTITY, QUALIFY AS HAVING A BUSINESS RELATIONSHIP HOSPITAL & MOFFITT GENETICS CORPORATION H LEE MOFFITT - DIRECTOR WILLIAM'S DALTON - OFFICER LOUIS D DE LA PARTE - OFFICER JANENE J CULUMBER - OFFICER HOSPITAL & MOFFITT TECHNOLOGIES CORPORATION WILLIAM'S DALTON - OFFICER JOHN A KOLOSKY - OFFICER LOUIS D DE LA PARTE - OFFICER JANENE J CULUMBER - OFFICER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC IS THE SOLE MEMBER OF THE HOSPITAL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		AS THE SOLE MEMBER OF THE HOSPITAL, H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC SHALL HAVE THE POWER TO APPROVE, DISAPPROVE OR REMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OR OFFICER OF THE HOSPITAL

Identifier Retu Refere	Explanation
Form 990, Part VI, Section A, line 7b	THE SOLE MEMBER OF THE CORPORATION SHALL HAVE THE FOLLOWING POWERS A APPROVE, DISAPPROVE OR RECOMMEND THE ADOPTION, CHANGE, AMENDMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OF THE CORPORATION, B APPROVE, DISAPPROVE OR RECOMMEND THE ADOPTION, CHANGE, AMENDMENT OR REPEAL OF THE BY LAWS OF THE CORPORATION, C APPROVE, DISAPPROVE OR RECOMMEND THE SELECTION OF A QUALIFIED AUDIT FIRM AND THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, D EITHER APPROVE OR DISAPPROVE THE TRANSFER, SALE, LEASE OR DISPOSITION OF ANY ASSET OF THE CORPORATION IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000 00), E APPROVE OR DISAPPROVE THE CONFERRING OF ANY LIEN OR SECURITY INTEREST IN ASSETS OF THE CORPORATION IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000 00), WHETHER SAME SHALL BE IN CONNECTION WITH EITHER PUBLIC OR PRIVATE FINANCING, OR OTHERWISE, F APPROVE OR DISAPPROVE ALL DONATIONS OR CHARITABLE CONTRIBUTIONS BY THE CORPORATION IN EXCESS OF TEN THOUSAND DOLLARS (\$10,000 00) PER CONTRIBUTION OR ANNUAL CONTRIBUTION EXCEEDING TWENTY FIVE THOUSAND DOLLARS (\$25,000 00) IN THE AGGREGATE, G APPROVE, DISAPPROVE OR RECOMMEND THE ADOPTION OF THE CORPORATION'S MISSION AND PHILOSOPHY STATEMENT, AND H APPROVE OR DISAPPROVE CAPITAL EXPENDITURES BY THE CORPORATION IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000 00) PER EXPENDITURE OR TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000 00) IN THE AGGREGATE ANNUALLY

ldentifier	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

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 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 INTEREST 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

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	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 SURVEY'S 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 HEALTHCAMP. ACADE ACADE 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 CONSULTANT'S COMPARABILITY DATA ARE PRESIDENTED 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 INCLUDEDS 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 OPNION ON THE REASONABLENESS OF EACH OF THE INDIVIDUAL COMPENSATION COMPONENTS AND THE JEC&BC FOR THEIR USE IN THE ANNUAL REVIEW PROCESS MINUTES ARE KEPT AT EACH OF THESE A

ldentifier	Return Reference	Explanation
	· '	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 VI, Section B, Line 14 THE ORGANIZATION HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY WITH WHICH IT COMPLIES, HOWEVER, THE POLICY WAS NOT APPROVED BY THE BOARD OR A COMMITTEE BY THE FISCAL YEAR END

ldentifier	Return Reference	Explanation
		Form 990, Part VII, Section A, Line 1a EMPLOYEES WHO ARE LISTED ON HOSPITAL'S 2010 FORM 990 ARE EMPLOYEES WHOSE 2010 W-2'S WERE ISSUED BY MOFFITT INSTITUTE, THE COMMON PAYMASTER RELATED ENTITY AFTER SIGNIFICANT ANALYSIS A DETERMINATION WAS MADE TO REPORT EMPLOYEES BY ENTITY RATHER THAN BY THE ORGANIZATION WHICH ISSUED THE W-2, 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 ISSUING ENTITY PROCEDURES TO REPORT COMPENSATION OF EMPLOYEES ON FORM 990 PART VII AND ON SCHEDULE J ARE IN ACCORDANCE WITH IRS INSTRUCTIONS FOR EACH RESPECTIVE SECTION Form 990, Part VII, Section A, Line 1a GENE WETZSTEIN WAS PROMOTED TO DIRECTOR OF PHARMACY SINCE PHILIP JOHNSON TRANSFERRED TO THE POSITION, HOSPITAL'S DIRECTOR OF ADVOCACY WHICH NO LONGER QUALIFIES HIM AS A KEY EMPLOYEE JANE FUSILERO WAS HIRED AS VP-PATIENT CARE/CNO WHICH WAS PREVIOUSLY HELD BY MARYBETH REARDON WHO TRANSFERRED TO THE POSITION, HOSPITAL UNTIL FEBRUARY 10, 2011, REMAINS PRESIDENT/CEO AND CENTER DIRECTOR FOR THE PARENT JOHN KOLOSKY WHO WAS EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER FOR HOSPITAL BECAME PRESIDENT FEBRUARY 11, 2011

Identifier	Return Reference	Explanation
		Form 990, Part VII, Section A, Line 1b DIRECTORS ESTIMATE OF A VERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS JOSEPH CABALLERO H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC 1HR BETH HOUGHTON H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 1HR THE HONORABLE H LEE MOFFITT H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 1HR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 1HR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 1HR MOFFITT GENETICS CORPORATION 1HR THE HONORABLE MARK A PIZZO H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 1HR

Identifier	Return Reference	Explanation
		FORM 990, PART VII, SECTION A, LINE 1B CURRENT & FORMER OFFICERS ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS JANENE J CULUMBER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 5HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 5HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 5HRS WILLIAM'S DALTON H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 33HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 10HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 11HRS LOUIS D DE LA PARTIE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, EQUIDATION, INC 5HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 5HRS JOHN A KOLOSKY H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 4HRS MOFFITT TECHNOLOGIES CORPORATION 1HR ALAN F LIST H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 15HRS NICOLAS C PORTER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER CENTER AND RESEARCH INSTITUTE, INC 15HRS NICOLAS C PORTER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 15HRS NICOLAS C PORTER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 15HRS DEAN R HEAD (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS W J WILSON (FORMER) H

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	1 ' '	TRANSFER TO TAX EXEMPT AFFILIATES -243327887 INTEREST IN NET ASSETS OF FOUNDATION -50425 Total to Form 990, Part XI, Line 5 -243378312

DLN: 93493135056232

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

RESEARCH INSTITUTE HOSPITAL INC

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.

Department of the Treasury
Internal Revenue Service

Internal Revenue Service

Name of the organization
H LEE MOFFITT CANCER CENTER AND

Employer identification number

59-3238634

Part I Identification of Disregarded Entities (Con	nplete	ıf the organızatıoı	n answered "Yes"	on Form 990, Par	t 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 Orga or more related tax-exempt organizations during	anizati ng the t	i ons (Complete ıl ax year.)	the organization	answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e ıt had	one
(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	Section 5 cont	g) i12(b)(1i rolled iization
(1) H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC							Yes	No
12902 MAGNOLIA DRIVE	PAREN	IT-RESEARCH	FL	501(c)(3)	Line 7	N/A		No
TAMPA, FL 33612 59-2451713								
(2) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE FOUNDATION INC								
12902 MAGNOLIA DRIVE TAMPA, FL 33612	FUNDF	RAISING	FL	501(c)(3)	Line 7	N/A		No
59-3238636 (3) H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC								
12902 MAGNOLIA DRIVE	PRACT	TICE MANAGEMENT	FL	501(c)(3)	Line 9	N/A		No
TAMPA, FL 33612 59-3238640							<u> </u>	
					I	l		

