See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12902 MAGNOLIA DRIVE

City or town, state or country, and ZIP + 4
TAMPA, FL 33612

D Employer identification number
59-3238634

E Telephone number
(813)745-4673

G Gross receipts $ 606,470,292

F Name and address of principal officer
JOHN A KOLOSKY
12902 MAGNOLIA DRIVE
TAMPA,FL 33612

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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 1994 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,844
6	Total number of volunteers (estimate if necessary)	**6**	689
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,536,511	5,365,311
	9 Program service revenue (Part VIII, line 2g)	559,022,885	597,186,596
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	959,849	978,136
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,657,769	2,796,177
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	566,177,014	606,326,220
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	9,341,648
	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)	173,558,237	222,821,589
	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)	336,105,911	330,339,678
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	509,664,148	562,502,915
	19 Revenue less expenses Subtract line 18 from line 12	56,512,866	43,823,305

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	129,567,820	125,951,439
	21 Total liabilities (Part X, line 26)	35,515,073	29,868,396
	22 Net assets or fund balances Subtract line 21 from line 20	94,052,747	96,083,043

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 — 2013-05-15 Date

▶ Janene Culumber VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ EMILY STANCIL	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00115650
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601			EIN ▶ 34-6565596 Phone no ▶ (864) 242-5740

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PRIMARY PURPOSE OF THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC IS TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER

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 $ 496,269,295 including grants of $ 9,341,648) (Revenue $ 597,024,539)

H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL, INC (THE "HOSPITAL") IS LOCATED ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA IN TAMPA, FL SINCE OPENING IN 1986, THE HOSPITAL HAS BEEN GUIDED BY ONE MISSION, "TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER " MOFFITT IS A LEADING NATIONAL CANCER INSTITUTE (NCI) COMPREHENSIVE CANCER CENTER - ONE OF ONLY 41 IN THE NATION TO HOLD THIS DISTINCTION TO HELP FURTHER ITS MISSION, THE HOSPITAL HAS ESTABLISHED A NETWORK OF AFFILIATES COMPOSED OF 5 HOSPITALS WITHIN THE STATE PLUS ONE IN PENNSYLVANIA AND ANOTHER IN KENTUCKY THIS AFFILIATE AGREEMENT ALSO INCLUDES MORE THAN 200 COMMUNITY ONCOLOGISTS REIMBURSEMENT IS CRITICAL TO THE HOSPITAL'S OPERATIONS, HOWEVER, MOFFITT RECOGNIZES ITS RESPONSIBILITY TO PROVIDE SERVICES AND EDUCATION TO THOSE NEEDING SPECIALIZED RESEARCH CAPABILITIES PATIENTS WHO MEET MOFFITT'S MEDICAL AND SURGICAL PROTOCOLS AND DO NOT HAVE THE ABILITY TO PAY WILL BE TREATED, IF SUCH PROTOCOLS ARE NOT AVAILIABLE IN THEIR COMMUNITY IT IS THIS COMMITTMENT THAT GUIDES THE HOSPITAL TO (1) PROVIDE CARE FOR PATIENTS COVERED BY GOVERNMENTAL PROGRAMS BELOW COST(2) PROVIDE FREE CHARITY CARE FOR THOSE WHO CANNOT PAY(3) PROVIDE ONCOLOGY SPECIALIZATION TO THE STATE OF FLORIDA THROUGH INVOLVEMENT IN INVESTIGATIONAL PROTOCOLS, EDUCATION OF FUTURE PHYSICIANS AND CONTINUING PROFESSIONAL EDUCATION FOR PHYSICIANS AND OTHER ALLIED HEALTH CARE PROFESSIONALS(4) TAKE A LEADERSHIP ROLE IN CANCER PREVENTION AND SCREENING ACTIVITIES THE HOSPITAL IS A CRITICAL RESOURCE FOR THE STATE OF FLORIDA, WHICH RANKS SECOND IN THE NATION IN BOTH CANCER INCIDENCE AND MORTALITY THE MOFFITT ORGANIZATION HAS MORE THAN 4,800 EMPLOYEES IT IS LICENSED FOR 206 BEDS AND INCLUDES THE MOFFITT MEDICAL CLINIC, A FREESTANDING OUTPATIENT TREATMENT CENTER LOCATED IN SOUTH TAMPA, AND A FREESTANDING LIFETIME CANCER SCREENING AND PREVENTION CENTER PROVIDING A WIDE ARRAY OF OUTREACH AND EDUCATIONAL ACTIVITIES FOR THE GENERAL PUBLIC AND SELECT UNDERSERVED POPULATIONS IN FISCAL YEAR 2012, THE HOSPITAL RECORDED 324,085 OUTPATIENT VISITS AND 9,216 INPATIENT ADMISSIONS

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** ▶ $ 496,269,295

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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**	162		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,844			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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 DRIVE
TAMPA,FL 33612
(813)745-1329

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								4,059,525	5,638,461	880,927

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 185

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE, TN 37076	CONSULTING SERVICES	2,174,576
PRECYSE SOLUTIONS LLC 1275 DRUMMERS LANE STE 200 WAYNE, PA 19087	CONSULTING SERVICES	1,416,916
LAB CORP OF AMERICA PO BOX 12140 BURLINGTON, NC 27216	LAB SERVICES	501,442
CSC CONSULTING INC 3170 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	CONSULTING SERVICES	307,630
THERMACIRC LLC 425 MAPLEWOOD DRIVE OLDSMAR, FL 34677	CHEMOPERFUSION SERVICES	174,725

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 10

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 2,751,052				
	e	Government grants (contributions) 1e 447,103				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,167,156				
	g	Noncash contributions included in lines 1a-1f $ 544,233				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,365,311			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE RE	900099	579,143,906	579,143,906	
	b	OUTPATIENT PHARMACY	900099	16,623,306	16,623,306	
	c	AFFILIATE SERVICES	900099	461,284	461,284	
	d	CONFERENCE PLANNING	611710	359,284	359,284	
	e	LODGING PROGRAM	721000	246,880	246,880	
	f	All other program service revenue		351,936	178,937	172,999
	g	**Total.** Add lines 2a–2f . . . . . ▶		597,186,596		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,039,696		1,039,696
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other 82,512				
	b	Less cost or other basis and sales expenses: (ii) Other 144,072				
	c	Gain or (loss): (ii) Other -61,560				
	d	Net gain or (loss) . . . . . ▶	-61,560			-61,560
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA 722210	2,318,633			2,318,633
	b	REBATES 900099	249,368			249,368
	c	INT FROM INS CO 524114	211,339			211,339
	d	All other revenue	16,837	10,942		5,895
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,796,177			
	12	**Total revenue.** See Instructions . . . ▶	606,326,220	597,024,539	0	3,936,370

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	9,341,648	9,341,648		
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	2,855,687	2,725,127	130,560	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	797,202	760,755	36,447	
7	Other salaries and wages	170,646,727	136,732,009	33,914,718	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,498,458	8,597,171	1,901,287	
9	Other employee benefits	25,343,035	22,731,873	2,611,162	
10	Payroll taxes	12,680,480	10,043,570	2,636,910	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,573,443		1,573,443	
c	Accounting	168,220		168,220	
d	Lobbying	340,484		340,484	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	14,178,845	11,152,187	3,026,658	
12	Advertising and promotion	2,308,659	86,274	2,222,385	
13	Office expenses	39,634,091	27,548,780	12,085,311	
14	Information technology	6,830,399		6,830,399	
15	Royalties . .				
16	Occupancy	12,731,832	3,803,821	8,928,011	
17	Travel	527,887	249,242	278,645	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	596,089	596,089		
20	Interest	7,964,098		7,964,098	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,478,579	12,979,502	19,499,077	
23	Insurance	730,442		730,442	
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	MEDICAL SUPPLIES	164,231,863	164,216,841	15,022	
b	ALLOC OF INTERCO EXP	0	51,172,612	-51,172,612	
c	PURCHASED SERVICES	21,058,222	10,550,750	10,507,472	
d	BAD DEBT EXPENSE	13,297,804	13,297,804		
e					
f	All other expenses	11,688,721	9,683,240	2,005,481	
25	**Total functional expenses.** Add lines 1 through 24f	562,502,915	496,269,295	66,233,620	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,874	1	11,375
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		817,776	3	1,003,895
	4	Accounts receivable, net		78,688,695	4	73,101,043
	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		8,871,679	8	9,625,275
	9	Prepaid expenses and deferred charges		1,887,878	9	2,325,454
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 153,627,907			
	b	Less accumulated depreciation	10b 119,202,066	34,816,506	10c	34,425,841
	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		4,473,412	15	5,458,556
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		129,567,820	16	125,951,439
Liabilities	17	Accounts payable and accrued expenses		31,800,791	17	25,850,664
	18	Grants payable			18	
	19	Deferred revenue		833,333	19	898,014
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,880,949	25	3,119,718
	26	**Total liabilities.** Add lines 17 through 25		35,515,073	26	29,868,396
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		91,987,172	27	93,877,043
	28	Temporarily restricted net assets		2,065,575	28	2,206,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		94,052,747	33	96,083,043
	34	Total liabilities and net assets/fund balances		129,567,820	34	125,951,439

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	606,326,220
2	Total expenses (must equal Part IX, column (A), line 25)	2	562,502,915
3	Revenue less expenses Subtract line 2 from line 1	3	43,823,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	94,052,747
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-41,793,009
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	96,083,043

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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	2c	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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

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

1 Provide a description of the organization's direct and indirect political campaign activities 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 funtion activities ▶ $ _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	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		61,114
e	Publications, or published or broadcast statements?	Yes		2,560
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		430,835
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		11,684
j	Total lines 1c through 1i			506,193
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
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 ENTITIY, 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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 ▶ $ _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part 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

		Yes	No
(i) unrelated organizations	3a(i)		
(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				
b Buildings				
c Leasehold improvements		281,110	281,110	0
d Equipment		153,097,662	118,920,956	34,176,706
e Other		249,135		249,135
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				34,425,841

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
HCCB ASSESSMENT	3,119,718
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,119,718

