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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC

Doing Business As

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

Room/suite

12902 MAGNOLIA DRIVE

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

TAMPA, FL 33612

F Name and address of principal officer

WILLIAM S DALTON MD PHD

12902 MAGNOLIA DRIVE

TAMPA,FL 33612

D Employer identification number

59-2451713

E Telephone number

(813) 745-4673

G Gross receipts \$ 133,028,805

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: WWW.MOFFITT.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1984

M State of legal domicile FL

Part I	Summary																																																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND SUPPORT THROUGH RESEARCH, MANAGEMENT AND OTHER MEANS OF SUPPORT																																																								
Revenue	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>21</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>21</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>1,567</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>254</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>372,718</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	21	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	1,567	6	Total number of volunteers (estimate if necessary)	254	7a	Total unrelated business revenue from Part VIII, column (C), line 12	372,718	7b	Net unrelated business taxable income from Form 990-T, line 34	0																																						
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Expenses	<table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>111,419,521</td><td>101,384,269</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>1,715,798</td><td>1,275,301</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>2,376,988</td><td>2,248,356</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>1,272,356</td><td>1,886,708</td></tr><tr><td></td><td></td><td>116,784,663</td><td>106,794,634</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>233,784</td><td>547,343</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>115,492,094</td><td>80,296,883</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 0</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>20,514,455</td><td>49,354,531</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>136,240,333</td><td>130,198,757</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-19,455,670</td><td>-23,404,123</td></tr></table>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9	Program service revenue (Part VIII, line 2g)	111,419,521	101,384,269	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,715,798	1,275,301	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,376,988	2,248,356	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,272,356	1,886,708			116,784,663	106,794,634	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	233,784	547,343	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	115,492,094	80,296,883	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) 0			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,514,455	49,354,531	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	136,240,333	130,198,757	19	Revenue less expenses Subtract line 18 from line 12	-19,455,670	-23,404,123
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Part II

Signature Block

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

Sign Here

Signature of officer

JANENE CULUMBER VP/CFO

2013-05-15

Date

Paid Preparer's Use Only

Preparer's signature

EMILY STANCIL

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

ERNST & YOUNG US LLP

75 BEATTIE PLACE SUITE 800

GREENVILLE, SC 29601

Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)

EIN

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO PROMOTE AND SUPPORT H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING CENTER, AND H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION THROUGH RESEARCH, MANAGEMENT AND OTHER MEANS OF SUPPORT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 99,532,657 including grants of \$ 547,343) (Revenue \$ 1,848,680)

THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC IS A RECOGNIZED LEADER IN FOCUSED, INNOVATIVE CANCER RESEARCH, A MAJOR REGIONAL ONCOLOGY REFERRAL CENTER, AND A NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER CENTER BASED ON ITS SINGULAR MISSION - TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER - THE CANCER CENTER'S RESEARCH ACTIVITIES RELATE PRIMARILY TO THE AREAS OF BASIC SCIENCE, CANCER PREVENTION AND CONTROL, TRANSLATIONAL SCIENCE, PRE-CLINICAL AND CLINICAL INVESTIGATIONS, AND PROVIDING MANAGEMENT AND OTHER SUPPORT SERVICES AS THE SOLE CORPORATE MEMBER AND PARENT FOR THE FOLLOWING SUBSIDIARY CORPORATIONS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC (THE HOSPITAL) WHICH 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 AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING CENTER, INC (MOFFITT MEDICAL GROUP) WHICH EMPLOYS AND MANAGES PHYSICIANS AND OTHER MEDICAL PROFESSIONALS WHO STAFF THE HOSPITAL, AND PROVIDE CLINICAL RESEARCH SERVICES TO THE CANCER CENTER, ANDH LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC (THE FOUNDATION) WHICH IS THE PRINCIPAL FUND-RAISING ORGANIZATION FOR THE CANCER CENTER AND ITS SUBSIDIARIES THE CANCER CENTER'S MULTIDISCIPLINARY CLINICAL PROGRAM STRUCTURE AND OPEN LABORATORY ARCHITECTURE PROVIDE AN ENVIRONMENT CONDUCIVE FOR TRAINING FUTURE SCIENTIFIC AND CLINICAL LEADERS IN ONCOLOGY, AND REFLECT THE CANCER CENTER'S COMMITMENT TO COLLABORATION IN ALL ASPECTS OF CANCER RESEARCH

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses\$ 99,532,657

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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 "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	293			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,567			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 DR TAMPA, FL 33612 (813) 745-1329