Schedule R (Form 990) 2010														Page 2				
Part III Identif				ble as a Partners reated as a partne					answe	ered "\	es" on F	orm 990,	Part	IV, lıı	ne 34				
(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		(f) Share of total income		(f) f total income Share		(g) e Share of end-of-year assets		(h) Disproprtionate allocations?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
									Yes	No			Yes	No					
				ble as a Corpora ations treated as a							swered	"Yes" on	Form	990,	Part IV,				
(a) Name, address, and EIN of related organization			(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity		Direct controlling T		(e) Type of entity (C corp, S cor or trust)			total income Shai end-o		(g) nare of -of-year essets		(h) Percentage ownership		
(1) MOFFITT TECHNOLOG 12902 MAGNOLIA DRIVE TAMPA, FL33612 30-0332914	IES CORPORATION		TECHNOLOGY MANAGEMENT	FL	N/A	A		С											
(2) MOFFITT GENETICS CO 12902 MAGNOLIA DRIVE TAMPA, FL33612 20-8486180	ORPORATION		DATABASE MANAGEMENT	FL	N/A	A		С											
			1	1															

Part V Transactions With Relate	d Organizations (Complete if the organiz	zation answered "Yes	" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
Note. Complete line 1 if any entity is list	ted in Parts II, III or IV					Yes	No		
$oldsymbol{1}$ During the tax year, did the orgranization e	ngage in any of the following transactions with on	ne or more related organi	ızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii)	royalties (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to other organization(s)									
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)					1f	+-	No		
g Purchase of assets from other organizat	cion(s)				1 g		No		
h Exchange of assets					1h		No		
i Lease of facilities, equipment, or other a	i Lease of facilities, equipment, or other assets to other organization(s)								
j Lease of facilities, equipment, or other a	j Lease of facilities, equipment, or other assets from other organization(s)								
k Performance of services or membership	or fundraising solicitations for other organization	n(s)			1k		No		
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					1n		No		
• Reimbursement paid to other organization	on for expenses				10	Yes			
p Reimbursement paid by other organizati	on for expenses				1р	_	No		
q Other transfer of cash or property to oth	ner organization(s)				1 q	士	No		
r Other transfer of cash or property from o	other organization(s)				1r		No		
2 If the answer to any of the above is "Yes	s," see the instructions for information on who mu	st complete this line, in	cluding covered relati	onships and transact	ıon thresholds				
	(a) ame of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				\vdash		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

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

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	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
BETH A HOUGHTON CHAIR	1 00	Х		Х				0	0	0
THE HONORABLE MARK A PIZZO VICE CHAIR	1 00	Х		Х				0	0	0
THE HONORABLE H LEE MOFFITT SECRETARY/TREASURER	1 00	Х		х				0	0	0
W MICHAEL ALBERTS DIRECTOR, VP-MEDICAL AFFAIRS	55 00	Х		×				205,414	217,993	44,228
KAREN A ARNOLD DIRECTOR	1 00	Х						0	0	0
JOSEPH CABALLERO DIRECTOR	1 00	Х						0	0	0
MUNYA CHIURA PHD DIRECTOR	1 00	Х						0	0	0
JULIE DJEU DIRECTOR, SR MBR FAC RSCH	1 00	Х						0	286,155	25,870
HARVEY M GREENBERG MD DIRECTOR	1 00	Х						0	0	0
DWAYNE HAWKINS DIRECTOR	1 00	Х						0	0	0
RONALD A HURST DIRECTOR	1 00	Х						0	0	0
STEPHEN K KLASKO MD DIRECTOR	1 00	Х						0	0	0
THE HONORABLE GWEN MILLER DIRECTOR	1 00	Х						0	0	0
ORLANDO NIEVES DIRECTOR	1 00	Х						0	0	0
MARY ANNE REILLY DIRECTOR	1 00	Х						0	0	0
JOHN A KOLOSKY HOSP PRES AS OF 2/11/11	33 00			х				0	725,119	43,330
WILLIAM S DALTON PRES/CEO & CTR DIRECT-PARENT	1 00			х				0	1,314,151	67,154
LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	22 00			х				0	465,035	39,330
ALAN F LIST EVP-PHYSICIAN IN CHIEF	33 00			х				309,464	336,120	43,267
NICOLAS C PORTER EVP-INST ADV & CORP REL	33 00			х				0	574,354	39,695
YVETTE LYONS TREMONTI EVP-STRATEGY & BUS DEVEL	33 00			х				0	302,801	37,774
BRAULIO VICENTE SVP-HOSP OPERATIONS	40 00			х				358,349	0	42,361
JANENE CULUMBER VP-CFO, ASST TREASURER	22 00			х				0	394,396	34,904
JANE FUSILERO VP-PATIENT CARE SVS/CNO	55 00			х				0	0	0
BRENDA S GORDON VP-ANCILLARY SVCS	55 00			x				249,376	0	22,775

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

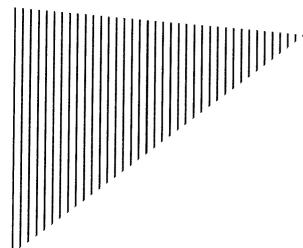
(A) Name and Title	A verage Position (check all Report hours that apply) comper		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other					
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARYBETH REARDON VP-PATIENT CARE SVS/CNO	55 00			Х				272,353	0	26,606
SCOTT D ELDREDGE DEPARTMENT ADMINSTRATOR	55 00				х			186,385	0	23,458
GENE WETZSTEIN DIR PHARMACY	55 00				х			185,010	0	34,753
VLADIMIR FEYGELMAN ASSIST MBR PHYSICIST	55 00					х		223,775	0	30,470
KENNETH M FORSTER ASSOC MBR PHYSICIST	55 00					Х		252,484	0	39,642
BRIAN K NORIEGA CLINICAL PHYSICIST II	55 00					х		209,039	0	31,500
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST II	55 00					Х		212,077	0	21,071
STUART G WASSERMAN DIR CLINICAL PHYSICS	55 00					х		241,048	0	33,449
DEAN R HEAD FORMER HOSPITAL VP-FAC MGMT	0 00						х	0	206,862	26,423
MARK F HULSE FORMER HOSPITAL VP-CIO	0 00						х	0	285,574	33,600
THOMAS A SELLERS FORMER EVP-ACD CANCER	0 00						х	0	561,879	47,650
W J WILSON FORMER HOSPITAL VP-GOVT REL	22 00						х	108,994	177,270	26,240
PHILIP E JOHNSON FORMER DIR PHARMACY	55 00						Х	199,812	0	24,757

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			W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
W MICHAEL ALBERTS	(I) (II)	122,593 189,001	62,188 0	20,633 28,992	9,380 16,223	11,771 12,846	226,565 247,062	0
JULIE DJEU	(I) (II)	0 259,379	0 8,482	0	0 25,602	0 1,615	0 313,372	0
JOHN A KOLOSKY	(I) (II)	0 542,940	0	0 53,427	0 25,603	0 23,633	0 774,355	0
WILLIAM S DALTON	(ı) (ıı)	0 863,378	0 297,504	0 153,269	0 25,603	0 49,305	0 1,389,059	0
LOUIS D DE LA PARTE	(ı) (ıı)	0 369,700	0 93,553	0 1,782	0 25,603	0 17,862	0 508,500	0
ALAN F LIST	(ı) (ıı)	182,499 292,416	120,000 14,108	6,965 29,596	0 25,602	12,860 12,244	322,324 373,966	0
NICOLAS C PORTER	(I) (II)	0 410,483	0 104,026	0 59,845	0 25,603	0 21,393	0 621,350	0
YVETTE LYONS TREMONTI	(ı) (ıı)	0 240,532	0 49,238	0 13,031	0 24,353	0 23,246	0 350,400	0
BRAULIO VICENTE	(ı) (ıı)	287,224 0	56,351 0	14,774 0	19,600 0	29,884 0	407,833 0	0 0
JANENE CULUMBER	(I) (II)	0 320,465	0 60,000	0 13,931	0 19,600	0 21,275	0 435,271	0
BRENDA S GORDON	(ı)	200,573 0	38,484 0	10,319	19,206 0	10,829 0	279,411 0	0
MARYBETH REARDON	(ı) (ıı)	207,247 0	42,436 0	22,670 0	19,353 0	13,409 0	305,115 0	0
SCOTT D ELDREDGE	(ı) (ıı)	160,900 0	17,090 0	8,395 0	11,629 0	15,249 0	213,263 0	0
GENE WETZSTEIN	(ı) (ıı)	159,074 0	18,946 0	6,990 0	11,992 0	24,524 0	221,526 0	0
VLADIMIR FEYGELMAN	(ı) (ıı)	213,946 0	9,032 0	797 0	23,518 0	8,746 0	256,039 0	0 0
KENNETH M FORSTER	(ı) (ıı)	241,906 0	7,846 0	2,732 0	25,603 0	16,967 0	295,054 0	0 0
BRIAN K NORIEGA	(ı) (ıı)	203,534 0	3,605 0	1,900 0	13,278 0	19,281 0	241,598 0	0 0
SIRIPORN SARANGKASIRI	(ı) (ıı)	206,572 0	3,605 0	1,900 0	13,278 0	8,851 0	234,206 0	0 0
STUART G WASSERMAN	(ı) (ıı)	211,372 0	22,144 0	7,532 0	14,987 0	20,442 0	276, 4 77 0	0 0
DEAN R HEAD	(ı) (ıı)	0 166,491	0 32,003	0 8,368	0 16,609	0 16,267	0 239,738	0 0
MARK F HULSE	(I) (II)	0 228,134	0 46,001	0 11,439	0 15,750	0 24,715	0 326,039	0 0
THOMAS A SELLERS	(ı) (ıı)	0 436,097	0 104,972	0 20,810	0 25,602	0 29,757	0 617,238	0
W J WILSON	(ı) (ıı)	104,905 126,581	0 46,534	4,089 4,155	8,449 11,039	5,374 6,106		0
PHILIP E JOHNSON	(I) (II)	183,888 0	6,347 0	9,577 0	12,364 0	13,329 0	225,505 0	0





CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries
Years Ended June 30, 2011 and 2010
With Report of Independent Certified Public Accountants

Ernst & Young LLP



Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

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Report of Independent Certified Public Accountants

The Board of Directors of H. Lee Moffitt Cancer Center & Research Institute, Inc.

We have audited the accompanying consolidated balance sheets of H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries (the Cancer Center) as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Cancer Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Cancer Center as of June 30, 2011 and 2010, and the consolidated results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with US generally accepted accounting principles.

Our audits were performed for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying consolidating balance sheet and consolidating statement of operations are presented for purposes of additional analysis and are not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole.

Ernst + Young LLP

September 27, 2011

Consolidated Balance Sheets

	June 30				
	2011	2010			
Assets					
Current assets:					
Cash and cash equivalents	\$ 43,572,965	\$ 29,684,682			
Current portion of assets limited as to use	11,487,322	10,928,943			
Accounts receivable, less allowances for uncollectibles					
(2011 - \$31,988,000; 2010 - \$19,142,000)	86,382,966	65,263,786			
Current portion of pledges receivable	3,858,418	8,064,340			
Inventories	8,960,353	8,677,773			
Estimated third-party receivable	2,332,837	17,744,530			
Grant receivables	10,004,562	9,458,282			
Prepaid and other current assets	12,316,620	_11,141,568			
	178,916,043	160,963,904			
Assets limited as to use, net of current portion	173,835,401	150,671,430			
Pledges receivable, less discounts and allowances for					
uncollectible pledges, net of current portion	7,187,362	2,350,141			
Property, plant, and equipment:					
Land	9,306,184	9,306,184			
Building and land improvements	342,410,041	328,298,466			
Equipment	349,928,828	324,230,591			
	701,645,053	661,835,241			
Less accumulated depreciation	(351,397,592)	(317,873,062)			
	350,247,461	343,962,179			
Construction-in-progress	12,555,162	9,794,576			
	362,802,623	353,756,755			
Other assets	3,172,326	2,986,208			
Total assets	\$ 725,913,755	\$ 670,728,438			

	June 30				
	2011	2010			
Liabilities and net assets					
Current liabilities:					
Accounts payable and accrued expenses	\$ 55,171,481	\$ 42,503,339			
Accrued employee compensation	56,819,623	54,281,790			
Accrued interest	4,664,220	4,747,176			
Current portion of long-term debt	7,175,000	6,485,000			
Total current liabilities	123,830,324	108,017,305			
Other liabilities	6,274,721	3,433,960			
Long-term debt, net of current portion	202,851,076	188,429,577			
Total liabilities	332,956,121	299,880,842			
Net assets:					
Unrestricted	319,388,189	293,218,202			
Temporarily restricted	60,779,482	65,160,677			
Permanently restricted	12,789,963	12,468,717			
Total net assets	392,957,634	370,847,596			

Total liabilities and net assets \$ 725,913,755 \$ 670,728,438

See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30				
	2011		2010		
Unrestricted revenues and other support:					
Net patient service revenues	\$ 607,549,024	\$	556,750,101		
Other revenues	99,719,446		86,300,852		
Net assets released from restrictions and used					
for operating expenses	37,120,891		33,763,522		
Total unrestricted revenues and other support	744,389,361		676,814,475		
Expenses					
Salaries, wages, and benefits	366,916,077		337,620,563		
Faculty fees	8,935,614		8,675,795		
Purchased services	64,788,793		51,857,340		
Supplies	184,790,422		162,425,488		
Other operating expenses	48,865,663		46,666,944		
Depreciation and amortization	39,848,933		40,094,186		
Interest	8,790,874		8,420,605		
Provision for bad debts	13,892,511		9,942,537		
Total expenses	736,828,887		665,703,458		
Income from operations	7,560,474		11,111,017		
Nonoperating gains, net	10,937,736		8,481,453		
Excess of revenues and gains over expenses					
and losses	18,498,210		19,592,470		

Continued on next page

Consolidated Statements of Operations and Changes in Net Assets (continued)

		June 30	
		2011	2010
Unrestricted net assets:			
Excess of revenues and gains over expenses and losses	\$	18,498,210 \$	19,592,470
Other changes:			
Net assets released from restrictions and used			
to purchase property, plant, and equipment		265,613	2,489,529
Net assets released from restrictions and used for payment of long-term debt		5,374,013	10,112,128
Net cumulative unrealized gains transferred to trading		_	(1,208,800)
Grants received for reimbursement of property, plant, and equipment purchases		2,499,973	1,051,288
Restricted investment income		(449,469)	(407,406)
Other		(18,353)	(1,706,010)
Increase in unrestricted net assets		26,169,987	29,923,199
Temporarily restricted net assets:			
Contributions and memorials		11,488,359	6,330,665
Grants and contracts with purpose restrictions		21,018,327	21,362,189
Investment income		449,469	407,406
Net assets released from purpose restrictions and used to purchase			
property, plant, and equipment		(265,613)	(2,489,529)
Net assets released from purpose restrictions and used for payment			
of operating expenses		(35,731,597)	(32,133,145)
Net assets released from restrictions and used for payment of long-term debt		(5,374,013)	(10,112,128)
Net assets released from purpose restrictions and used for payment of interest		(907,689)	(995,958)
Net assets released from time restrictions and used for payment of			
operating expenses		(481,605)	(634,419)
Proceeds from the Cigarette Tax Trust Fund		5,691,996	5,691,996
Interest earnings on proceeds from the Cigarette Tax Trust Fund		184	210
Loss on uncollectible temporarily restricted pledges		(179,013)	(189,683)
Other		(90,000)	
Decrease in temporarily restricted net assets		(4,381,195)	(12,762,396)
Permanently restricted net assets.			
Contributions and memorials		231,246	1,648,112
Other		90,000	
Increase in permanently restricted net assets		321,246	1,648,112
Increase in net assets		22,110,038	18,808,915
Net assets at beginning of year		370,847,596	352,038,681
Net assets at end of year		392,957,634 \$	370,847,596