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		2,585	12,690,664	0	12,690,664	2 310 %
b Medicaid (from Worksheet 3, column a)		2,509	40,954,005	27,260,579	13,693,426	2 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		9	85,216	23,759	61,457	0 010 %
d **Total** Charity Care and Means-Tested Government Programs		5,103	53,729,885	27,284,338	26,445,547	4 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	16	3,083	133,934	2,475	131,459	0 020 %
f Health professions education (from Worksheet 5)	5	1,049	1,605,058	0	1,605,058	0 290 %
g Subsidized health services (from Worksheet 6)	1	1,697	39,859	0	39,859	0 010 %
h Research (from Worksheet 7)	0	0	0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	0	0		0 %
j **Total** Other Benefits	22	5,829	1,778,851	2,475	1,776,376	0 320 %
k **Total.** Add lines 7d and 7j	22	10,932	55,508,736	27,286,813	28,221,923	5 130 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	13,297,804		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	140,782,076
6	Enter Medicare allowable costs of care relating to payments on line 5	6	154,855,617
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-14,073,541
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	H LEE MOFFITT CANCER CENTER & RESEARCH 12902 MAGNOLIA DRIVE TAMPA,FL 33612	X								

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

H LEE MOFFITT CANCER CENTER & RESEARCH

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☑ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

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

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN A FOR HOSPITAL $562,502,915 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $13,297,804 AFTER BAD DEBT WAS DEDUCTED FROM THE TOTAL EXPENSES THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN F WAS $549,205,111

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

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

Identifier	ReturnReference	Explanation
		Part III, Line 9b PATIENTS ARE SCREENED DURING THE ADMISSIONS PROCESS TO ASSESS THE NEED FOR FINANCIAL ASSISTANCE HOWEVER, IF AT ANY POINT IN THE COLLECTION PROCESS IT IS DETERMINED THAT THE PATIENT MAY BE UNABLE TO MEET ITS OBLIGATION, THE PATIENT WILL BE SENT AN APPLICATION FOR FINANCIAL ASSISTANCE OR CHARITY ADJUSTMENT IF PATIENT DOES NOT EXPRESS THE INABILITY TO PAY PRIOR TO BILLING, AN INVOICE IS SENT TO THE PATIENT WHICH HAS LANGUAGE REGARDING THE NEED FOR FINANCIAL ASSISTANCE A HOSPITAL REPRESENTATIVE WILL MAKE EVERY EFFORT TO WORK WITH THE PATIENT TO DETERMINE WHETHER FINANCIAL ASSISTANCE IS NEEDED IF THE PATIENT DOES NOT STATE THE NEED OR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE THEREAFTER, AND PAYMENTS ARE NOT MADE AS AGREED, THE ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 13g LANGUAGE IS ADDED TO THE BILLING INVOICE STATING THAT A MOFFITT REPRESENTATIVE CAN HELP EVALUATE ELIGIBILITY FOR FINANCIAL ASSISTANCE IF THE PATIENT IS UNABLE TO PAY

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 17e AS PART OF THE PROCESS OF MAKING A REASONABLE EFFORT TO DETERMINE PATIENT'S ELIGIBILITY, MOFFITT REPRESENTATIVES SCREEN PATIENTS DURING THE ADMISSION PROCESS TO ASSESS THE NEED FOR FINANCIAL ASSISTANCE HOWEVER, IF AT ANY POINT PRIOR TO BILLING IT IS DETERMINED THAT THE PATIENT MAY BE UNABLE TO MEET ITS OBLIGATION, THE PATIENT WILL BE SENT AN APPLICATION FOR FINANCIAL ASSISTANCE OR CHARITY ADJUSTMENT IN ADDITION, LANGUAGE IS ADDED TO THE BILLING INVOICE STATING THAT A MOFFITT REPRESENTATIVE CAN HELP EVALUATE ELIGIBILITY FOR FINANCIAL ASSISTANCE IF THE PATIENT IS UNABLE TO PAY OR IS UNINSURED OR UNDERINSURED MOFFITT'S REPRESENTATIVE OR AGENT WORKS WITH THE PATIENT TO DETERMINE THE NEED FOR FINANCIAL ASSISTANCE AND BASED ON PATIENT'S ELIGIBILITY THE QUALIFYING AMOUNT WILL NO LONGER BE BILLED

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

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

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

Identifier	ReturnReference	Explanation
		Part VI, Line 3 THE CANCER CENTER HAS POSTED NOTICES IN ITS REGISTRATION AREAS INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ADDITION, DURING THE PATIENT ADMISSION/REGISTRATION PROCESS, PATIENTS WILL MEET WITH A HOSPITAL PATIENT SERVICE REPRESENTATIVE WHO OBTAINS FINANCIAL INFORMATION SUCH AS, INSURANCE AND INCOME WHEN THE PATIENT SERVICE REPRESENTATIVE DETERMINES A PATIENT DOES NOT HAVE ADEQUATE INSURANCE COVERAGE AND WILL NOT LIKELY BE ABLE TO PAY FOR ANTICIPATED SERVICES, THE PATIENT SERVICE REPRESENTATIVE WILL DETERMINE THE PATIENT'S ELIGIBLITY FOR RELEVANT STATE, COUNTY, AND FEDERAL PROGRAMS IF THE PATIENT DOES NOT QUALIFY FOR ELIGIBLE FUNDING THE PATIENT SERVICE REPRESENTATIVE WILL WORK WITH THE PATIENT TO COMPLETE A FINANCIAL STATEMENT FOR DETERMINATION OF CHARITY CARE OR PARTIAL CARE ELIGIBILITY

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

Identifier	ReturnReference	Explanation
		Part VI, Line 5 THE HOSPITAL IS INTERNATIONALLY RECOGNIZED FOR ITS FOCUS ON TOTAL CANCER CARE AND TRANSLATIONAL RESEARCH AND HAS GROWN TO BE THE THIRD-LARGEST CANCER CENTER IN THE U S BASED ON OUTPATIENT VISITS IT HAS CREATED ALLIANCES WITH 14 STATEWIDE HEALTH CARE SYSTEMS TO FURTHER IMPROVE THE DELIVERY OF CANCER CARE AND ACCESS TO CLINICAL TRIALS THE MAJORITY OF THE HOSPITAL'S BOARD MEMBERS RESIDE AND ARE CONSIDERED COMMUNITY LEADERS IN THE SERVICE AREA

Identifier	ReturnReference	Explanation
		Part VI, Line 6 AFFILIATES OF THE HOSPITAL DEDICATED TO SERVING INDIVIDUALS WHO ARE IN NEED OF FINANCIAL ASSISTANCE, HELPING TO DEVELOP AND FUND COMMUNITY PROGRAMS AND PERFORM TRANSLATIONAL RESEARCH TO BENEFIT THE COMMUNITY, INCLUDE MOFFITT FOUNDATION, MOFFITT MEDICAL GROUP, AND MOFFITT RESEARCH MOFFITT FOUNDATION SOLICITS FUNDS TO SUPPORT THE WORK OF THE CANCER CENTER DONATIONS MAINTAINED BY THE FOUNDATION MAY BE USED FOR A SPECIFIC PROGRAM OR MAY BE USED TO FURTHER THE OVERALL NEEDS OF THE COMMUNITY MOFFITT MEDICAL GROUP EMPLOYS PHYSICIANS THAT STAFF THE HOSPITAL AND PROVIDE CLINICAL RESEARCH TO THE CANCER CENTER HEALTH CARE SYSTEM THESE PHYSICIANS PROVIDE MEDICAL SERVICES TO THOSE PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE IN ADDITON, PHYSICIANS PARTICIPATE IN COMMUNITY RELATED PROGRAMS PROVIDING EDUCATION AND TRAINING MOFFITT'S CANCER RESEARCH FACILITY PERFORMS STUDIES AND INVESTIGATIONS TO GENERATE GENERALIZABLE KNOWLEDGE AVAILABLE TO THE PUBLIC THE RESEARCH FACILITY IS ALSO THE PARENT COMPANY OF THE CANCER CENTER HEALTH CARE SYSTEM THAT PLANS, DEVELOPS, AND IMPLEMENTS COMMUNITY BENEFIT PROGRAMS TO ADDRESS COMMUNITY NEEDS SEPARATELY FROM, AS WELL AS IN COLLABORATION WITH, THE HOSPITAL COMMUNITY BENEFIT EXPENSES PERFORMED BY OUR AFFILIATED ENTITIES MOFFITT MEDICAL GROUPFINANCIAL ASSISTANCE AT COST WAS $1,586,014PERCENT OF TOTAL AFFILIATE EXPENSE 1 76%PERCENT OF COMBINED EXPENSE 20%MOFFITT MEDICAL GROUPHEALTH PROFESSIONS EDUCATION WAS $5,062,669PERCENT OF TOTAL AFFILIATE EXPENSE 5 62%PERCENT OF COMBINED EXPENSE 66%MOFFITT RESEARCHRESEARCH NET COMMUNITY BENEFIT EXPENSE WAS $30,740,073PERCENT OF TOTAL AFFILIATE EXPENSE 23 63%PERCENT OF COMBINED EXPENSE 3 92%

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) H LEE MOFFITT CC&RI INC12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-2451713	501(C)(3)	5,900,004				INTERCOMPANY SUPPORT
(2) H LEE MOFFITT CC&RI LIFETIME CSC INC12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238640	501(C)(3)	1,016,056				INTERCOMPANY SUPPORT
(3) MOFFITT GENETICS CORPORATION10902 N MCKINLEY DRIVE TAMPA,FL 33612	20-8486180		2,425,088				INTERCOMPANY SUPPORT

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		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?	**2**	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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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 HEALTH OR SOCIAL CLUB DUES, INITIATION FEES OR PERSONAL SERVICES ARE APPROVED BY THE JOINT EXECUTIVE COMPENSATION AND BENEFITS COMMITTEE (JEC&BC) PAYMENTS ARE A FIXED AMOUNT BASED ON JOB CLASSIFICATION AND IS DOCUMENTED IN MINUTES OF THE COMMITTEE AND REPORTED BACK TO THE BOARD
	Part I, Lines 4a-b	NICOLAS C PORTER RECEIVED $313,196 00 IN SEVERENCE PAYMENTS FROM H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC , A RELATED ORGANIZATION 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
	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
Supplemental Information	Part III	Schedule J, Part I, Line 3 HOSPITAL'S PRESIDENT IS PAID BY A RELATED ORGANIZATION WHICH ESTABLISHES COMPENSATION BY RELYING ON AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS OR STUDIES, AN EXECUTIVE COMPENSATION COMMITTEE, AND THE APPROVAL BY THE BOARD OR THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 59-3238634