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

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

Form **990** (2011)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	17,972,713				
	e	Government grants (contributions)	1e	71,596,048				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,815,508				
	g	Noncash contributions included in lines 1a-1f \$ 3,962,887						
	h	Total. Add lines 1a-1f		101,384,269				
Program Service Revenue			Business Code					
	2a	REIMBURSEMENTS	541900	1,052,801	1,052,801			
	b	CYCLOTRON	900099	120,000	120,000			
	c	CANCER REGISTRY	900099	102,500	102,500			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,275,301				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,732,749			1,732,749	
	4	Income from investment of tax-exempt bond proceeds . .		573,379	573,379			
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			26,176,399					
			26,184,873	49,298				
			-8,474	-49,298				
	d	Net gain or (loss)		-57,772			-57,772	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	SERIES 2002B BONDS	523000	505,397			505,397		
b	SERIES 2002A BONDS	523000	372,598			372,598		
c	M2GEN LEASE PAYMENTS	900003	321,212		321,212			
d	All other revenue		687,501		51,506	635,995		
e	Total. Add lines 11a-11d		1,886,708					
12	Total revenue. See Instructions		106,794,634	1,848,680	372,718	3,188,967		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	547,343	547,343		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,721,462	4,049,317	4,672,145	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	529,265		529,265	
7	Other salaries and wages	56,968,886	44,908,072	12,060,814	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,377,931	2,469,005	908,926	
9	Other employee benefits	6,916,149	5,505,130	1,411,019	
10	Payroll taxes	3,783,190	2,637,578	1,145,612	
11	Fees for services (non-employees)				
a	Management				
b	Legal	969,379		969,379	
c	Accounting	55,659		55,659	
d	Lobbying	113,495		113,495	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	104,007		104,007	
g	Other	2,518,781	1,840,554	678,227	
12	Advertising and promotion	744,397	54,145	690,252	
13	Office expenses	9,919,277	7,020,794	2,898,483	
14	Information technology	2,152,737		2,152,737	
15	Royalties				
16	Occupancy	4,381,398	1,291,500	3,089,898	
17	Travel	1,142,965	991,753	151,212	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,176,790	16,433	1,160,357	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,607,724	701,042	6,906,682	
23	Insurance	67,907	5,582	62,325	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ALLOC OF INTERCO EXP	0	14,712,556	-14,712,556	
b	PURCHASED SERVICES	7,258,331	5,510,641	1,747,690	
c	SUBCONTRACTS	4,960,581	4,960,581		
d	SPECIAL CONTRACTS	826,728	773,145	53,583	
e					
f	All other expenses	5,354,375	1,537,486	3,816,889	
25	Total functional expenses. Add lines 1 through 24f	130,198,757	99,532,657	30,666,100	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			36,644,638	1	11,763,550
	2	Savings and temporary cash investments			3,941,855	2	15,241,379
	3	Pledges and grants receivable, net			9,186,786	3	8,520,397
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			88,674	8	22,500
	9	Prepaid expenses and deferred charges			15,679,563	9	18,463,046
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	585,935,180			
	b	Less: accumulated depreciation	10b	268,148,266	327,745,901	10c	317,786,914
	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			127,130,998	15	117,207,927
	16	Total assets. Add lines 1 through 15 (must equal line 34)			520,418,415	16	489,005,713
Liabilities	17	Accounts payable and accrued expenses			77,634,851	17	62,308,739
	18	Grants payable				18	
	19	Deferred revenue			208,480	19	124,418
	20	Tax-exempt bond liabilities			210,026,076	20	202,460,076
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			2,053,190	25	3,026,850
	26	Total liabilities. Add lines 17 through 25			289,922,597	26	267,920,083
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			189,844,672	27	180,482,408
	28	Temporarily restricted net assets			40,651,146	28	40,603,222
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			230,495,818	33	221,085,630
	34	Total liabilities and net assets/fund balances			520,418,415	34	489,005,713

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,794,634
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,198,757
3	Revenue less expenses Subtract line 2 from line 1	3	-23,404,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	230,495,818
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,993,935
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	221,085,630

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC	Employer identification number 59-2451713
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	112,810,991	116,278,541	94,099,419	111,419,521	101,384,269	535,992,741
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	112,810,991	116,278,541	94,099,419	111,419,521	101,384,269	535,992,741
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						535,992,741