See accompanying notes

Consolidated Statements of Cash Flows

		une 30	
		2011	2010
Operating activities and nonoperating gains			
Increase in net assets	\$	22,110,038 \$	18,808,915
Adjustments to reconcile increase in net assets to net cash provided by			
operating activities and nonoperating gains			
Loss on sale of property, plant, and equipment		161,095	73,126
Restricted contributions and restricted investment income		(17,861,254)	(14,078,179)
Grants and contracts with purpose restrictions		(21,018,327)	(21,362,189)
Grants received for reimbursement of property, plant, and equipment purchases		(2,499,973)	(1,051,288)
Investments in assets limited as to use designated as trading securities, net		(9,765,897)	(690,825)
Change in net unrealized gains on investments		(3,480,780)	(3,064,251)
Depreciation and amortization		39,848,933	40,094,186
Amortization of bond premium and discount		(403,501)	(382,422)
Provision for bad debts		13,892,511	9,942,537
Changes in operating assets and liabilities:		, ,	
Accounts receivable		(35,011,691)	(11,992,238)
Inventories		(282,580)	(1,691,424)
Grant receivables		(546,280)	(2,875,455)
Prepaid and other assets		(1,442,194)	1,770,282
Pledges receivable		(631,299)	4,992,466
Accounts payable and accrued expenses		12,668,142	2,051,304
Accrued employee compensation		2,537,833	14,294,946
Accrued interest		(82,956)	(158,455)
Estimated third-party settlements		15,411,693	(13,993,112)
Other liabilities		2,840,761	93,303
Net cash provided by operating activities and nonoperating gains		16,444,274	20,781,227
Investing activities			
Purchases of property, plant, and equipment		(48,974,872)	(34,711,828)
Change in assets limited as to use		(10,475,673)	16,391,818
Net cash used in investing activities		(59,450,545)	(18,320,010)
Financing activities			
Payments on long-term debt		(6,485,000)	(9,470,000)
Borrowings on line of credit			26,120,022
Payments on line of credit		-	(27,923,639)
Proceeds from the issuance of long-term debt		22,000,000	_
Restricted contributions and restricted investment income		17,861,254	12,430,067
Grants and contracts with purpose restrictions		21,018,327	21,362,189
Grants received for reimbursement of property, plant, and equipment purchases		2,499,973	1,051,288
Net cash provided by financing activities		56,894,554	23,569,927
Increase in cash and cash equivalents		13,888,283	26,031,144
Cash and cash equivalents at beginning of year		29,684,682	3,653,538
Cash and cash equivalents at end of year	\$	43,572,965 \$	29,684,682

See accompanying notes

Notes to Consolidated Financial Statements

June 30, 2011

1. Organization

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries (the Cancer Center), located in Tampa, Florida, was created by the Florida Legislature and incorporated on April 17, 1984, as a not-for-profit corporation and is currently licensed to operate 206 general acute care beds. The Cancer Center's activities relate primarily to research in the areas of basic science, cancer prevention and control, translational science, pre-clinical and clinical investigations, and providing management and certain other support services as the sole corporate member and parent for the following subsidiary corporations:

H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc. (the Hospital) – The Hospital provides medical and hospital care, medical education and training and clinical (patient-related) research in maintaining health and preventing, detecting, and treating cancer.

H. Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc. (the Screening Center) – The Screening Center is doing business as the Moffitt Medical Group (MMG) and operates as part of the Cancer Center's healthcare system by employing and managing physicians and other medical professional who staff the Hospital and provide clinical research services to the Cancer Center.

H. Lee Moffitt Cancer Center & Research Institute Foundation, Inc. (the Foundation) – The Foundation is the principal fund-raising organization for the Cancer Center and its subsidiaries.

Moffitt Technologies Corporation (MTC) – MTC is a for-profit subsidiary of the Cancer Center incorporated on January 27, 2005, which began operations during fiscal year 2006. MTC conducts technology management and commercialization activities for the Cancer Center including intellectual property developed by the Cancer Center.

Moffitt Genetics Corporation (M2Gen) is a for-profit subsidiary of the Cancer Center incorporated on February 6, 2007. Moffitt Genetics Corporation supports the Cancer Center in the development of a delivery system for personalized cancer care, which includes collaborations with the Cancer Center's pharmaceutical partners.

The consolidated financial statements include the accounts of the Cancer Center, the Hospital, MMG, the Foundation, MTC, and M2Gen (collectively, the Cancer Center). All significant intercompany transactions and accounts have been eliminated in consolidation.

Notes to Consolidated Financial Statements (continued)

1. Organization (continued)

Mission Statement

The mission of the Cancer Center is to contribute to the prevention and cure of cancer. The Cancer Center is a leader in focused, innovative cancer research; a major regional oncology referral center; and an environment conducive for training future scientific and clinical leaders in oncology. The Cancer Center has been designated as a National Cancer Institute Comprehensive Cancer Center.

2. Summary of Significant Accounting Policies

Nonoperating Gains and Losses

The Cancer Center's revenues and other support include amounts generated from direct patient care, unrestricted appropriations from the State of Florida (the State), federal and nonfederal grants and contracts, and sundry revenues related to the operations of the Cancer Center's facilities. Activities that result in gains or losses unrelated to the Cancer Center's operations are considered to be nonoperating. Nonoperating gains primarily include investment income, dividends and realized and unrealized gains (losses) on unrestricted investments, and gains and losses on disposals of assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ from those estimates.

Statements of Cash Flows

For the purposes of the consolidated statements of cash flows, the Cancer Center considers all highly liquid investments with a maturity of three months or less when purchased, except those classified as assets limited as to use, to be cash equivalents.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Estimated Third-Party Settlements

The Cancer Center is reimbursed on a cost basis for Medicare inpatient and outpatient services subject to certain limitations. The Cancer Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Cancer Center and audits by the Medicare fiscal intermediary. The Cancer Center is reimbursed on a cost basis, subject to certain limitations, for services provided to Medicaid beneficiaries. Regulations require annual retroactive cost reimbursement settlements for these amounts based upon annual cost reports. These retroactive cost settlements are estimated and recorded in the consolidated financial statements.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Net Patient Service Revenues

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigation. Net patient service revenue increased by approximately \$2,061,000 and \$12,684,000 for the years ended June 30, 2011 and 2010, respectively, for adjustments to prior-year estimated third-party settlements.

Payments under various programs are based upon cost, discounts from charges, per diem arrangements, or per case arrangements. For the year ended June 30, 2011, approximately 67% of net patient service revenues were derived from managed care, 24% from Medicare, 7% from Medicaid, and 2% from other private contractual agreements. For the year ended June 30, 2010, approximately 65% of net patient service revenues were derived from managed care, 26% from Medicare, 4% from Medicaid, and 4% from other private contractual agreements.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Under the Tax Equity and Fiscal Responsibility Act (TEFRA) the Cancer Center receives exception payments from Medicare for inpatient services. The reimbursement is calculated on a target rate per discharge based on cost data from the June 30, 1996 cost report and updated each year by an inflation factor. In subsequent years, Medicare regulations allow the Cancer Center to request a TEFRA target rate adjustment to compensate the Cancer Center for cost increases directly attributable to improvements in the delivery of cancer care, which renders the current fiscal rate year operating costs no longer comparable to the base year. The exception payments are requested after a notice of program reimbursement (NPR) has been received for that year's specific cost report.

During the year ended June 30, 2010, the Cancer Center requested and received a revised target rate per discharge based on cost data from certain prior year cost reports. Based upon the revised target rate per discharge, approximately \$10,710,000 in net patient service revenue was recognized during the year ended June 30, 2010 for TEFRA adjustments to prior year estimated third party settlements. No such adjustments were recognized during the year ended June 30, 2011, because the target rate per discharge was adjusted in 2010.

Excess of Revenues and Gains Over Expenses and Losses

The consolidated statements of operations and changes in net assets include the excess of revenues and gains over expenses and losses. Changes in unrestricted net assets that are excluded from the excess of revenues and gains over expenses and losses, include the change in unrealized gains and losses on other-than-trading securities, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction, were to be used for the purposes of acquiring such assets) and contributions restricted for the payment of long-term debt.

Allowance for Uncollectibles

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

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

assessment is a detailed review of historical collections and write-offs at the Cancer Center that represents 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.

Inventories

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

Risk Management and Self-Insurance

The Cancer Center is exposed to various risks from torts, thefts, damage to and destruction of assets, business interruption, errors and omissions, employee injuries and illnesses, and natural disasters. Commercial insurance coverage is purchased for claims arising from such matters. The Cancer Center is insured for medical malpractice claims as described in Note 14.

The Cancer Center is self-insured for amounts up to specified levels for health, medical, and workers' compensation claims for its employees. The estimated liability for such self-insurance arrangements is the total estimated amounts to be paid for all known claims or incidents and an estimate for incurred but not reported claims.