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
W MICHAEL ALBERTS	(I)	317,325	61,895	50,851	25,602	24,605	480,278	0
	(II)	0	0	0	0	0	0	0
JULIE DJEU	(I)	0	0	0	0	0	0	0
	(II)	259,017	8,333	16,688	25,602	11,617	321,257	0
JOHN A KOLOSKY	(I)	0	0	0	0	0	0	0
	(II)	597,728	105,953	72,470	25,603	23,816	825,570	0
LOUIS D DE LA PARTE	(I)	0	0	0	0	0	0	0
	(II)	387,326	82,453	2,735	25,602	19,925	518,041	0
ALAN F LIST	(I)	538,120	101,468	39,464	25,602	24,413	729,067	0
	(II)	0	0	0	0	0	0	0
YVETTE LYONS TREMONTI	(I)	0	0	0	0	0	0	0
	(II)	302,252	47,835	14,999	25,602	23,218	413,906	0
BRAULIO VICENTE	(I)	310,392	58,913	23,295	19,600	31,394	443,594	0
	(II)	0	0	0	0	0	0	0
JANENE CULUMBER	(I)	0	0	0	0	0	0	0
	(II)	361,448	53,507	41,213	19,600	21,442	497,210	0
JANE FUSILERO	(I)	239,019	11,000	7,596	2,091	12,078	271,784	0
	(II)	0	0	0	0	0	0	0
BRENDA S GORDON	(I)	220,529	43,081	10,289	19,417	10,830	304,146	0
	(II)	0	0	0	0	0	0	0
GENE WETZSTEIN	(I)	169,869	23,138	5,905	12,666	24,477	236,055	0
	(II)	0	0	0	0	0	0	0
VLADIMIR FEYGELMAN	(I)	214,305	5,908	1,250	23,216	12,684	257,363	0
	(II)	0	0	0	0	0	0	0
KENNETH M FORSTER	(I)	241,388	6,719	5,107	25,603	19,129	297,946	0
	(II)	0	0	0	0	0	0	0
BRIAN K NORIEGA	(I)	206,544	5,554	1,920	13,524	17,526	245,068	0
	(II)	0	0	0	0	0	0	0
SIRIPORN SARANGKASIRI	(I)	208,913	5,554	1,920	13,524	8,456	238,367	0
	(II)	0	0	0	0	0	0	0
STUART G WASSERMAN	(I)	223,864	34,937	10,556	15,272	21,138	305,767	0
	(II)	0	0	0	0	0	0	0
WILLIAM S DALTON	(I)	0	0	0	0	0	0	0
	(II)	897,989	257,499	127,946	25,603	51,498	1,360,535	0
NICOLAS C PORTER	(I)	0	0	0	0	0	0	0
	(II)	116,710	60,579	376,964	25,603	22,090	601,946	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				
THOMAS A SELLERS	(I)	0	0	0	0	0	0	0
	(II)	504,657	84,455	32,126	25,602	29,024	675,864	0
MARYBETH REARDON	(I)	207,759	29,705	24,629	19,353	15,034	296,480	0
	(II)	0	0	0	0	0	0	0
DEAN R HEAD	(I)	0	0	0	0	0	0	0
	(II)	191,531	32,275	10,087	18,509	14,672	267,074	0
MARK F HULSE	(I)	0	0	0	0	0	0	0
	(II)	260,164	49,002	8,821	19,600	24,317	361,904	0
W J WILSON	(I)	0	0	0	0	0	0	0
	(II)	236,235	20,000	17,464	19,600	12,015	305,314	0
PHILIP E JOHNSON	(I)	188,266	0	4,996	11,321	8,835	213,418	0
	(II)	0	0	0	0	0	0	0
SCOTT D ELDREDGE	(I)	166,250	22,663	8,669	12,233	12,513	222,328	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
59-3238634

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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) CAITLAN MILLER	SEE PART V	22,729	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
		INTERESTED PERSON CAITLAN MILLERRELATIONSHIP FAMILY MEMBER OF BRAULIO VICENTETRANSACTION COMPENSATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

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 ▶ (SWARE/EQUIP)	X	2	544,233	PURCHASE PRICE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

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

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	PRIOR TO PROVIDING FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, TO THE HOSPITAL BOARD OF DIRECTORS FOR REVIEW, THE CHIEF FINANCIAL OFFICER REVIEWS THE RETURN SUGGESTED COMMENTS OR CHANGES ARE DISCUSSED AND ANY NECESSARY CORRECTIONS ARE MADE PRIOR TO ELECTRONICALLY FILING FORM 990, MOFFITT HOSPITAL PROVIDES A COPY OF THE RETURN TO THE GOVERNING BODY, GIVING EACH BOARD MEMBER TIME TO REVIEW THE RETURN BOARD MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS RELATED TO THE INFORMATION PROVIDED ON THE RETURN

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	ON AN ANNUAL BASIS A PRESENTATION IS MADE TO HOSPITAL BOARD MEMBERS TO REVIEW THE CONFLICT OF INTEREST POLICY AND PROCEDURES FOR DISCLOSING ANY POTENTIAL CONFLICTS EACH DIRECTOR, OFFICER, COMMITTEE MEMBER, AND KEY EMPLOYEE SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ATTACHED TO THE POLICY ANY DIRECTOR, OFFICER, COMMITTEE MEMBER, OR KEY EMPLOYEE WHO REASONABLY BELIEVES THAT HE OR SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST DISCLOSE THE EXISTENCE OF AND THE MATERIAL FACTS OF THE NATURE OF HIS/HER INTEREST ON THE FORM THE FORM IS SUBMITTED TO THE CORPORATE COMPLIANCE OFFICE, WHICH REVIEWS THE FORMS, GATHERS ADDITIONAL RELEVANT INFORMATION WHERE NECESSARY, AND PREPARES A SUMMARY OF THE DISCLOSURES TO BE REVIEWED BY THE CONFLICT OF 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 INCLUDEDS THE VALUE OF ALL BENEFITS AND PREREQUISITES (CASH AND NON-CASH) PROVIDED AS COMPENSATION TO THE EXECUTIVES AND DISQUALIFIED PERSONS THE PURPOSE OF THE ANALYSIS IS TO PROVIDE AN OPINION ON THE REASONABLENESS OF EACH OF THE INDIVIDUAL COMPENSATION COMPONENTS AND THE AGGREGATE COMPENSATION TOTAL THIS MORE COMPREHENSIVE ANALYSIS IS PROVIDED TO THE JEC&BC FOR THEIR USE IN THE ANNUAL REVIEW PROCESS MINUTES ARE KEPT AT EACH OF THESE ANNUAL MEETINGS DETAILING THE RECOMMENDATIONS PRESENTED AND THE DECISIONS MADE BY THE COMMITTEE THESE MINUTES ARE PUBLISHED TO THE COMMITTEE AT THE NEXT MEETING AND REPORTED BACK TO THE FULL BOARD

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

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 JOSEPH CABALLERO H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC 1HR BETH HOUGHTON H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 1HR THE HONORABLE H LEE MOFFITT H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 1HR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 1HR H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 1HR MOFFITT GENETICS CORPORATION 1HR THE HONORABLE MARK A PIZZO H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 1HR JULIE DJEU H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 54HR

Identifier	Return Reference	Explanation
		FORM 990, PART VII, SECTION A, LINE 1B CURRENT & FORMER OFFICERS ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS JANENE J CULUMBER H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 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, INC 24HRS 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, INC 17HRS 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, INC 17HRS H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, FOUNDATION, INC 4HRS MOFFITT TECHNOLOGIES CORPORATION 1HR ALAN F LIST H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 10HRS 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, INC 22HRS MOFFITT TECHNOLOGIES CORPORATION 1HR BRAULIO VICENTE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE LIFETIME CANCER SCREENING, INC 7HRS NICOLAS C PORTER (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS DEAN R HEAD (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS MARK F HULSE (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS THOMAS A SELLERS (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS W J WILSON (FORMER) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC 55HRS

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	TRANSFER TO TAX EXEMPT AFFILIATES -41598818 INTEREST IN NET ASSETS OF FOUNDATION 140425 NONCASH CONTRIBUTION INCLUDED IN REVENUE ON 990, -334616 BUT NOT IN REVENUE ON AUDITED FINANCIAL STATEMENTS Total to Form 990, Part XI, Line 5 -41793009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135044173

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 HOSPITAL INC

Employer identification number
59-3238634

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-2451713	PARENT-RESEARCH	FL	501(c)(3)	Line 7	N/A		No
(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		No
(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		No

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

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" 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	N/A	C			
(2) MOFFITT GENETICS CORPORATION 10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180	DATABASE MANAGEMENT	FL	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