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	112,810,991	116,278,541	94,099,419	111,419,521	101,384,269	535,992,741
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	605,108	419,553	104,679	2,383,082	2,306,128	5,818,550
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,830		42,103	1,970	51,506	100,409
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	598,727	675,538	490,884	1,270,386	1,513,990	4,549,525
11 Total support (Add lines 7 through 10)						546,461,225
12 Gross receipts from related activities, etc (See instructions)					12	9,012,655
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98 080 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 590 %
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation
Schedule A, Part IV, Supplemental Information SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME OTHER INCOME IS RELATED TO SERIES 2002A AND SERIES 2002B BONDS AS WELL AS LICENSE FEES

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC	Employer identification number 59-2451713
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A

Check

☐

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

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		20,371
e	Publications, or published or broadcast statements?	Yes		853
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		143,612
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		3,895
j	Total lines 1c through 1i			168,731
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-2451713

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

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

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,306,184		9,306,184
b Buildings		344,009,554	113,411,439	230,598,115
c Leasehold improvements		3,898,175	2,907,417	990,758
d Equipment		216,507,749	151,829,410	64,678,339
e Other		12,213,518		12,213,518
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				317,786,914

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	THE CANCER CENTER RECOGNIZES UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT (I E , GREATER THAN 50% LIKELIHOOD OF RECEIVING BENEFIT) AND RECORDS THESE BENEFITS AT THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THE CANCER CENTER HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS AND DOES NOT BELIEVE THAT THERE WILL BE ANY MATERIAL CHANGES IN THE CANCER CENTER'S UNRECOGNIZED TAX POSITION OVER THE NEXT 12 MONTHS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number
59-2451713

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

10

3

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

4

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 INTERCOMPANY SUPPORT IS ONLY MADE TO RELATED ORGANIZATIONS TO SUPPORT THEIR OPERATIONS SPONSORSHIPS ARE APPROVED THROUGH THE CHECK REQUEST PROCESS BECAUSE OF THE NATURE OF THE GRANTS, THE GRANT USE IS NOT MONITORED SINCE THEY ARE GIVEN TO THE ORGANIZATION FOR A SPECIFIC PURPOSE OR EVENT

Software ID:
Software Version:
EIN: 59-2451713
Name: H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	15,000				SPONSORSHIP
THE V FOUNDATION106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	30,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEBARTOLO FAMILY FOUNDATION INC 15436 N FLORIDA AVE SUITE 200 TAMPA,FL 33613	31-1739677	501(C)(3)	8,500				SPONSORSHIP
GREATER TAMPA CHAMBER OF COMMERCE INC 201 N FRANKLIN STREET SUITE 201 TAMPA,FL 33602	59-0474960	501(C)(6)	8,850				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA BAY PARTNERSHIP FOR REGIONAL ECONOMIC DEVELOPMENT INC 4300 W CYPRESS STREET SUITE 700 TAMPA,FL 33607	59-3248071	501(C)(3)	26,500				SPONSORSHIP
FLORIDA SUNCOAST AFFILIATE OF SUSAN G KOMEN FOR THE CUREPO BOX 12848 ST PETERSBURG,FL 33733	75-2870702	501(C)(3)	7,500				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USF WUSF-TV4202 E FOWLER AVE TAMPA,FL 33620	59-3102112	501(C)(3)	25,000				SPONSORSHIP
THE LEUKEMIA & LYMPHOMA SOCIETY INC1311 MAMARONECK AVE WHITE PLAINS,NY 10605	13-5644916	501(C)(3)	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEALTH SUPPORT NETWORK INC5481 COMMUNICATIONS PARKWAY SARASOTA,FL 34240	65-0495067	501(C)(3)	10,000				SPONSORSHIP
SILICOM VENTURES LLC1456 FOWLER LANE LOS ALTOS,CA 94024	77-0570098		10,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONVERSATIONS LLC3602 E GROVE STREET TAMPA,FL 33610	45-5347868		30,000				SPONSORSHIP
TAMPA INNOVATION ALLIANCE INC3100 E FLETCHER AVE TAMPA,FL 33613	61-1692291	501(C)(6)	25,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CC&RI HOSPITAL INC12902 MAGNOLIA DRIVE TAMPA,FL 33612	59- 3238634	501(C)(3)	232,427	209,617	FMV	EQUIPMENT	INTERCOMPANY SUPPORT
H LEE MOFFITT CC&RI LIFETIME CSC INC12902 MAGNOLIA DRIVE TAMPA,FL 33612	59- 3238640	501(C)(3)	11,948				INTERCOMPANY SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Employer identification number
59-2451713

Part I

Questions Regarding Compensation

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

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

[illegible]