Fair Value of Certain Financial Instruments

The carrying amounts reported in the consolidated balance sheets for financial instruments classified as current assets and current liabilities approximate fair value because of the short-term maturity of these instruments.

Fair Value Measurements

During September 2006, the FASB issued new fair value accounting rules (Fair Value Guidance) which, among other things, established a framework for measuring fair value and expanded disclosure about fair value measurements. On July 1, 2009, the Cancer Center adopted the provisions of the Fair Value Guidance that relate to non-financial assets and liabilities that are not required or permitted to be recognized or disclosed at fair value on a recurring basis; however, there was no material impact on the Cancer Center's financial position, results of operations, or cash flows.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Under the Fair Value Guidance, fair value is determined using assumptions that market participants would use to determine the price of an asset or liability as opposed to measurements determined based upon information specific to the entity holding those assets and liabilities. To determine those market participant assumptions, the Fair Value Guidance established a hierarchy of inputs that the entity must consider including both independent market data inputs and the entities' assumptions about the market participant assumptions. The hierarchy is summarized as follows:

- Level 1 Unadjusted quoted prices in active markets for identical assets and liabilities.
- Level 2 Directly or indirectly observable inputs, other than quoted prices included in Level 1. Level 2 inputs may include, among others, interest rates and yield curves observable at commonly quoted intervals, volatilities, credit risks, and other inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Unobservable inputs used when there is little, if any, market activity for the asset or liability at the measurement date. These inputs represent the entity's own assumptions about the assumptions that market participants would use to price the asset or liability developed using the best information available.

The following table summarizes the Cancer Center's significant financial assets as of June 30, 2011:

	Fair Value Measurements at Reporting Date Using							
		Total		Level 1 Inputs		Level 2 Inputs		Level 3 Inputs
Assets:								
Cash and cash equivalents	\$	43,572,965	\$	43,572,965	\$	_	\$	_
Assets limited as to use:								
Cash and cash equivalents		73,727,574		73,727,574		_		-
U.S. Government obligations		4,690,169		4,690,169		_		_
Fixed income securities		79,019,004		_		79,019,004		_
Equity securities		27,885,976		27,885,976		_		_
Total assets	\$	228,895,688	\$	149,876,684	\$	79,019,004	\$	

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The Cancer Center's Level 1 assets include investments in equity and U.S. Government Agency Securities and are valued at the quoted market prices. The Cancer Center's Level 2 assets include investments in U.S. Government Agency Securities and fixed income securities and are valued based upon directly or indirectly observable inputs. Transfers between levels in the hierarchy are recognized at the end of the reporting period.

The Cancer Center's long-term debt is valued based on quoted market prices for the same or similar issues for debt of the same remaining maturities. The estimated fair value of the Cancer Center's long-term debt at June 30, 2011 and 2010 is approximately \$199,117,000 and \$189,496,000, respectively.

Assets Limited as to Use

Assets limited as to use represent funds internally designated for program development and capital expenditures, funds externally designated by donors and under the terms of bond indentures, and funds from the State of Florida Cigarette Tax Trust Fund. The Board of Directors retains control over internally designated funds and may, at its discretion, use the funds for other purposes. Amounts required to meet current liabilities have been reclassified to current assets in the consolidated balance sheets at June 30, 2011 and 2010.

Investments and Investment Income

The carrying value of the Cancer Center's investments in debt and equity securities is measured at fair value in the consolidated balance sheets. Fair value is estimated based on the quoted market prices at year-end. Investment income is reported net of management fees and includes interest and dividend income as well as realized gains and losses on such investments.

Investment income is reported as an increase in unrestricted net assets in the period earned unless such earnings are subject to donor-imposed restrictions. Investment income restricted by donor stipulations is reported as an increase in temporarily or permanently restricted net assets in the period earned.

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Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Property, Plant, and Equipment

Property, plant, and equipment are recorded at historical cost or fair market value at the date of donation. Depreciation expense is computed using the straight-line method over the estimated useful lives of the related assets. Major asset classifications and useful lives are generally in accordance with those recommended by the American Hospital Association. Interest cost incurred during the period of construction of capital assets is capitalized as a component of the cost of constructing those assets.

The Cancer Center has under construction, or is planning construction projects, with remaining estimated costs to complete of approximately \$16,947,000 as of June 30, 2011, to be primarily funded by the Bond issuances (see Note 6).

Contributed Resources

The Cancer Center reports gifts of cash and other assets as restricted contributions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Unconditional promises to give with payments to be received in future periods are reported as temporarily restricted contributions in the period the pledge is made. If there are no donor restrictions on the pledge, the temporarily restricted net assets are reclassified to unrestricted net assets in the period the payment is received. Conditional promises to give are recognized when the conditions on which they depend have been met.

During the year ended June 30, 2007, the Cancer Center received a promise to give in the amount of \$20,400,000 to establish a comprehensive research center for melanoma. The terms of the gift agreement include matching obligations that must be satisfied in order for the last installment totaling \$2,800,000 to be contractually binding; therefore, this installment is conditional and not reflected in the financial statements.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

State Appropriations

The Cancer Center receives an annual unrestricted appropriation from the State, which is recorded as other revenues in the accompanying consolidated statements of operations and changes in net assets.

Beginning January 1, 1999, and continuing for 10 years thereafter, the Cancer Center received an approximate aggregate minimum of \$100,000,000 from the State of Florida Cigarette Tax Trust Fund (Trust Fund). Additionally, beginning July 1, 2002, and continuing through June 30, 2016, an additional amount will be received from the Trust Fund approximating \$70,000,000. During the year ended June 30, 2009, the State amended the 2002 appropriation to extend the act through June 30, 2020 for an additional amount of approximately \$23,000,000.

These funds are to be used for the purposes of constructing, furnishing, and equipping a cancer research facility (research tower) at the University adjacent to the Cancer Center, as well as for the repayment of the debt incurred for the research tower. No receivable is recorded as of June 30, 2011 or 2010, in the accompanying consolidated balance sheets for the proceeds from the Trust Fund related to the period July 1, 2010 to June 30, 2020, as the amounts are subject to future legislative support from the State. For each of the years ended June 30, 2011 and 2010, the Cancer Center received approximately \$5,692,000 from the Trust Fund proceeds and applicable earnings. These amounts are recorded as increases in temporarily restricted net assets for the years ended June 30, 2011 and 2010.

Deferred Financing Costs

Deferred financing costs are included in other assets (noncurrent) and are deferred and amortized over the remaining lives of the financing using the straight-line method, which approximates the effective interest method.

Bond Premium and Discount

Bonds payable are included in long-term debt, net of related original issue premium and discount. Such premiums and discounts are being amortized over the life of the bonds using the effective interest method.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Income Taxes

The Cancer Center, the Hospital, the Moffitt Medical Group, and the Foundation have been recognized by the Internal Revenue Service as tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code of 1986 and are exempt from federal and state taxes on related income pursuant to the Internal Revenue Code and Chapter 220.13 of the Florida Statutes, respectively. MTC and M2Gen are corporations subject to income tax. With respect to its for-profit entities, as well as any unrelated business income generated at the tax-exempt entities, the Cancer Center records income taxes using the liability method under which deferred tax assets and liabilities are determined based on the differences between the financial accounting and tax basis of assets and liabilities. Deferred tax assets or liabilities at the end of each period are determined using the currently enacted tax rate expected to apply to taxable income in the period that the deferred tax asset or liability is expected to be realized or settled.

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.

Research Collaboration

The Cancer Center participates in a Collaboration and License agreement to establish methodologies to study molecular signatures in cancer patients, and the use of tumor samples and related patient data to identify signatures that may be predictive of disease prognosis and response to treatment. The Cancer Center receives quarterly funding amounts based on budgeted expenditures that are accounted for as temporarily restricted net assets. During the years ended June 30, 2011 and 2010, the Cancer Center received \$13,121,000 and \$12,129,000, respectively, related to this agreement. These amounts are appropriately netted against expenses and released from temporarily restricted net assets. During the years ended June 30, 2011 and 2010, the Cancer Center made qualifying expenditures and accordingly \$12,966,000 and \$12,627,000, respectively, were released from restrictions.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Community Benefit

Since its inception and in accordance with its mission, the Cancer Center has been dedicated to improving community health and to collaborating with other community members to provide comprehensive care through an array of health programs and education, health services, and medical research for the uninsured and underinsured. Community benefit projects and services provided by the Cancer Center are identified through health assessments and strategic and/or clinical priorities. Community benefit categories include community benefit services, traditional charity care, and unpaid charges for government programs. The community benefit services include healthcare programs for the underserved in the community, including services such as health screenings, preventive care, and health education programs.