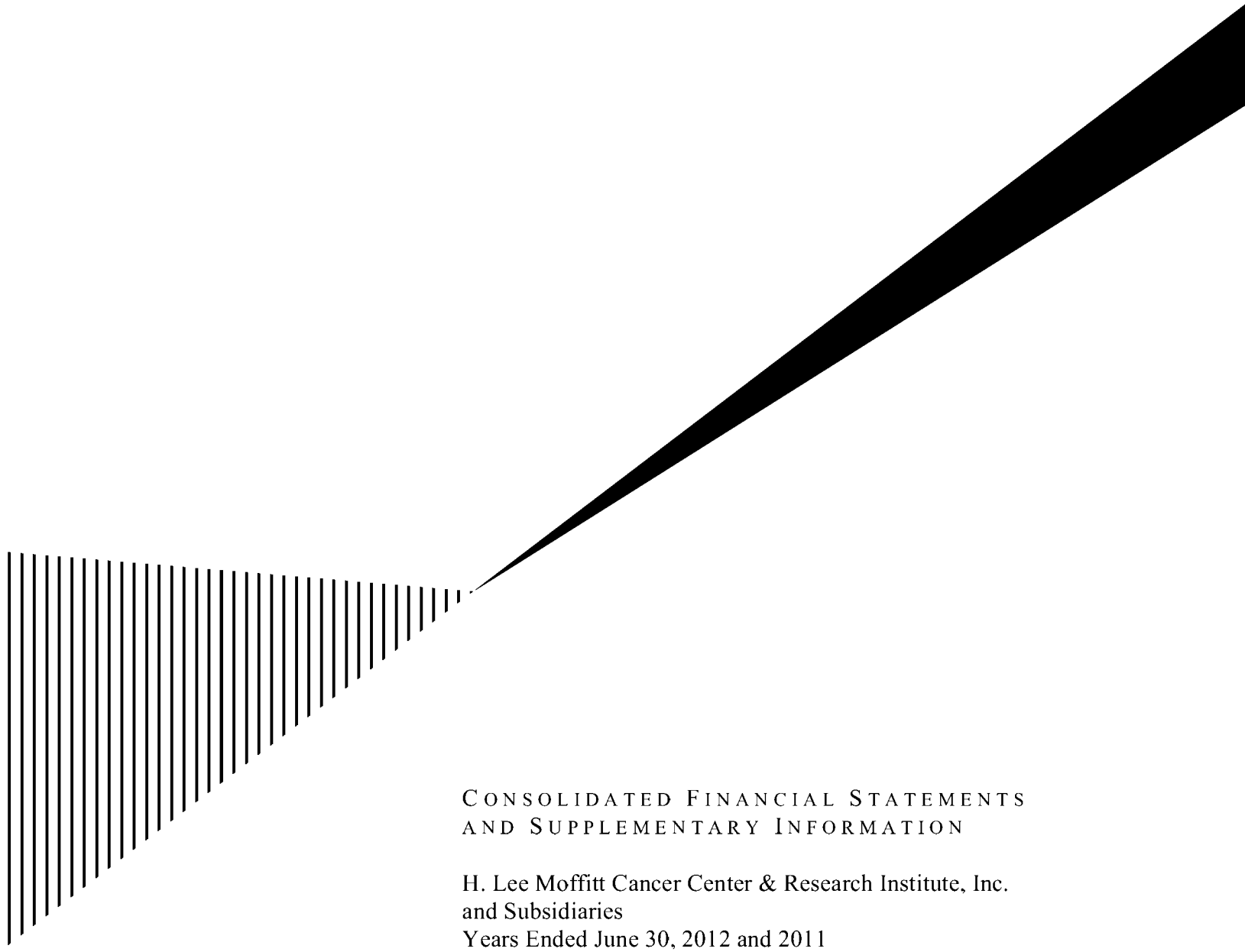
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	



Consolidated Financial Statements and Supplementary Information

H. Lee Moffitt Cancer Center & Research Institute, Inc.
and Subsidiaries
Years Ended June 30, 2012 and 2011
With Report of Independent Certified Public Accountants

Ernst & Young LLP

Ernst & Young

H. Lee Moffitt Cancer Center &
Research Institute, Inc. and Subsidiaries

Consolidated Financial Statements and
Supplementary Information

Years Ended June 30, 2012 and 2011

Contents

Ernst & Young LLP
Suite 1200
401 East Jackson Street
Tampa, FL 33602
Tel +1 813 225 4800
Fax +1 813 225 4711
www ey com

Report of Independent Certified Public Accountants

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

We have audited the accompanying consolidated balance sheets of H Lee Moffitt Cancer Center & Research Institute, Inc and Subsidiaries (the Cancer Center) as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of the Cancer Center's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Cancer Center as of June 30, 2012 and 2011, and the consolidated results of its operations, the changes in its net assets and its cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole The accompanying consolidating balance sheet and consolidating statement of operations are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements This information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain other procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the consolidating balance sheet and consolidating statement of operations are fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole

Ernst + Young LLP

October 12, 2012

H. Lee Moffitt Cancer Center &
Research Institute, Inc. and Subsidiaries

Consolidated Balance Sheets

	June 30	
	2012	**2011**
Assets		
Current assets:		
Cash and cash equivalents	**$ 31,342,152**	$ 43,572,965
Current portion of assets limited as to use	**12,031,216**	11,487,322
Accounts receivable, less allowances for uncollectibles (2012 – $15,277,000; 2011 – $8,934,000)	**81,484,525**	86,382,966
Current portion of pledges receivable	**1,373,713**	3,858,418
Inventories	**9,647,775**	8,960,353
Estimated third-party receivable	**3,177,556**	2,332,837
Grant receivables	**9,524,292**	10,004,562
Prepaid and other current assets	**12,351,327**	12,316,620
	160,932,556	178,916,043
Assets limited as to use, net of current portion	**165,587,003**	173,835,401
Pledges receivable, less discounts and allowances for uncollectible pledges, net of current portion	**7,693,812**	7,187,362
Property, plant, and equipment:		
Land	**9,306,184**	9,306,184
Building and land improvements	**348,519,102**	342,410,041
Equipment	**369,986,534**	349,928,828
	727,811,820	701,645,053
Less accumulated depreciation	**(387,912,018)**	(351,397,592)
	339,899,802	350,247,461
Construction-in-progress	**12,462,653**	12,555,162
	352,362,455	362,802,623
Other assets	**3,126,377**	3,172,326
Total assets	**$689,702,203**	$725,913,755

	June 30	
	2012	**2011**
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	**$ 48,266,626**	$ 55,171,481
Accrued employee compensation	**40,485,580**	56,819,623
Accrued interest	**4,530,396**	4,664,220
Current portion of long-term debt	**7,950,000**	7,175,000
Total current liabilities	**101,232,602**	123,830,324
Other liabilities	**8,662,376**	6,274,721
Long-term debt, net of current portion	**194,510,076**	202,851,076
Total liabilities	**304,405,054**	332,956,121
Net assets:		
Unrestricted	**311,893,216**	319,388,189
Temporarily restricted	**60,309,087**	60,779,482
Permanently restricted	**13,094,846**	12,789,963
Total net assets	**385,297,149**	392,957,634
Total liabilities and net assets	**$689,702,203**	$725,913,755

See accompanying notes.

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2012	**2011**
Unrestricted revenues and other support		
Net patient service revenues	**$ 648,294,902**	$ 607,549,024
Other revenues	**93,331,016**	99,719,446
Net assets released from restrictions and used for operating expenses	**29,935,093**	37,120,891
Total unrestricted revenues and other support	**771,561,011**	744,389,361
Expenses.		
Salaries, wages, and benefits	**387,301,990**	366,916,077
Faculty fees	**9,255,723**	8,935,614
Purchased services	**66,952,339**	64,788,793
Supplies	**204,426,087**	184,790,422
Other operating expenses	**53,382,685**	48,865,663
Depreciation and amortization	**41,528,155**	39,848,933
Interest	**9,165,445**	8,790,874
Provision for bad debts	**16,630,647**	13,892,511
Total expenses	**788,643,071**	736,828,887
(Loss) income from operations	**(17,082,060)**	7,560,474
Nonoperating gains, net	**2,358,615**	10,937,736
(Deficiency) excess of revenues and gains over expenses and losses	**(14,723,445)**	18,498,210

Continued on next page

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

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

	Year Ended June 30	
	2012	**2011**
Unrestricted net assets		
(Deficiency) excess of revenues and gains over expenses and losses	**$ (14,723,445)**	$ 18,498,210
Other changes		
Net assets released from restrictions and used to purchase property, plant, and equipment	**503,998**	265,613
Net assets released from restrictions and used for payment of long-term debt	**5,344,697**	5,374,013
Change in net unrealized gains/(losses) on investments	**14,840**	(18,350)
Grants received for reimbursement of property, plant, and equipment purchases	**1,703,173**	2,499,973
Restricted investment income	**(491,932)**	(449,469)
Other	**153,696**	(3)
(Decrease) increase in unrestricted net assets	**(7,494,973)**	26,169,987
Temporarily restricted net assets		
Contributions and memorials	**12,379,340**	11,488,359
Grants and contracts with purpose restrictions	**16,770,753**	21,018,327
Investment income	**491,932**	449,469
Net assets released from purpose restrictions and used to purchase property, plant, and equipment	**(503,998)**	(265,613)
Net assets released from purpose restrictions and used for payment of operating expenses	**(28,444,243)**	(35,731,597)
Net assets released from restrictions and used for payment of long-term debt	**(5,344,697)**	(5,374,013)
Net assets released from purpose restrictions and used for payment of interest	**(877,995)**	(907,689)
Net assets released from time restrictions and used for payment of operating expenses	**(612,855)**	(481,605)
Proceeds from the Cigarette Tax Trust Fund	**5,691,996**	5,691,996
Interest earnings on proceeds from the Cigarette Tax Trust Fund	**149**	184
Loss on uncollectible temporarily restricted pledges	**(20,777)**	(179,013)
Other	**–**	(90,000)
Decrease in temporarily restricted net assets	**(470,395)**	(4,381,195)
Permanently restricted net assets		
Contributions and memorials	**304,883**	231,246
Other	**–**	90,000
Increase in permanently restricted net assets	**304,883**	321,246
(Decrease) increase in net assets	**(7,660,485)**	22,110,038
Net assets at beginning of year	**392,957,634**	370,847,596
Net assets at end of year	**$ 385,297,149**	$ 392,957,634