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1b	PAYMENTS MADE FOR SOCIAL CLUB DUES AND 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.
	Part I, Lines 4a-b	NICOLAS C. PORTER RECEIVED \$313,196.00 IN SEVERANCE PAYMENTS. THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND AMOUNTS LISTED ARE INCLUDED IN THEIR TOTAL COMPENSATION, RESPECTIVELY: WILLIAM M. ALBERTS - \$12,960.88; YVETTE M. LYONS TREMONTI - \$10,284.80; JANENE J. CULUMBER - \$25,830.14; NICOLAS C. PORTER - \$23,685.74; JOHN A. KOLOSKY - \$44,074.75; WILLIAM S. DALTON - \$76,780.72; BRAULIO VICENTE - \$9,265.26; DANIEL M. SULLIVAN - \$23,622.20; MICHAEL K. BENEDICT - \$3,195.53; WARREN J. PLEDGER - \$26,721.16.
	Part I, Line 6	IN GENERAL, INCENTIVE COMPENSATION IS BASED ON MOFFITT'S ACHIEVEMENT AGAINST SPECIFIC ORGANIZATIONAL GOALS RELATED TO NET OPERATING INCOME AND ON DIVISION OR INDIVIDUAL GOALS. NET OPERATING INCOME MUST MEET OR EXCEED A CERTAIN THRESHOLD IN ORDER TO TRIGGER A PAYOUT FOR THE ORGANIZATIONAL GOAL COMPONENTS.

Software ID:

Software Version:

EIN: 59-2451713

Name: H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM S DALTON	(i) (ii)	897,989 0	257,499 0	127,946 0	25,603 0	51,498 0	1,360,535 0	0 0
LOUIS D DE LA PARTE	(i) (ii)	387,326 0	82,453 0	2,735 0	25,602 0	19,925 0	518,041 0	0 0
JOHN A KOLOSKY	(i) (ii)	597,728 0	105,953 0	72,470 0	25,603 0	23,816 0	825,570 0	0 0
ALAN F LIST	(i) (ii)	0 538,120	0 101,468	0 39,464	0 25,602	0 24,413	0 729,067	0 0
JAMES J MULAY	(i) (ii)	375,375 0	65,469 0	19,502 0	24,137 0	22,623 0	507,106 0	0 0
WARREN J PLEDGER	(i) (ii)	440,314 0	77,641 0	56,729 0	25,603 0	27,262 0	627,549 0	0 0
THOMAS A SELLERS	(i) (ii)	504,657 0	84,455 0	32,126 0	25,602 0	29,024 0	675,864 0	0 0
DANIEL M SULLIVAN	(i) (ii)	0 420,983	0 71,191	0 71,936	0 25,603	0 26,416	0 616,129	0 0
YVETTE LYONS TREMONTI	(i) (ii)	302,252 0	47,835 0	14,999 0	25,602 0	23,218 0	413,906 0	0 0
MICHAEL K BENEDICT	(i) (ii)	249,090 0	33,438 0	14,870 0	19,600 0	28,358 0	345,356 0	0 0
JANENE CULUMBER	(i) (ii)	361,448 0	53,507 0	41,213 0	19,600 0	21,442 0	497,210 0	0 0
B LEE GREEN	(i) (ii)	206,480 0	34,195 0	17,502 0	19,369 0	21,096 0	298,642 0	0 0
DEAN R HEAD	(i) (ii)	191,531 0	32,275 0	10,087 0	18,509 0	14,672 0	267,074 0	0 0
JOE S HICE	(i) (ii)	135,811 0	35,000 0	30,501 0	1,340 0	11,988 0	214,640 0	0 0
MARK F HULSE	(i) (ii)	260,164 0	49,002 0	8,821 0	19,600 0	24,317 0	361,904 0	0 0
DANA E ROLLISON	(i) (ii)	160,106 0	13,919 0	6,692 0	15,021 0	19,008 0	214,746 0	0 0
W J WILSON	(i) (ii)	236,235 0	20,000 0	17,464 0	19,600 0	12,015 0	305,314 0	0 0
LYNN C MOSCINSKI	(i) (ii)	0 399,880	0 66,747	0 26,296	0 25,603	0 12,270	0 530,796	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHELE A TALKA	(i) (ii)	155,726 0	16,414 0	8,033 0	11,544 0	18,488 0	210,205 0	0 0
SRIKUMAR CHELLAPPAN	(i) (ii)	251,632 0	55,494 0	11,282 0	23,833 0	19,155 0	361,396 0	0 0
JULIE Y DJEU	(i) (ii)	259,017 0	8,333 0	16,688 0	25,602 0	11,617 0	321,257 0	0 0
ROBERT J GILLIES	(i) (ii)	323,571 0	66,982 0	14,180 0	25,603 0	16,960 0	447,296 0	0 0
MARK G SCHIPPITS	(i) (ii)	234,761 0	25,599 0	10,436 0	15,313 0	20,825 0	306,934 0	0 0
SAID M SEBTI	(i) (ii)	356,744 0	66,596 0	17,634 0	25,602 0	16,441 0	483,017 0	0 0
NICOLAS C PORTER	(i) (ii)	116,710 0	60,579 0	376,964 0	25,603 0	22,090 0	601,946 0	0 0
BRAULIO VICENTE JR	(i) (ii)	0 310,392	0 58,913	0 23,295	0 19,600	0 31,394	0 443,594	0 0
W MICHAEL ALBERTS	(i) (ii)	0 317,325	0 61,895	0 50,851	0 25,602	0 24,605	0 480,278	0 0
TIMOTHY J YEATMAN	(i) (ii)	0 480,318	0 0	0 44,148	0 15,313	0 24,177	0 563,956	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number
59-2451713