The Cancer Center provides care to patients who meet criteria under established charity care policies without charge or at amounts less than its established rates. The Cancer Center does not pursue collection of amounts determined to qualify as charity care and they are not reported as revenue. Charity care is reported based upon criteria established by the Cancer Center and the State of Florida Agency for Health Care Administration. The estimated costs of providing the charity care were approximately \$22,656,000 and \$23,498,000 for the years ended June 30, 2011 and June 30, 2010 respectively. The estimated costs (based on selected operating expenses, which include salaries, wages and benefits, supplies and other operating expenses) were based on a calculation which multiplied the percentage of the selected operating expenses identified above to gross charges by the gross charity care amount.

The Cancer Center also provides services to indigent patients who meet criteria established by Medicaid and other governmental programs at amounts that are less than its established rates. The Cancer Center maintains records to identify and monitor the level of subsidized government indigent care it provides. The estimated costs of providing these services were \$33,154,000 and \$31,730,000 for the years ended June 30, 2011 and 2010, respectively.

In addition to the charity and indigent care services noted above, an assessment of 1.0% to 1.5% of certain operating revenues is paid by the Cancer Center to help fund the Florida Medicaid and indigent care program. These assessments were approximately \$5,292,000 and \$5,500,000 for the years ended June 30, 2011 and 2010, respectively.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Recently Issued Accounting Pronouncements

In January 2010, the FASB updated the accounting standards to require new disclosures for fair value measurements and to provide clarification for existing disclosure requirements. More specifically, this update requires (a) an entity to disclose separately the amounts of significant transfers in and out of Levels 1 and 2 fair value measurements and to describe the reasons for the transfers and (b) information about purchases, sales, issuances, and settlements to be presented separately (i.e., present the activity on a gross basis rather than net) in the roll forward of fair value measurements using significant unobservable inputs (Level 3 inputs). This update clarifies existing disclosure requirements for the level of disaggregation used for classes of assets and liabilities measured at fair value and requires disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements using Level 2 and Level 3 inputs. The standard is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 12, 2010, and for interim periods within those fiscal years. The adoption of this guidance did not have a material effect on the Cancer Center's disclosures.

In May 2009, the FASB issued guidance for combinations entered into by not-for-profit organizations under which most acquisitions will be accounted for on the purchase method. In situations where the entities cede control to a new economic entity the assets and liabilities of the entities will be brought into the new entity at their carryover basis. The standard is effective for mergers occurring on or after December 15, 2009 and for acquisitions occurring in fiscal years beginning on or after December 2009. The adoption of this guidance did not have a significant impact on the Cancer Center's consolidated financial statements.

In August 2010, the FASB issued guidance which prescribes a specific measurement basis for charity care disclosure. The guidance is effective for fiscal years beginning after December 15, 2010 with early adoption permitted. The Cancer Center elected to adopt this guidance early and the adoption of this guidance affected disclosure only.

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Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In August 2010, the FASB issued guidance that clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The standard is effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

In July 2011, the FASB issued guidance which requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, these entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. This guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

3. Subsequent Events

The Cancer Center has evaluated subsequent events for the year ended June 30, 2011 through September 27, 2011, the date the financial statements were issued. No significant subsequent events were noted that would require recognition or disclosure through such date.

Notes to Consolidated Financial Statements (continued)

4. Assets Limited as to Use

The composition of assets limited as to use, stated at fair value, is set forth in the following table:

	June 30						
	2011			2010			
Money market funds	\$	60,561,988	\$	67,107,323			
U.S. government obligations		4,690,169		34,978,481			
Commercial paper		13,165,586		4,018,783			
Corporate debt securities		49,621,688		15,558,786			
Asset-backed securities		15,399,045		11,499,446			
Mortgage-backed securities		13,998,271		8,383,136			
Equity securities		27,885,976		20,054,418			
		185,322,723		161,600,373			
Less current portion		(11,487,322)		(10,928,943)			
	\$	173,835,401	\$	150,671,430			

Assets limited as to use are designated as follows:

	Jun	June 30				
	2011	2010				
Investment securities (trading):	,					
Internally designated	\$ 92,355,540	\$ 74,529,585				
Donor-restricted	34,550,680	39,148,491				
Held by bond trustee under indenture:						
Interest fund	4,700,216	4,788,698				
Construction fund	29,030,731	19,094,226				
Principal fund	6,536,502	5,891,719				
Debt service reserve fund	11,338,390	11,337,268				
Administrative fund	2	2				
Rebate fund	51,315	51,221				
	51,657,156	41,163,134				
Cigarette Tax Trust Fund	6,759,347	6,759,163				
	185,322,723	161,600,373				
Less current portion	(11,487,322)	(10,928,943)				
•	\$ 173,835,401	\$ 150,671,430				

Notes to Consolidated Financial Statements (continued)

4. Assets Limited as to Use (continued)

Effective July 1, 2009, the Cancer Center transferred all of its investment securities included in the other-than-trading classification to the trading classification to more appropriately classify its investment portfolio. The cumulative unrealized gains on other-than-trading securities of approximately \$1,209,000 that were historically classified as a change in unrestricted net assets have been reclassified and are included in excess of revenues, gains, and other support over expenses for the year ended June 30, 2010.

5. Temporarily and Permanently Restricted Net Assets

Contributions received from donors and the State for a specific time period or purpose are reported as temporarily restricted net assets. Such net assets are available for the following purposes:

	June 30					
		2011		2010		
Patient care	\$	3,393,828	\$	2,965,179		
Research and education		44,693,177		49,872,912		
Patient and family lodging		_		2,090		
Financial aid for employees		10,424		7,342		
Cigarette Tax Trust Fund (research tower)		6,759,347		6,759,163		
Operations		5,922,706		5,553,991		
	\$	60,779,482	\$	65,160,677		

Permanently restricted net assets are restricted to:

	June 30			
		2010		
Investment in perpetuity, the income from which is expendable to support:	<u> </u>			
Patient care	\$	633,090	\$	629,095
Research and education		11,679,738		11,265,074
Operations		477,135		574,548
	\$	12,789,963	\$	12,468,717

Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

In August 2008, the FASB issued guidance, which, among other things, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Act of 2006 (UPMIFA) and additional disclosures about an organization's endowment funds. UPMIFA had no effect on accounting for the Cancer Center endowments but the following disclosures are made as required.

The Cancer Center endowment consists of approximately 25 individual funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The State of Florida operates under the Florida Uniform Management of Institutional Funds Act (UMIFA), enacted in 2003. The Cancer Center has interpreted the UMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Cancer Center classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard for expenditure prescribed by UMIFA. In accordance with UMIFA, the Cancer Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of fund
- (2) The purposes of the Cancer Center and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Cancer Center
- (7) The investment policies of the Cancer Center

Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

The Cancer Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Cancer Center must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to conservatively appreciate capital by emphasizing total return, net of inflation, and investment management costs over the long term.

To satisfy its long-term rate-of-return objectives, the Cancer Center relies on a total return strategy in which investment returns are achieved through capital appreciation (realized and unrealized) plus dividend and interest income. The Cancer Center targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objective within prudent risk constraints.

The Cancer Center has a policy of appropriating for distribution each year 4% of its endowment fund's 12-month moving average market value at fiscal year end June 30. In establishing this policy, the Cancer Center considered the long-term expected return on its endowment. Accordingly, over the long term, the Cancer Center expects the current spending policy to allow its endowment to grow at an average of the long-term rate of inflation. This is consistent with the Cancer Center's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term, as well as to provide additional real growth through new gifts and investment return.

From time-to-time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor of UMIFA requires the Cancer Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. As of June 30, 2010, the amount of permanently restricted endowments whose fair value of assets was less than the level required by donor stipulation totaled approximately \$338,000. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the Board of Directors. No permanently restricted endowments had a fair value of assets less than the level required by donor stipulation as of June 30, 2011.