See accompanying notes

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2012	**2011**
Operating activities and nonoperating gains		
(Decrease) increase in net assets	**$ (7,660,485)**	$ 22,110,038
Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities and nonoperating gains		
Loss on other-than-temporary decline in investments	**–**	–
Loss on sale of property, plant, and equipment	**(110,858)**	161,095
Restricted contributions and restricted investment income	**(18,865,281)**	(17,861,254)
Grants and contracts with purpose restrictions	**(16,770,753)**	(21,018,327)
Grants received for reimbursement of property, plant, and equipment purchases	**(1,703,173)**	(2,499,973)
Investments in assets limited as to use designated as trading securities, net	**(7,884,551)**	(9,765,897)
Change in net unrealized gains on investments	**1,653,476**	(3,480,780)
Depreciation and amortization	**41,528,155**	39,848,933
Amortization of bond premium and discount	**(391,000)**	(403,501)
Provision for bad debts	**16,630,647**	13,892,511
Changes in operating assets and liabilities		
Accounts receivable	**(11,732,206)**	(35,011,691)
Inventories	**(687,422)**	(282,580)
Grant receivables	**480,270**	(546,280)
Prepaid and other assets	**(72,663)**	(1,442,194)
Pledges receivable	**1,978,255**	(631,299)
Accounts payable and accrued expenses	**(6,904,855)**	12,668,142
Accrued employee compensation	**(16,334,042)**	2,537,833
Accrued interest	**(133,824)**	(82,956)
Estimated third-party settlements	**(844,719)**	15,411,693
Other liabilities	**2,387,654**	2,840,761
Net cash (used in) provided by operating activities and nonoperating gains	**(25,437,375)**	16,444,274
Investing activities		
Purchases of property, plant, and equipment	**(30,893,224)**	(48,974,872)
Change in assets limited as to use	**13,935,579**	(10,475,673)
Net cash used in investing activities	**(16,957,645)**	(59,450,545)
Financing activities		
Payments on long-term debt	**(7,175,000)**	(6,485,000)
Proceeds from the issuance of long-term debt	**–**	22,000,000
Restricted contributions and restricted investment income	**18,865,281**	17,861,254
Grants and contracts with purpose restrictions	**16,770,753**	21,018,327
Grants received for reimbursement of property, plant, and equipment purchases	**1,703,173**	2,499,973
Net cash provided by financing activities	**30,164,207**	56,894,554
(Decrease) increase in cash and cash equivalents	**(12,230,813)**	13,888,283
Cash and cash equivalents at beginning of year	**43,572,965**	29,684,682
Cash and cash equivalents at end of year	**$ 31,342,152**	$ 43,572,965

See accompanying notes

H. Lee Moffitt Cancer Center &
Research Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2012

1. Organization

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

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

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

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

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

- Moffitt Genetics Corporation (M2Gen) is a for-profit subsidiary of the Cancer Center incorporated on February 6, 2007. M2Gen supports advancement of the Cancer Center's personalized medicine initiatives.

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

1. Organization (continued)

Mission Statement

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

2. Summary of Significant Accounting Policies

Nonoperating Gains and Losses

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

Use of Estimates

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

Statements of Cash Flows

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

2. Summary of Significant Accounting Policies (continued)

Estimated Third-Party Settlements

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

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

Net Patient Service Revenues

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigation. Net patient service revenue (decreased) increased by approximately $(674,000) and $2,061,000 for the years ended June 30, 2012 and 2011, respectively, for adjustments to prior-year estimated third-party settlements.

Payments under various programs are based upon cost, discounts from charges, per diem arrangements, or per case arrangements. For the year ended June 30, 2012, approximately 65% of net patient service revenues were derived from managed care, 26% from Medicare, 6% from Medicaid, and 3% from other private contractual agreements. For the year ended June 30, 2011, approximately 67% of net patient service revenues were derived from managed care, 24% from Medicare, 7% from Medicaid, and 2% from other private contractual agreements.

2. Summary of Significant Accounting Policies (continued)

Excess of Revenues and Gains Over Expenses and Losses

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

Allowance for Uncollectibles

Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts are written off when deemed to be uncollectible and are deducted from the patient's accounts receivable balance.

The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state government health care coverage and other collection indicators. One tool used in management's assessment is a detailed review of historical collections and write-offs at the Cancer Center that represents a majority of the Cancer Center's revenues and accounts receivable. The results of the detailed review of historical collections and write-offs experience, adjusted for changes in trends and conditions, are used to evaluate the allowance amount for the current period.

Inventories

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

Risk Management and Self-Insurance

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

2. Summary of Significant Accounting Policies (continued)

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

Fair Value of Certain Financial Instruments

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

Fair Value Measurements

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

Level 1 – Unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2 – Directly or indirectly observable inputs, other than quoted prices included in Level 1. Level 2 inputs may include, among others, interest rates and yield curves observable at commonly quoted intervals, volatilities, credit risks, and other inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs used when there is little, if any, market activity for the asset or liability at the measurement date. These inputs represent the entity's own assumptions about the assumptions that market participants would use to price the asset or liability developed using the best information available.

2. Summary of Significant Accounting Policies (continued)

The following table summarizes the Cancer Center's significant financial assets as of June 30, 2012:

	Fair Value Measurements at Reporting Date Using			
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Assets:				
Cash and cash equivalents	$ 31,342,152	$ 31,342,152	$ –	$ –
Assets limited as to use:				
Cash and cash equivalents	69,438,686	69,438,686	–	–
U.S. Government obligations	4,267,961	4,267,961	–	–
Fixed income securities	76,091,313	–	76,091,313	–
Equity securities	27,313,290	27,313,290	–	
Real assets	506,969	506,969	–	–
Total assets	$ 208,960,371	$ 132,869,058	$ 76,091,313	$ –

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

The Cancer Center's long-term debt is valued based on quoted market prices for the same or similar issues for debt of the same remaining maturities. The estimated fair value of the Cancer Center's long-term debt at June 30, 2012 and 2011, is approximately $203,742,000 and $199,117,000, respectively.

Assets Limited as to Use

Assets limited as to use represent funds internally designated for program development and capital expenditures, funds externally designated by donors and under the terms of bond indentures, and funds from the State of Florida Cigarette Tax Trust Fund. The Board of Directors

2. Summary of Significant Accounting Policies (continued)

retains control over internally designated funds and may, at its discretion, use the funds for other purposes. Amounts required to meet current liabilities have been reclassified to current assets in the consolidated balance sheets at June 30, 2012 and 2011.

Investments and Investment Income

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

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

Property, Plant, and Equipment

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

The Cancer Center has under construction, or is planning construction projects, with remaining estimated costs to complete of approximately $7,936,000 as of June 30, 2012, to be primarily funded by the Bond issuances as described in Note 6.

2. Summary of Significant Accounting Policies (continued)

Contributed Resources

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

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

State Appropriations

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

Beginning January 1, 1999, and continuing for 10 years thereafter, the Cancer Center received an approximate aggregate minimum of $100,000,000 from the State of Florida Cigarette Tax Trust Fund (Trust Fund). Additionally, beginning July 1, 2002, and continuing through June 30, 2016, an additional amount will be received from the Trust Fund aggregating $70,000,000. In 2009, the State amended the 2002 appropriation to extend the act through June 30, 2020 for an additional amount of approximately $23,000,000. During the year ended June 30, 2012, the State enacted legislation, effective July 1, 2013 through 2033, increasing the appropriation from 1.47% to 2.75% for an additional amount of approximately $165,000,000.

These funds are to be used for the purposes of constructing, furnishing, and equipping a cancer research facility (research tower) at the university adjacent to the Cancer Center, as well as for the repayment of the debt incurred for the research tower. No receivable is recorded as of June 30, 2012 or 2011, in the accompanying consolidated balance sheets for the proceeds from the Trust Fund related to the period July 1, 2010 to June 30, 2020, as the amounts are subject to

2. Summary of Significant Accounting Policies (continued)

future legislative support from the State. For each of the years ended June 30, 2012 and 2011, the Cancer Center received approximately $5,692,000 from the Trust Fund proceeds and applicable earnings. These amounts are recorded as increases in temporarily restricted net assets for the years ended June 30, 2012 and 2011.

Deferred Financing Costs

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

Bond Premium and Discount

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

Income Taxes

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

2. Summary of Significant Accounting Policies (continued)

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

Research Collaboration

The Cancer Center participated in a Collaboration and License agreement to establish methodologies to study molecular signatures in cancer patients, and the use of tumor samples and related patient data to identify signatures that may be predictive of disease prognosis and response to treatment. The Cancer Center received quarterly funding amounts based on budgeted expenditures that were accounted for as temporarily restricted net assets through December 31, 2011. The Collaboration and License agreement ended on December 31, 2011, and was extended as a fee-for service arrangement effective January 1, 2012. During the years ended June 30, 2012 and 2011, the Cancer Center received $6,221,000 and $13,121,000, respectively, related to this agreement. These amounts are appropriately netted against expenses and released from temporarily restricted net assets. During the years ended June 30, 2012 and 2011, the Cancer Center made qualifying expenditures and accordingly $5,864,000 and $12,966,000, respectively, were released from restrictions.

Community Benefit

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

2. Summary of Significant Accounting Policies (continued)

The Cancer Center provides care to patients who meet criteria under established charity care policies without charge or at amounts less than its established rates. The Cancer Center does not pursue collection of amounts determined to qualify as charity care and they are not reported as revenue. Charity care is reported based upon criteria established by the Cancer Center and the State of Florida Agency for Health Care Administration. The estimated costs of providing the charity care were approximately $14,277,000 and $22,656,000 for the years ended June 30, 2012 and 2011, respectively. The estimated costs (based on selected operating expenses, which include salaries, wages and benefits, supplies, and other operating expenses) were based on a calculation that multiplied the percentage of the selected operating expenses identified above to gross charges by the gross charity care amount.

The Cancer Center also provides services to indigent patients who meet criteria established by Medicaid and other governmental programs at amounts that are less than its established rates. The Cancer Center maintains records to identify and monitor the level of subsidized government indigent care it provides. The estimated costs of providing these services were $40,954,000 and $33,154,000 for the years ended June 30, 2012 and 2011, respectively.

In addition to the charity and indigent care services noted above, an assessment of 1.0% to 1.5% of certain operating revenues is paid by the Cancer Center to help fund the Florida Medicaid and indigent care program. These assessments were approximately $6,337,000 and $5,292,000 for the years ended June 30, 2012 and 2011, respectively.

Recently Issued Accounting Pronouncements

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

In July 2011, the FASB issued guidance that requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, these entities are

2. Summary of Significant Accounting Policies (continued)

required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts), as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. This guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

In May 2011, the FASB issued guidance that improves the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and International Financial Reporting Standards. The amended guidance changes the wording used to describe many requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. Additionally, the amendments clarify the FASB's intent about the application of existing fair value measurement and disclosure requirements. Although it is not expected to have a significant effect on practice, it changes some fair value measurement principles and disclosure requirements. The guidance is effective for interim and annual periods beginning after December 15, 2011, and must be applied prospectively. Early application is not permitted. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

Reclassifications

Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 presentation. These reclassifications had no effect on net assets previously reported.

3. Subsequent Events

The Cancer Center has evaluated subsequent events for the year ended June 30, 2012 through October 12, 2012, the date the financial statements were issued.