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1293512	43233ADJ2	11-08-2007	118,550,173	SEE SUPPLEMENTAL SCH K PART IA(f)		X		X		X
B	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1293512		09-08-2010	22,000,000	SEE SUPPLEMENTAL SCH K PART IB(f)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	124,087,097		22,039,726					
4	Gross proceeds in reserve funds	25,052,643		2,497,573					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,028,820		345,805					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	92,340,395		19,202,958					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X	X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	SUNTRUST							
c	Term of GIC	8 100000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE K PART 1A(F)		1 FINANCING THE COST OF CONSTRUCTING AND EQUIPPING A FOUR STORY ADDITION TO THE MAIN CAMPUS OF THE HOSPITAL, TO INCLUDE 36 ADDITIONAL INPATIENT BEDS, RADIATION ONCOLOGY CLINIC PROGRAM EXPANSION WITH THE ADDITION OF TWO NEW VAULTS USED FOR STATE OF THE ART LINEAR ACCELERATORS, CLINICAL LAB AND PATHOLOGY PROGRAM EXPANSION, APPROXIMATELY 40,000 GROSS SQUARE FEET OF FACULTY OFFICE SPACE, AND 1,000 SPACE PARKING GARAGE 2 FINANCING THE COST OF VARIOUS BACKFILL AND REFURBISHMENT PROJECTS, INCLUDING THE ADDITION OF EIGHT INPATIENT BEDS IN EXISTING SPACE LOCATED AT THE INSTITUTE AND HOSPITAL
FORM 990, SCHEDULE K PART 1B(F)		1 PAYING ALL OR A PORTION OF THE COST OF IMPROVEMENT, BUILD-OUT AND EQUIPPING OF CERTAIN CAPITAL IMPROVEMENTS LOCATED ON THE PROJECT SITE AND THE ACQUISITION OF EQUIPMENT, INCLUDING, WITHOUT LIMITATION, THE IMPROVEMENT, BUILD-OUT, DESIGN, RENOVATION AND EQUIPPING OF A CANCER TREATMENT AND IMAGING CENTER TO BE LOCATED ON THE PROJECT SITE, 2 FINANCING AND REFINANCING CERTAIN OTHER CAPITAL COSTS PREVIOUSLY INCURRED BY THE HOSPITAL WITH RESPECT TO SUCH PROJECTS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number

59-2451713

Part I

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

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KIRA HULSE	SEE PART V	33,626	SEE PART V		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, Schedule L, Part IV		INTERESTED PERSON KIRA HULSERELATIONSHIP FAMILY MEMBER OF MARK F HULSETRANSACTION DESCRIPTION COMPENSATION

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-2451713

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	4	3,962,887	PURCHASE PRICE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
	b If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
	b If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

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

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE NUMBER OF CONTRIBUTORS REPORTED REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC	Employer identification number 59-2451713
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Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	THE FOLLOWING DIRECTORS AND OFFICERS, THAT JOINTLY SERVE ON THE INSTITUTE AND A FOR-PROFIT RELATED ENTITY, QUALIFY AS HAVING A BUSINESS RELATIONSHIP INSTITUTE & MOFFITT GENETICS CORPORATION DONALD D BUCHANAN, DIRECTOR THEODORE J COUCH, DIRECTOR H LEE MOFFITT, DIRECTOR ROBERT ROTHMAN, DIRECTOR WILLIAM S DALTON, OFFICER DANIEL M SULLIVAN, OFFICER LOUIS D DE LA PARTE, OFFICER JANENE J CULUMBER, OFFICER INSTITUTE & MOFFITT TECHNOLOGIES CORPORATION WILLIAM S DALTON, OFFICER JOHN A KOLOSKY, OFFICER LOUIS D DE LA PARTE, OFFICER JANENE J CULUMBER, OFFICER JAMES J MULAY, OFFICER YVETTE LYONS TREMONTI, OFFICER