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Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

The following is a summary of changes in endowment net assets for the years ended June 30, 2011 and 2010, respectively:

	_U	nrestricted	Permanently Restricted	 Total
Endowment net assets, July 1, 2009	\$	(1,053,586)	\$ 10,820,605	\$ 9,767,019
Investment return:				
Investment income		204,492	-	204,492
Net appreciation (realized and unrealized)		265,075		265,075
Total investment gain		469,567	_	469,567
Contributions Appropriation of endowment assets		_	1,648,112	1,648,112
for expenditure		(71,387)		(71,387)
Other changes: Appropriation of endowment interest		317,416		317,416
Endowment net assets, July 1, 2010	\$	(337,990)	\$ 12,468,717	\$ 12,130,727
Investment return:				
Investment income		171,759		171,759
Net appreciation (realized and unrealized)		1,865,536	_	1,865,536
Total investment gain		2,037,295	_	2,037,295
Contributions Appropriation of endowment assets		_	321,246	321,246
for expenditure Other changes:		(63,724)	_	(63,724)
Appropriation of endowment interest		359,469	_	 359,469
Endowment net assets, June 30, 2011	\$	1,995,050	\$ 12,789,963	\$ 14,785,013

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt

The Cancer Center is obligated under long-term debt as follows:

	June 30		
	2011	2010	
Capital Improvement Hospital Revenue Bonds, Series 1999A, including \$4,455,000 serial bonds due in varying amounts from July 1, 2011 through July 1, 2014, with interest rates from 4.75% to 5.0%; \$7,030,000 of 5.75% term bonds due July 1, 2019, and \$21,610,000 of 5.75% term bonds due July 1, 2029, including an unamortized net original issue premium of \$1,322,439 and \$1,390,851 at June 30, 2011 and 2010, respectively.	\$ 34,417,439	\$ 35,475,851	
Cigarette Tax Allocation Bonds, Series 2002A and 2002B, including \$27,195,000 serial bonds due in varying amounts from September 1, 2011 to September 1, 2016, with interest rates from 5.0% to 5.5%, including an unamortized net original premium of \$1,057,146 and \$1,385,220 at June 30, 2011 and 2010, respectively.	28,252,146	32,425,220	
Capital Improvement Hospital Revenue Bonds, Series 2002C, including \$3,595,000 of 5.375% term bonds due July 1, 2022, and \$5,325,000 of 5.50% term bonds due July 1, 2032, including an unamortized net original discount of \$114,712 and \$123,495 at June 30, 2011 and 2010, respectively.	8,805,288	9,006,505	

Continued on next page.

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

	June 30		
	2011	2010	
Capital Improvement Hospital Revenue Bonds, Series 2007A, including \$16,660,000 due in varying amounts from July 1, 2011 to July 1, 2019 of 5%; \$7,395,000 of 5.25% term bonds due July 1, 2022, \$15,165,000 of term bonds due July 1, 2027, \$21,150,000 of term bonds due July 1, 2031, and \$55,160,000 of term bonds due July 1, 2037, including an unamortized net original premium of \$1,021,203 and \$1,037,001 at June 30, 2011 and 2010, respectively.	116,551,203	118,007,001	
Capital Improvement Hospital Revenue Bonds, Series 2010A, including \$22,000,000 in serial bonds due in varying amounts from March 1, 2012 to September 1, 2030 plus interest at variable rates.	22,000,000		
•	210,026,076	194,914,577	
Less current portion	(7,175,000)	(6,485,000)	

In March 1999, the Cancer Center issued \$42,000,000 in Capital Improvement Hospital Revenue Bonds (Bonds), Series 1999A. The Bonds are secured under the Master Trust Indenture (Indenture) that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2011, the Cancer Center is in compliance with these requirements.

In October 1999, the Cancer Center issued \$69,345,000 in Cigarette Tax Allocation Bonds (Cigarette Bonds), Series 1999. The proceeds from the Cigarette Bonds were used to fund a cancer research facility. The Cigarette Bonds are secured under the Indenture that provides for, among other things, a security interest in the annual collections from the Trust Fund as discussed in Note 2. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities.

\$ 202,851,076 \$ 188,429,577

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

In November 2002, the Cancer Center issued \$96,210,000 in Cigarette Bonds, Series 2002A and 2002B, and \$10,345,000 of Hospital Revenue Bonds, Series 2002C. A portion of the 2002B proceeds were used to refinance the Cigarette Bonds by placing the proceeds in an escrow account, and the 2002C proceeds were used to refinance the Construction Loan. The Cancer Center has been released from being the primary obligor relating to the 1999 Cigarette Tax Allocation Bonds Trust Agreement. A debt service reserve fund of approximately \$707,000 was established for the Series 2002C Hospital Revenue Bonds and was funded at closing. The remaining funds were used for new construction and the expansion of the Cancer Center. The covenants in connection with the 2002A and 2002B bonds provide for, among other things, a security interest in the annual collections from the Trust Fund as discussed in Note 2. The 2002C bonds are secured under an Indenture that provides for, among other things, a security interest in gross revenues, accounts receivable, and certain property of the Cancer Center. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2011, the Cancer Center is in compliance with these requirements.

In November 2007, the Cancer Center issued \$116,970,000 in Hospital Revenue Bonds, Series 2007A (2007 Bonds) for new construction and expansion of the Cancer Center. The 2007 Bonds are secured under the Indenture that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. The Indenture provided for the establishment of a debt service reserve fund, which was funded at closing. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2011, the Cancer Center is in compliance with these requirements.

In September 2010, the Cancer Center issued \$22,000,000 in Hospital Revenue Bonds, Series 2010A (2010 Bonds) for construction, renovation, and equipping of the new Moffitt at International Plaza location. The 2010 Bonds are secured under the Indenture that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2011, the Cancer Center is in compliance with these requirements.

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Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

Maturities of long-term debt as of June 30, 2011, are as follows:

\$ 7,175,000
7,950,000
8,340,000
8,745,000
9,175,000
165,355,000
206,740,000
3,286,076
\$ 210,026,076

For the years ended June 30, 2011 and 2010, the Cancer Center incurred interest costs of approximately \$8,791,000 and \$8,421,000, respectively, and paid interest of approximately \$9,741,000 and \$9,850,000, respectively. Interest capitalized was approximately \$999,000 (interest costs of approximately \$1,120,000 net of capitalized interest income of approximately \$121,000) and \$1,148,000 (interest costs of approximately \$1,286,000 net of capitalized interest income of approximately \$138,000) in 2011 and 2010, respectively.

At June 30, 2011 and 2010, the Cancer Center had an \$8,000,000 line of credit for short-term working capital needs. Under the terms of the line of credit agreement, the Cancer Center is required to maintain a minimum debt service coverage ratio and a certain level of unrestricted net assets. At June 30, 2011, the Cancer Center is in compliance with these requirements. There were no outstanding balances under the line of credit at June 30, 2011 and 2010.

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Notes to Consolidated Financial Statements (continued)

7. Operating Leases

Rental expense for space and equipment incurred under operating leases was approximately \$9,675,000 and \$9,433,000 in 2011 and 2010, respectively. Commitments for noncancelable operating leases with terms in excess of one year are as follows:

2012	\$ 4,619,800
2013	3,185,337
2014	1,650,885
2015	1,128,972
2016	513,668
Thereafter	2,072,700
	\$ 13,171,362

8. Retirement and Health Plan

The Cancer Center has a defined contribution benefit plan (the Plan) covering substantially all of its employees. The Cancer Center's contribution to the Plan is based on a percentage of eligible payroll. Employee forfeitures are used to reduce the Cancer Center's required contribution to the Plan. The total retirement costs under the Plan, net of forfeitures, were approximately \$14,880,000 and \$14,387,000 in 2011 and 2010, respectively.

The Cancer Center has an employee health benefit plan covering substantially all health costs for eligible employees and their dependents, including self-insurance coverage for amounts up to specified levels. Health claims expense was approximately \$22,409,000 and \$20,884,000 for the years ended June 30, 2011 and 2010, respectively.