In September 2012, the Cancer Center refunded the existing Series 2002A and Series 2002B Cigarette Tax Allocation Bonds and issued additional Cigarette Tax Allocation Bonds in the amount of $132,310,000. The additional Cigarette Tax Allocation Bonds were issued for the construction and equipping of a multi-story clinical and research facility, as well as the

3. Subsequent Events (continued)

construction and equipping of clinical and research facilities including additional bed capacity, operating suites, and associated facilities and infrastructure. Cigarette Tax Allocation Bonds are entirely supported by the receipts from Florida's statewide cigarette tax. Moffitt recently received an increase from 1.47% to 2.75% in the cigarette tax allocated it by the State of Florida's Legislature, which will be effective July 2013 through 2033.

No other significant subsequent events were noted that would require recognition or disclosure through October 12, 2012.

4. Assets Limited as to Use

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

	June 30	
	2012	**2011**
Money market funds	**$ 69,438,686**	$ 60,561,988
U.S. Government obligations	**4,267,961**	4,690,169
Commercial paper	**–**	13,165,586
Corporate debt securities	**50,311,423**	49,621,688
Asset-backed securities	**13,510,966**	15,399,045
Mortgage-backed securities	**12,268,924**	13,998,271
Equity securities	**27,313,290**	27,885,976
Real assets	**506,969**	–
	177,618,219	185,322,723
Less current portion	**(12,031,216)**	(11,487,322)
	$ 165,587,003	$ 173,835,401

4. Assets Limited as to Use (continued)

Assets limited as to use are designated as follows:

	June 30	
	2012	**2011**
Investment securities (trading):		
Internally designated	**$ 91,382,513**	$ 92,355,540
Donor-restricted	**41,769,474**	34,550,680
Held by bond trustee under indenture:		
Interest fund	**4,427,688**	4,700,216
Construction fund	**14,037,422**	29,030,731
Principal fund	**7,129,193**	6,536,502
Debt service reserve fund	**11,586,730**	11,338,390
Administrative fund	**2**	2
Rebate fund	**51,369**	51,315
Revenue allocation fund	**474,333**	–
	37,706,737	51,657,156
Cigarette Tax Trust Fund	**6,759,495**	6,759,347
	177,618,219	185,322,723
Less current portion	**(12,031,216)**	(11,487,322)
	$ 165,587,003	$ 173,835,401

5. Temporarily and Permanently Restricted Net Assets

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

	June 30 2012	2011
Patient care	**$ 3,690,846**	$ 3,393,828
Research and education	**44,033,429**	44,693,177
Patient and family lodging	**1,230**	–
Financial aid for employees	**35,815**	10,424
Cigarette Tax Trust Fund (research tower)	**6,759,495**	6,759,347
Operations	**5,788,272**	5,922,706
	$ 60,309,087	$ 60,779,482

Permanently restricted net assets are restricted to:

	June 30 2012	2011
Investment in perpetuity, the income from which is expendable to support:		
Patient care	**$ 633,350**	$ 633,090
Research and education	**12,264,316**	11,679,738
Operations	**197,180**	477,135
	$ 13,094,846	$ 12,789,963

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

5. Temporarily and Permanently Restricted Net Assets (continued)

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

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

(1) The duration and preservation of fund

(2) The purposes of the Cancer Center and the donor-restricted endowment fund

(3) General economic conditions

(4) The possible effect of inflation and deflation

(5) The expected total return from income and the appreciation of investments

(6) Other resources of the Cancer Center

(7) The investment policies of the Cancer Center

5. Temporarily and Permanently Restricted Net Assets (continued)

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

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

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

From time-to-time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor of UMIFA requires the Cancer Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. No permanently restricted endowments had a fair value of assets less than the level required by donor stipulation as of June 30, 2012.

5. Temporarily and Permanently Restricted Net Assets (continued)

During the year ended June 30, 2011, the State of Florida adopted the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA). The effective date of the legislation enacting FUPMIFA is July 1, 2012. The Cancer Center has not yet evaluated the impact of the legislation, but does not expect it to have a significant impact on the Cancer Center's consolidated financial statements.

The following is a summary of changes in endowment net assets for the years ended June 30, 2012 and 2011, respectively:

	Unrestricted	Permanently Restricted	Total
Endowment net assets, July 1, 2010	$ (337,990)	$ 12,468,717	$ 12,130,727
Investment return:			
Investment income	171,759	–	171,759
Net appreciation (realized and unrealized)	1,865,536	–	1,865,536
Total investment gain	2,037,295	–	2,037,295
Contributions	–	321,246	321,246
Appropriation of endowment assets for expenditure	(63,724)	–	(63,724)
Other changes:			
Appropriation of endowment interest	359,469	–	359,469
Endowment net assets, July 1, 2011	1,995,050	12,789,963	14,785,013
Investment return:			
Investment income	152,209	–	152,209
Net appreciation (realized and unrealized)	(321,958)	–	(321,958)
Total investment gain	1,825,301	12,789,963	14,615,264
Contributions	–	304,883	304,883
Appropriation of endowment assets for expenditure	(95,921)	–	(95,921)
Other changes:			
Appropriation of endowment interest	401,932	–	401,932
Endowment net assets, June 30, 2012	$ 2,131,312	$ 13,094,846	$ 15,226,158

6. Long-Term Debt

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

	June 30 2012	2011
Capital Improvement Hospital Revenue Bonds, Series 1999A, including $3,420,000 serial bonds due in varying amounts from July 1, 2012 through July 1, 2014, with interest rates from 4.75% to 5.0%; $7,030,000 of 5.75% term bonds due July 1, 2019, and $21,610,000 of 5.75% term bonds due July 1, 2029, including an unamortized net original issue premium of $1,245,641 and $1,322,439 at June 30, 2012 and 2011, respectively	**$ 33,305,641**	$ 34,417,439
Cigarette Tax Allocation Bonds, Series 2002A and 2002B, including an unamortized net original premium of $752,505 and $1,057,146 at June 30, 2012 and 2011, respectively (refunded in September, 2012)	**23,962,505**	28,252,146
Capital Improvement Hospital Revenue Bonds, Series 2002C, including $3,375,000 of 5.375% term bonds due July 1, 2022, and $5,325,000 of 5.50% term bonds due July 1, 2032, including an unamortized net original discount of $105,986 and $114,712 at June 30, 2012 and 2011, respectively	**8,594,014**	8,805,288

Continued on next page.

6. Long-Term Debt (continued)

	June 30	
	2012	**2011**
Capital Improvement Hospital Revenue Bonds, Series 2007A, including $15,145,000 due in varying amounts from July 1, 2012 to July 1, 2019 of 5%; $7,395,000 of 5.25% term bonds due July 1, 2022, $15,165,000 of term bonds due July 1, 2027, $21,150,000 of term bonds due July 1, 2031, and $55,160,000 of term bonds due July 1, 2037, including an unamortized net original premium of $1,002,916 and $1,021,203 at June 30, 2012 and 2011, respectively	**115,017,916**	116,551,203
Capital Improvement Hospital Revenue Bonds, Series 2010A, including $21,580,000 in serial bonds due in varying amounts from September 1, 2012 to September 1, 2030, plus interest at variable rates	**21,580,000**	22,000,000
	202,460,076	210,026,076
Less current portion	**(7,950,000)**	(7,175,000)
	$ 194,510,076	$ 202,851,076

In March 1999, the Cancer Center issued $42,000,000 in Capital Improvement Hospital Revenue Bonds (Bonds), Series 1999A. The Bonds are secured under the Master Trust Indenture (Indenture) that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2012, the Cancer Center is in compliance with these requirements.

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

6. Long-Term Debt (continued)

In November 2002, the Cancer Center issued $96,210,000 in Cigarette Bonds, Series 2002A, and 2002B, and $10,345,000 of Hospital Revenue Bonds, Series 2002C. A portion of the 2002B proceeds were used to refinance the Cigarette Bonds by placing the proceeds in an escrow account, and the 2002C proceeds were used to refinance the Construction Loan. The Cancer Center has been released from being the primary obligor relating to the 1999 Cigarette Tax Allocation Bonds Trust Agreement. A debt service reserve fund of approximately $707,000 was established for the Series 2002C Hospital Revenue Bonds and was funded at closing. The remaining funds were used for new construction and the expansion of the Cancer Center. The covenants in connection with the 2002A and 2002B bonds provide for, among other things, a security interest in the annual collections from the Trust Fund as discussed in Note 2. The 2002C bonds are secured under an Indenture that provides for, among other things, a security interest in gross revenues, accounts receivable, and certain property of the Cancer Center. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2012, the Cancer Center is in compliance with these requirements.

In November 2007, the Cancer Center issued $116,970,000 in Hospital Revenue Bonds, Series 2007A (2007 Bonds) for new construction and expansion of the Cancer Center. The 2007 Bonds are secured under the Indenture that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. The Indenture provided for the establishment of a debt service reserve fund, which was funded at closing. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2012, the Cancer Center is in compliance with these requirements.

In September 2010, the Cancer Center issued $22,000,000 in Hospital Revenue Bonds, Series 2010A (2010 Bonds) for construction, renovation, and equipping of the new Moffitt at International Plaza location. The 2010 Bonds are secured under the Indenture that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2012, the Cancer Center is in compliance with these requirements.

6. Long-Term Debt (continued)

Maturities of long-term debt as of June 30, 2012, are as follows:

2013	$ 7,950,000
2014	8,340,000
2015	8,745,000
2016	9,175,000
2017	9,660,000
Thereafter	155,695,000
	199,565,000
Unamortized net premium	2,895,076
	$ 202,460,076

In September 2012 the Cancer Center issued new Cigarette Tax Allocation Bonds that included an additional allocation of cigarette tax proceeds from the State of Florida, as well as a refunding of the Series 2002A and Series 2002B bonds. The issuance will increase total principal payments over the next five years by approximately $860,000 and are entirely funded by the receipts of the statewide cigarette tax.

For the years ended June 30, 2012 and 2011, the Cancer Center incurred interest costs of approximately $9,165,000 and $8,791,000, respectively, and paid interest of approximately $9,521,000 and $9,741,000, respectively. Interest capitalized was approximately $426,000 (interest costs of approximately $468,000 net of capitalized interest income of approximately $42,000) and $999,000 (interest costs of approximately $1,120,000 net of capitalized interest income of approximately $121,000) in 2012 and 2011, respectively.