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	PRIOR TO PROVIDING FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, TO THE PARENT-RESEARCH 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 PARENT-RESEARCH PROVIDES A COPY OF THE RETURN TO THE GOVERNING BODY , GIVING EACH BOARD MEMBER TIME TO REVIEW THE RETURN BOARD MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS RELATED TO THE INFORMATION PROVIDED ON THE RETURN

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	ON AN ANNUAL BASIS A PRESENTATION IS MADE TO RESEARCH 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.

Identifier	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 SURVEYS COMPILED BY INDEPENDENT FIRMS TO PROVIDE THE SOURCE DATA FOR THE STUDY. USING FUNCTIONALLY COMPARABLE POSITIONS IN OTHER SIMILARLY SIZED, NOT-FOR-PROFIT AND FOR-PROFIT HEALTHCARE, ACADEMIC AND RESEARCH ORGANIZATIONS, THE CONSULTING FIRM PRODUCES A STUDY THAT COMPARES EACH DESIGNATED MOFFITT POSITION TO ITS APPROPRIATE MARKET EQUIVALENT. THE RESULTING DATA IS PROVIDED TO THE DIRECTOR OF COMPENSATION, WHO IS NOT INCLUDED IN THE EXECUTIVE OR DISQUALIFIED PERSON CATEGORIES, FOR USE IN THE FORMULATION OF RECOMMENDATIONS FOR COMPENSATION CHANGES TO MAINTAIN MARKET COMPETITIVENESS OR TO REWARD PERFORMANCE. THESE RECOMMENDATIONS ALONG WITH THE CONSULTANT'S COMPARABILITY DATA ARE PRESENTED TO THE JEC&BC FOR IT TO CONFIRM ITS REASONABLENESS, MAKE MODIFICATIONS AS IT DEEMS NECESSARY AND PROVIDE FINAL APPROVAL. EVERY THIRD YEAR THE INDEPENDENT CONSULTANT ANALYZES THE TOTAL EXECUTIVE COMPENSATION PROGRAM, USING THE SAME METHODOLOGY AS DESCRIBED ABOVE, THAT INCLUDES THE VALUE OF ALL BENEFITS AND PREREQUISITES (CASH AND NON-CASH) PROVIDED AS COMPENSATION TO THE EXECUTIVES AND DISQUALIFIED PERSONS. THE PURPOSE OF THE ANALYSIS IS TO PROVIDE AN OPINION ON THE REASONABLENESS OF EACH OF THE INDIVIDUAL COMPENSATION COMPONENTS AND THE AGGREGATE COMPENSATION TOTAL. THIS MORE COMPREHENSIVE ANALYSIS IS PROVIDED TO THE JEC&BC FOR THEIR USE IN THE ANNUAL REVIEW PROCESS. MINUTES ARE KEPT AT EACH OF THESE ANNUAL MEETINGS DETAILING THE RECOMMENDATIONS PRESENTED AND THE DECISIONS MADE BY THE COMMITTEE. THESE MINUTES ARE PUBLISHED TO THE COMMITTEE AT THE NEXT MEETING AND REPORTED BACK TO THE FULL BOARD.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	MOFFITT RESEARCH 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 BYLAWS 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 Form 990, Part VI, Section B, Line 16b THE ORGANIZATION HAS ADOPTED A WRITTEN JOINT VENTURE PROCEDURE WITH WHICH IT COMPLIES, HOWEVER, IT WAS NOT APPROVED BY THE BOARD OR A COMMITTEE BY THE FISCAL YEAR END PARENT/RESEARCH HAS ONE JOINT VENTURE AGREEMENT WITH PREMIER PURCHASING PARTNERS

Identifier	Return Reference	Explanation
		Form 990, Part VII, Section A, Line 1a NICOLAS C PORTER RETIRED FROM MOFFITT IN MARCH 2011