Notes to Consolidated Financial Statements (continued)

9. Nonoperating Gains, Net

Nonoperating gains, net, consist of the following:

	Year Ended June 30			
	2011	2010		
Interest income and dividends	\$ 4,148,418 \$	3,768,101		
Net unrealized and realized investment gains	6,124,888	3,762,675		
Loss on sale of property, plant, and equipment	(161,095)	(73,126)		
Other gains, net	825,525	1,023,803		
	\$10,937,736 \$	8,481,453		

10. Concentrations of Credit Risk

The Cancer Center grants credit without collateral to its patients, most of whom are from the greater Tampa Bay area and are insured under third-party payor agreements. The Cancer Center does not charge interest on accounts receivable. Net patient accounts receivable included approximately \$58,700,000 or 68%, and \$49,500,000 or 76%, due from managed care payors and \$17,000,000 or 20%, and \$12,000,000 or 18%, due from the Medicare program at June 30, 2011 and 2010, respectively. The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services. Accounts receivable are reported net of estimated allowances for uncollectible accounts in the accompanying consolidated balance sheets.

Notes to Consolidated Financial Statements (continued)

11. Pledges Receivable

Outstanding pledges receivable from various corporations, foundations, and individuals are as follows:

	June 30			
	2011 2010			
Pledges due:		_		
In less than one year	\$ 3,858,418 \$ 8,064,340			
In one to five years	10,787,042 6,429,984			
	14,645,460 14,494,324	_		
Discounts on pledges greater than one year	(3,569,680) (4,049,843))		
Allowance for uncollectible pledges	(30,000) (30,000))		
	11,045,780 10,414,481	_		
Less current portion	3,858,418 8,064,340	_		
	\$ 7,187,362 \$ 2,350,141	_		

At June 30, 2011 and 2010, approximately \$10,657,000 and \$10,857,000, respectively, of gross pledges receivable are due from members and officers of the Board of Directors of the Cancer Center and its subsidiaries. At June 30, 2011, the Cancer Center did not record approximately \$111,000 of pledges that represent nonbinding promises to give from management and employees of the Cancer Center and its subsidiaries; these amounts will be recorded as contributions when received and, thus, are not included in the accompanying consolidated financial statements.

12. Other Funding Sources

During the year ended June 30, 2008, the Cancer Center received approximately \$15,000,000 from the State related to the Cancer Center's strategic initiatives to develop evidence-based guidelines and personalized therapies for improved cancer care (the Cancer Center Initiatives). These funds were recorded as temporarily restricted net assets when received. During the years ended June 30, 2011 and 2010, approximately \$4,350,000 and \$4,354,000, respectively, was released from restrictions as qualifying expenses were made for the purposes as defined in the related agreement.

Notes to Consolidated Financial Statements (continued)

12. Other Funding Sources (continued)

The Cancer Center receives funds from pharmaceutical companies for research and development related to the Cancer Center Initiatives. During the years ended June 30, 2011 and 2010, the Cancer Center received approximately \$28,000 and \$2,250,000, respectively, in connection with these agreements. These funds were recorded as temporarily restricted net assets when received and are reclassified to other revenues or unrestricted net assets when utilized for the purposes as defined in the related agreement. During the year ended June 30, 2011 and 2010, the Cancer Center recognized \$1,446,000 and \$1,100,000, respectively, in other revenues.

Grant monies received and disbursed by the Cancer Center are for specific purposes and are subject to review by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. Based upon prior experience, the Cancer Center does not believe that such disallowances, if any, would have a material effect on the financial position of the Cancer Center.

13. Affiliated Organizations

The Cancer Center is affiliated with the University through an affiliation agreement whereby the Cancer Center and its subsidiaries agree to participate as an affiliated teaching hospital of the University and to permit the use of the facilities and access to its programs and patients by University faculty, resident physicians, and students for mutually approved patient care, training, education, and research programs and activities. The amounts charged to the Cancer Center for transactions with the University may not necessarily result in the net costs that would be incurred by the Cancer Center on a stand-alone basis.

The Cancer Center leases a portion of its property, plant, and equipment under a 50-year sublease agreement (Sublease) with the Florida Board of Education, as successor to the Florida Board of Regents (see Chapter 2001-170, Section 3, Laws of Florida). Under the terms of the Sublease, the Cancer Center is authorized to use the property, plant, and equipment only for the construction, maintenance, and operations of a cancer diagnosis, treatment, and education and research facility. The title to the property, plant, and equipment is held by the state of Florida and at the expiration of the lease term shall automatically vest with the Florida Board of Education.

Notes to Consolidated Financial Statements (continued)

13. Affiliated Organizations (continued)

The Cancer Center has other agreements with the University to purchase utility services, to lease parking spaces, and to provide maintenance, cleaning, environmental, and water services to the University. During 2011 and 2010, the Cancer Center paid the University approximately \$8,012,000 and \$8,012,000 and received approximately \$143,000 and \$184,000 in connection with these agreements.

During the years ended June 30, 2011 and 2010, the Cancer Center had agreements with the University to provide professional and support staff along with other services at the Cancer Center. These services included research, medical education, administrative, and patient care services. An annual fee was established for these services at the beginning of the fiscal year and was payable in equal monthly installments. The following amounts were paid in relation to these agreements:

	7	Year Ended June 30			
		2011		2010	
Faculty salaries, net Other support	\$ 8	8,935,000 694,000	\$	8,676,000 703,000	

Amounts due from (to) the University are as follows:

	June 30			
		2011		2010
Due from (included in prepaid and other current assets) Due to (included in accounts payable and	\$	2,131,000	\$	2,086,000
accrued expenses)		(653,000)		(1,026,000)

The University of South Florida Foundation, Inc., a Direct Support Organization of the University, controls certain funds for the benefit of the Cancer Center. The income from these funds is distributed to the Cancer Center as determined by the University of South Florida Foundation, Inc.'s Board of Directors. Approximately \$6,659,000 and \$5,749,000 of investments at June 30, 2011 and 2010, respectively, are held by the University of South Florida Foundation, Inc. for the dual benefit of the Cancer Center and the University. Such amounts are not included in these consolidated financial statements.

Notes to Consolidated Financial Statements (continued)

14. Malpractice Insurance

The Cancer Center's program of professional liability coverage is a claims-made commercial insurance policy effective July 1, 2008. The Cancer Center is liable for specified retention amounts under the coverage, and claim amounts in excess of retention limits are payable by the commercial insurance carriers. Also, the Cancer Center is statutorily provided sovereign immunity pursuant to Chapter 768.26 of the *Florida Statutes*.

Losses from asserted and unasserted claims identified under the Cancer Center's incident reporting system are accrued based on estimates that incorporate the Cancer Center's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors based on actuarially determined amounts. Accruals for possible losses attributable to incidents that may have occurred but have not been identified under the incident reporting system have been made based upon the Cancer Center's experience and industry data. In the accompanying consolidated balance sheet, accrued expenses and other liabilities include \$1,997,000 and \$1,520,000 for professional liability reserves as of June 30, 2011 and 2010, respectively.

The Cancer Center may be liable for potential losses in excess of the amount recorded at June 30, 2011; however, in management's opinion, such losses, if any, would not have a material adverse effect on the operations or financial position of the Cancer Center.

Prior to July 1, 2008, the Cancer Center participated in a pooled insurance program administered by the University that provided occurrence-based coverage up to certain limits. Excess malpractice liability was also provided by the program over the occurrence-based limits on a claims-made basis.

Notes to Consolidated Financial Statements (continued)

15. Functional Expenses

Costs incurred by the Cancer Center in furtherance of its mission to contribute to the prevention and cure of cancer are as follows:

	Year End	Year Ended June 30			
	2011	2010			
Patient care	\$ 591,753,693	\$ 530,755,077			
Research and education	128,147,704	119,393,557			
Fundraising	4,750,344	4,598,066			
General and administrative	12,177,146	10,956,758			
	\$ 736,828,887	\$ 665,703,458			

16. Net Assets Released From Restrictions

Net assets were released from restrictions by incurring expenses satisfying the restricted purposes or by the occurrence of other events specified by donors as follows:

		Year Ended June 30			
	20112010			_2010	
Restriction accomplished:					
Patient care	\$	193,414	\$	206,327	
Research and education		35,796,751		33,998,863	
Patient and family lodging		_		399,252	
Financial aid for employees		7,045		18,232	
Cigarette Tax – used for payment of principal					
and interest		6,281,702		11,108,086	
Time		481,605		634,419	
	\$	42,760,517	\$	46,365,179	