At June 30, 2012 and 2011, the Cancer Center had an $8,000,000 line of credit for short-term working capital needs. Under the terms of the line of credit agreement, the Cancer Center is required to maintain a minimum debt service coverage ratio and a certain level of unrestricted net assets. At June 30, 2012, the Cancer Center is in compliance with these requirements. There were no outstanding balances under the line of credit at June 30, 2012 and 2011.

7. Operating Leases

Rental expense for space and equipment incurred under operating leases was approximately $10,391,000 and $9,675,000 in 2012 and 2011, respectively. Commitments for noncancelable operating leases with terms in excess of one year are as follows:

2013	$ 6,443,982
2014	5,756,975
2015	3,694,253
2016	2,297,017
2017	1,877,618
Thereafter	18,480,048
	$ 38,549,893

8. Retirement and Health Plan

The Cancer Center has a defined contribution benefit plan (the Plan) covering substantially all of its employees. The Cancer Center's contribution to the Plan is based on a percentage of eligible payroll. Employee forfeitures are used to reduce the Cancer Center's required contribution to the Plan. The total retirement costs under the Plan, net of forfeitures, were approximately $15,687,000 and $14,880,000 in 2012 and 2011, respectively.

The Cancer Center has an employee health benefit plan covering substantially all health costs for eligible employees and their dependents, including self-insurance coverage for amounts up to specified levels. Health claims expense was approximately $27,594,000 and $22,409,000 for the years ended June 30, 2012 and 2011, respectively.

9. Nonoperating Gains, Net

Nonoperating gains, net, consist of the following:

	Year Ended June 30	
	2012	**2011**
Interest income and dividends	**$ 3,594,684**	$ 4,148,418
Net unrealized and realized investment gain (losses)	**(1,389,825)**	6,124,888
Loss on sale of property, plant, and equipment	**(110,858)**	(161,095)
Other gains, net	**264,614**	825,525
	$ 2,358,615	$ 10,937,736

10. Concentrations of Credit Risk

The Cancer Center grants credit without collateral to its patients, most of whom are from the greater Tampa Bay area and are insured under third-party payor agreements. The Cancer Center does not charge interest on accounts receivable. Net patient accounts receivable included approximately $66,900,000 or 82%, and $58,700,000 or 68%, due from managed care payors and $17,700,000 or 22%, and $17,000,000 or 20%, due from the Medicare program at June 30, 2012 and 2011, respectively. The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services. Accounts receivable are reported net of estimated allowances for uncollectible accounts in the accompanying consolidated balance sheets.

11. Pledges Receivable

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

	June 30	
	2012	**2011**
Pledges due:		
In less than one year	**$ 1,373,713**	$ 3,858,418
In one to five years	**10,998,327**	10,787,042
	12,372,040	14,645,460
Discounts on pledges greater than one year	**(3,274,515)**	(3,569,680)
Allowance for uncollectible pledges	**(30,000)**	(30,000)
	9,067,525	11,045,780
Less current portion	**1,373,713**	3,858,418
	$ 7,693,812	$ 7,187,362

At June 30, 2012 and 2011, approximately $9,923,000 and $10,657,000, respectively, of gross pledges receivable are due from members and officers of the Board of Directors of the Cancer Center and its subsidiaries. At June 30, 2012, the Cancer Center did not record approximately $190,000 of pledges that represent nonbinding promises to give from management and employees of the Cancer Center and its subsidiaries; these amounts will be recorded as contributions when received and, thus, are not included in the accompanying consolidated financial statements.

12. Other Funding Sources

During the year ended June 30, 2008, the Cancer Center received approximately $15,000,000 from the State related to the Cancer Center's strategic initiatives to develop evidence-based guidelines and personalized therapies for improved cancer care (the Cancer Center Initiatives). These funds were recorded as temporarily restricted net assets when received. During the years ended June 30, 2012 and 2011, approximately $8,000 and $4,350,000, respectively, was released from restrictions as qualifying expenses were made for the purposes as defined in the related agreement.

12. Other Funding Sources (continued)

The Cancer Center receives funds from pharmaceutical companies for research and development related to the Cancer Center Initiatives. During the years ended June 30, 2012 and 2011, the Cancer Center received $0 and approximately $28,000, respectively, in connection with these agreements. These funds were recorded as temporarily restricted net assets when received and are reclassified to other revenues or unrestricted net assets when utilized for the purposes as defined in the related agreement. During the year ended June 30, 2012 and 2011, the Cancer Center recognized $3,248,000 and $1,446,000, respectively, in other revenues.

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

13. Affiliated Organizations

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

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

13. Affiliated Organizations (continued)

The Cancer Center has other agreements with the University to purchase utility services, to lease parking spaces, and to provide maintenance, cleaning, environmental, and water services to the University. During 2012 and 2011, the Cancer Center paid the University approximately $7,567,000 and $8,012,000 and received approximately $141,000 and $143,000 in connection with these agreements.

During the years ended June 30, 2012 and 2011, the Cancer Center had agreements with the University to provide professional and support staff along with other services at the Cancer Center. These services included research, medical education, administrative, and patient care services. An annual fee was established for these services at the beginning of the fiscal year and was payable in equal monthly installments. The following amounts were paid in relation to these agreements:

	Year Ended June 30	
	2012	**2011**
Faculty salaries, net	**$ 9,256,000**	$ 8,935,000
Other support	**672,000**	694,000

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

	June 30	
	2012	**2011**
Due from (included in prepaid and other current assets)	**$ 1,598,400**	$ 2,131,000
Due to (included in accounts payable and accrued expenses)	**(517,000)**	(653,000)

The University of South Florida Foundation, Inc., a Direct Support Organization of the University, controls certain funds for the benefit of the Cancer Center. The income from these funds is distributed to the Cancer Center as determined by the University of South Florida Foundation, Inc.'s Board of Directors. Approximately $6,283,000 and $6,659,000 of investments at June 30, 2012 and 2011, respectively, are held by the University of South Florida Foundation, Inc. for the dual benefit of the Cancer Center and the University. Such amounts are not included in these consolidated financial statements.

14. Malpractice Insurance

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

Losses from asserted and unasserted claims identified under the Cancer Center's incident reporting system are accrued based on estimates that incorporate the Cancer Center's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors based on actuarially determined amounts. Accruals for possible losses attributable to incidents that may have occurred but have not been identified under the incident reporting system have been made based upon the Cancer Center's experience and industry data. In the accompanying consolidated balance sheet, accrued expenses and other liabilities include $1,909,000 and $1,997,000 for professional liability reserves as of June 30, 2012 and 2011, respectively.

The Cancer Center may be liable for potential losses in excess of the amount recorded at June 30, 2012; however, in management's opinion, such losses, if any, would not have a material adverse effect on the operations or financial position of the Cancer Center.

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

15. Functional Expenses

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

	Year Ended June 30	
	2012	**2011**
Patient care	**$ 649,657,699**	$ 591,753,693
Research and education	**120,054,676**	128,147,704
Fund-raising	**4,918,653**	4,750,344
General and administrative	**14,012,043**	12,177,146
	$ 788,643,071	$ 736,828,887

16. Net Assets Released From Restrictions

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

	Year Ended June 30	
	2012	**2011**
Restriction accomplished		
Patient care	**$ 416,628**	$ 193,414
Research and education	**28,301,466**	35,796,751
Patient and family lodging	**376,611**	–
Financial aid for employees	**6,452**	7,045
Cigarette Tax – used for payment of principal and interest	**6,222,692**	6,281,702
Time	**459,939**	481,605
	$ 35,783,788	$ 42,760,517

Supplementary Information

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2012

	H Lee Moffitt Cancer Center & Research Institute Hospital, Inc	H Lee Moffitt Cancer Center & Research Institute, Inc	H Lee Moffitt Cancer Center & Research Institute Foundation, Inc	H Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening, Inc	Moffitt Technologies Corporation	Moffitt Genetics Corporation	Eliminations	Total
Assets								
Current assets								
Cash and cash equivalents	$ 11,375	$ 27,004,929	$ 777,389	$ –	$ 259,226	$ 3,289,233	$ –	$ 31,342,152
Current portion of assets limited as to use	–	12,031,216	–	–	–	–	–	12,031,216
Accounts receivable, net	73,101,043	–	–	8,383,482	–	–	–	81,484,525
Current portion of pledges receivable	–	–	1,373,956	–	–	–	(243)	1,373,713
Inventories	9,625,275	22,500	–	–	–	–	–	9,647,775
Estimated third-party receivable	3,177,556	–	–	–	–	–	–	3,177,556
Grant receivables	1,003,895	8,520,397	–	–	–	–	–	9,524,292
Prepaid and other current assets	2,325,454	18,463,046	157,450	348,611	–	318,851	(9,262,085)	12,351,327
Total current assets	89,244,598	66,042,088	2,308,795	8,732,093	259,226	3,608,084	(9,262,328)	160,932,556
Assets limited as to use, net of current portion	–	80,325,575	85,261,428	–	–	–	–	165,587,003
Pledges receivable, less discounts and allowances for uncollectible pledges, net of current portion	–	–	7,693,812	–	–	–	–	7,693,812
Property, plant, and equipment								
Land	–	9,306,184	–	–	–	–	–	9,306,184
Building and land improvements	281,110	347,907,729	330,263	–	–	–	–	348,519,102
Equipment	153,097,662	216,507,749	173,849	67,924	–	139,350	–	369,986,534
	153,378,772	573,721,662	504,112	67,924	–	139,350	–	727,811,820
Less accumulated depreciation	(119,202,066)	(268,148,266)	(433,669)	(38,943)	–	(89,074)	–	(387,912,018)
	34,176,706	305,573,396	70,443	28,981	–	50,276	–	339,899,802
Construction-in-progress	249,135	12,213,518	–	–	–	–	–	12,462,653
	34,425,841	317,786,914	70,443	28,981	–	50,276	–	352,362,455
Other assets	75,000	1,897,136	1,649,541	–	4,800	–	(500,100)	3,126,377
Interest in net assets of Foundation	2,206,000	22,954,000	–	–	–	–	(25,160,000)	–
Total assets	$ 125,951,439	$ 489,005,713	$ 96,984,019	$ 8,761,074	$ 264,026	$ 3,658,360	$ (34,922,428)	$ 689,702,203