Identifier	Return Reference	Explanation
		Form 990, Part VII, Section A, Line 1b DIRECTORS ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS TIMOTHY J ADAMS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 1HR DONALD D BUCHANAN MOFFITT GENETICS CORPORATION 1HR THEODORE J COUCH MOFFITT GENETICS CORPORATION 1HR EDWARD C DROSTE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 1HR BENJAMIN H HILL H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 1HR BETH A HOUGHTON H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 1HR THE HONORABLE H LEE MOFFITT H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, 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 ROBERT ROTHMAN MOFFITT GENETICS CORPORATION 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 CULUMBER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 22HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC 4HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 5HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 6HRS WILLIAM S DALTON H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC 6HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 24HRS LOUIS D DE LA PARTE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 22HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC 4HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 5HRS MOFFITT TECHNOLOGIES CORPORATION 1HR MOFFITT GENETICS CORPORATION 6HRS JOHN A KOLOSKY H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 33HRS 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 HOSPITAL, INC 30HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 15HRS YVETTE M LYONS TREMONTI H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 32HRS MOFFITT TECHNOLOGIES CORPORATION 1HR LYNN C MOSCINSKI H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 54HRS JAMES J MULAY MOFFITT TECHNOLOGIES CORPORATION 1HR DANIEL M SULLIVAN H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 13HRS MOFFITT GENETICS CORPORATION 1HR TIMOTHY J YEATMAN MOFFITT GENETICS CORPORATION 28HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 27HRS W MICHAEL ALBERTS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 55HRS BRAULIO VICENTE JR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 48HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 7HRS JULIE Y DJEU H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC 1HR

Identifier	Return Reference	Explanation
	Form 990, Part IX, Column (D)	THERE ARE NO FUNDRAISING EXPENSES BECAUSE THE CONTRIBUTIONS ARE FROM RELATED ORGANIZATIONS, GOVERNMENT GRANTS, AND OTHER GRANTS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC HANDLES ALL FUNDRAISING ACTIVITIES FOR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC AND ITS SUBSIDIARIES

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 14840 PREMIER PARTNERSHIP INCOME -14970 INTEREST IN NET ASSETS OF FOUNDATION 2574482 DEFERRED REVENUE -88135 TRANSFER FROM TAX EXEMPT AFFILIATE 12055387 GRANT REFUNDS -493558 LOSS ON TEMPORARY INVESTMENTS -54111 Total to Form 990, Part XI, Line 5 13993935

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-2451713

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE HOSPITAL INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238634	PATIENT CARE	FL	501(c)(3)	Line 3	N/A	Yes	
(2) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE FOUNDATION INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238636	FUNDRAISING	FL	501(c)(3)	Line 7	N/A	Yes	
(3) H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238640	PRACTICE MANAGEMENT	FL	501(c)(3)	Line 9	N/A	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MOFFITT TECHNOLOGIES CORPORATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612 30-0332914	TECHNOLOGY MANAGEMENT	FL	H LEE MOFFITT CC&RI INC	C	49	264,026	100 000 %
(2) MOFFITT GENETICS CORPORATION 10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180	DATABASE MANAGEMENT	FL	H LEE MOFFITT CC&RI INC	C	-2,286,401	3,658,360	100 000 %

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 59-2451713

Name: H LEE MOFFITT CANCER CENTER AND
RESEARCH INSTITUTE INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) MOFFITT GENETICS CORPORATION	A	321,212	FMV
(2) MOFFITT GENETICS CORPORATION	A	36,536	FMV
(3) H LEE MOFFITT CC&RI HOSPITAL INC	B	232,427	FMV
(4) H LEE MOFFITT CC&RI HOSPITAL INC	C	5,900,004	FMV
(5) H LEE MOFFITT CC&RI FOUNDATION INC	C	10,989,320	FMV
(6) H LEE MOFFITT CC&RI LCSC INC	C	291,482	FMV
(7) MOFFITT GENETICS CORPORATION	C	791,907	FMV
(8) H LEE MOFFITT CC&RI FOUNDATION INC	D	3,954,739	FMV
(9) MOFFITT GENETICS CORPORATION	D	3,990,852	FMV
(10) MOFFITT GENETICS CORPORATION	D	1,314,586	FMV

Additional Data

Software ID:

Software Version:

EIN: 59-2451713

Name: H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ROTHMAN CHAIR	1 00	X		X				0	0	0
SENATOR CONNIE MACK IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
TIMOTHY J ADAMS VICE CHAIR	1 00	X		X				0	0	0
DONALD D BUCHANAN SECRETARY/TREASURER	1 00	X		X				0	0	0
CARLOS ALFONSO DIRECTOR	1 00	X						0	0	0
JORGE ARRIZURIETA DIRECTOR	1 00	X						0	0	0
ANGELA BIEVER DIRECTOR	1 00	X						0	0	0
THE HONORABLE CARL CARPENTER DIRECTOR	1 00	X						0	0	0
THEODORE J COUCH SR DIRECTOR	1 00	X						0	0	0
EDWARD DEBARTOLO DIRECTOR	1 00	X						0	0	0
EDWARD C DROSTE DIRECTOR	1 00	X						0	0	0
CECELIA D FERMAN DIRECTOR	1 00	X						0	0	0
JUDY L GENSHAFT PHD DIRECTOR	1 00	X						0	0	0
THE HONORABLE JOHN A GRANT DIRECTOR	1 00	X						0	0	0
THE HONORABLE JAMES T HARGRETT DIRECTOR	1 00	X						0	0	0
REV MONSIGNOR LAURENCE HIGGINS DIRECTOR	1 00	X						0	0	0
BENJAMIN H HILL III ESQ DIRECTOR	1 00	X						0	0	0
BETH A HOUGHTON DIRECTOR	1 00	X						0	0	0
GARY WLITMAN PHD DIRECTOR	1 00	X						0	0	0
THE HONORABLE H LEE MOFFITT DIRECTOR	1 00	X						0	0	0
JOHN RAMIL DIRECTOR	1 00	X						0	0	0
WILLIAM S DALTON PRES CEO & CTR DIRECTOR	24 00			X				1,283,434	0	75,263
LOUIS D DE LA PARTE EVP GEN COUNS & ASST SEC	17 00			X				472,514	0	39,484
JOHN A KOLOSKY EVP COO	17 00			X				776,151	0	43,734
ALAN F LIST EVP PHYSICIAN IN CHIEF	10 00			X				0	679,052	42,871

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES J MULAY EVP APPL SC & ACD TRAN RSH	54 00			X				460,346	0	37,261
WARREN J PLEDGER EVP ACD BAS SC, DEP DIR	55 00			X				574,684	0	43,184
THOMAS A SELLERS EVP ACD CANCER PREV & CNTR	55 00			X				621,238	0	47,380
DANIEL M SULLIVAN EVP ACD CLINICAL INVES	41 00			X				0	564,110	45,325
YVETTE LYONS TREMONTI EVP STRATEGY BUS DEV	22 00			X				365,086	0	43,146
MICHAEL K BENEDICT VP RESEARCH	55 00			X				297,398	0	40,918
JANENE CULUMBER VP CFO & ASST TREAS	17 00			X				456,168	0	35,159
B LEE GREEN VP MOFFITT DIVERSITY	55 00			X				258,177	0	33,800
DEAN R HEAD VP FACILITIES MGMT & CONST	55 00			X				233,893	0	26,416
DORTE HEIMBECK INTERIM VP HR THRU 8/14/2011	55 00			X				119,531	0	16,357
JOE S HICE VP PUB REL & MARKETING	55 00			X				201,312	0	9,097
MARK F HULSE VP CIO	55 00			X				317,987	0	37,128
JOANNE L OLSON VP HR AS OF 8/15/2011	55 00			X				116,689	0	3,661
DANA E ROLLISON VP CHIO	55 00			X				180,717	0	31,390
W J WILSON VP GOVT RELATIONS	55 00			X				273,699	0	27,036
LYNN C MOSCINSKI CHIEF ACADEMIC OFFICER	1 00			X				0	492,923	32,298
MICHELE A TALKA DIRECTOR HR OPERATIONS	55 00				X			180,173	0	27,686
SRIKUMAR CHELLAPPAN SR MBR FAC RSCH-TUMOR BIO	55 00					X		318,408	0	41,849
JULIE Y DJEU SR MBR FAC RSCH-IMMUNOLOGY	54 00					X		284,038	0	36,166
ROBERT J GILLIES SR MBR FAC RSCH-IMAGING	55 00					X		404,733	0	41,340
MARK G SCHIPPITS DIR CLIN INFORMATICS PGRMS	55 00					X		270,796	0	34,434
SAID M SEBTI SR MBR FAC RSCH-DRUG DISC	55 00					X		440,974	0	40,687
NICOLAS C PORTER FORMER EVP INST ADV/CO REL	55 00						X	554,253	0	40,029
BRAULIO VICENTE JR FORMER RSH SVP HOSP & PHYS	0 00						X	0	392,600	44,121
W MICHAEL ALBERTS FORMER VP MEDICAL AFFAIRS	0 00						X	0	430,071	44,513

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY J YEATMAN FORMER EVP TRANS RSCH, PRES M2GEN	0 00						X	0	524,466	34,291