Continued on next page

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

	H Lee Moffitt Cancer Center & Research Institute Hospital, Inc	H Lee Moffitt Cancer Center & Research Institute, Inc	H Lee Moffitt Cancer Center & Research Institute Foundation, Inc	H Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc	Moffitt Technologies Corporation	Moffitt Genetics Corporation	Eliminations	Total
Liabilities and net assets								
Current liabilities								
Accounts payable and accrued expenses	$ 25,321,664	$ 20,755,815	$ 4,566,950	$ 1,041,942	$ –	$ 5,842,340	$ (9,262,085)	$ 48,266,626
Accrued employee compensation	529,000	37,022,528	18,000	2,639,775	–	276,520	(243)	40,485,580
Accrued interest	–	4,530,396	–	–	–	–	–	4,530,396
Current portion of long-term debt	–	7,950,000	–	–	–	–	–	7,950,000
Total current liabilities	25,850,664	70,258,739	4,584,950	3,681,717	–	6,118,860	(9,262,328)	101,232,602
Other liabilities	4,017,732	3,151,268	765,861	–	4,800	722,715	–	8,662,376
Long-term debt, net of current portion	–	194,510,076	–	–	–	–	–	194,510,076
Total liabilities	29,868,396	267,920,083	5,350,811	3,681,717	4,800	6,841,575	(9,262,328)	304,405,054
Net assets								
Unrestricted	93,877,043	180,482,408	35,878,497	5,079,357	259,226	(3,183,215)	(500,100)	311,893,216
Temporarily restricted	2,206,000	40,603,222	42,659,865	–	–	–	(25,160,000)	60,309,087
Permanently restricted	–	–	13,094,846	–	–	–		13,094,846
Total net assets	96,083,043	221,085,630	91,633,208	5,079,357	259,226	(3,183,215)	(25,660,100)	385,297,149
Total liabilities and net assets	$ 125,951,439	$ 489,005,713	$ 96,984,019	$ 8,761,074	$ 264,026	$ 3,658,360	$ (34,922,428)	$ 689,702,203

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries

Consolidating Statement of Operations

Year Ended June 30, 2012

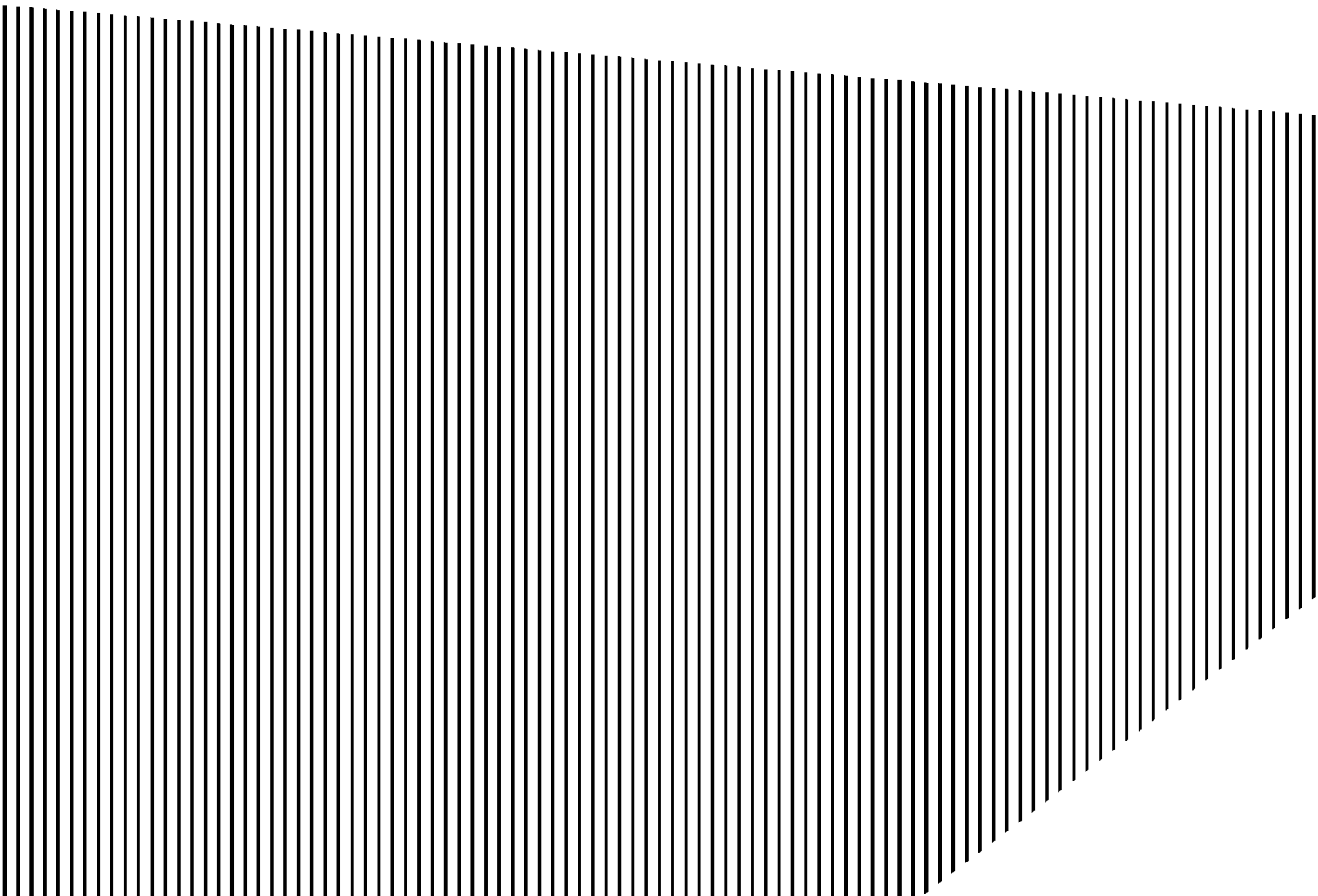
	H Lee Moffitt Cancer Center & Research Institute Hospital, Inc	H Lee Moffitt Cancer Center & Research Institute, Inc	H Lee Moffitt Cancer Center & Research Institute Foundation, Inc	H Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc	Moffitt Technologies Corporation	Moffitt Genetics Corporation	Eliminations	Total
Unrestricted revenues and other support								
Net patient service revenues	$ 579,143,906	$ –	$ –	$ 69,150,996	$ –	$ –	$ –	$ 648,294,902
Other revenues	25,183,675	78,403,040	3,177,272	2,064,045	–	6,308,856	(21,805,872)	93,331,016
Net assets released from restrictions and used for operating expenses	–	19,740,606	10,194,487	–	–	–	–	29,935,093
Total unrestricted revenues and other support	604,327,581	98,143,646	13,371,759	71,215,041	–	6,308,856	(21,805,872)	771,561,011
Expenses								
Salaries, wages, and benefits	190,290,389	117,126,036	2,048,351	74,822,425	–	4,030,845	(1,016,056)	387,301,990
Faculty fees	7,917,021	1,587,374	–	329,078	–	–	(577,750)	9,255,723
Purchased services	31,553,376	35,489,326	1,760,143	3,948,778	163	4,028,528	(9,827,975)	66,952,339
Supplies	191,971,361	12,219,721	30,337	162,600	–	42,068	–	204,426,087
Other operating expenses	15,402,065	36,428,081	10,164,798	1,312,570	–	422,725	(10,347,554)	53,382,685
Intercompany Services	98,796,997	(109,310,581)	1,010,852	9,502,732	–	–	–	–
Depreciation and amortization	13,272,902	28,153,485	42,645	17,034	–	42,089	–	41,528,155
Interest	–	9,165,446	–	–	–	36,536	(36,537)	9,165,445
Provision for bad debts	13,297,804	121,159	777	3,210,907	–	–	–	16,630,647
Total expenses	562,501,915	130,980,047	15,057,903	93,306,124	163	8,602,791	(21,805,872)	788,643,071
Income (loss) from operations	41,825,666	(32,836,401)	(1,686,144)	(22,091,083)	(163)	(2,293,935)	–	(17,082,060)
Nonoperating gains, net	1,453,406	2,096,327	(1,223,614)	24,750	212	7,534	–	2,358,615
Excess (deficiency) of revenues and gains over expenses and losses	$ 43,279,072	$ (30,740,074)	$ (2,909,758)	$ (22,066,333)	$ 49	$ (2,286,401)	$ –	$ (14,723,445)

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young
Ernst & Young is a global leader in assurance, tax, transaction and advisory services Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality We make a difference by helping our people, our clients and our wider communities achieve their potential

For more information, please visit www ey com



Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH A HOUGHTON CHAIR	1 00	X		X				0	0	0
THE HONORABLE MARK A PIZZO VICE CHAIR	1 00	X		X				0	0	0
THE HONORABLE H LEE MOFFITT SECRETARY/TREASURER	1 00	X		X				0	0	0
W MICHAEL ALBERTS DIRECTOR, VP-MED AFFAIRS CMO	55 00	X		X				430,071	0	44,513
KAREN A ARNOLD DIRECTOR	1 00	X						0	0	0
JOSEPH CABALLERO DIRECTOR	1 00	X						0	0	0
JULIE DJEU DIRECTOR, SR MBR FAC RSCH	1 00	X						0	284,038	36,166
VALERIE GODDARD DIRECTOR	1 00	X						0	0	0
HARVEY M GREENBERG MD DIRECTOR	1 00	X						0	0	0
DWAYNE HAWKINS DIRECTOR	1 00	X						0	0	0
RONALD A HURST DIRECTOR	1 00	X						0	0	0
STEPHEN K KLASKO MD DIRECTOR	1 00	X						0	0	0
ORLANDO NIEVES DIRECTOR	1 00	X						0	0	0
CHARLES PAIDAS DIRECTOR	1 00	X						0	0	0
MARY ANNE REILLY DIRECTOR	1 00	X						0	0	0
JOHN A KOLOSKY HOSPITAL PRES	33 00			X				0	776,151	43,734
LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	22 00			X				0	472,514	39,484
ALAN F LIST EVP-PHYSICIAN IN CHIEF	30 00			X				679,052	0	42,871
YVETTE LYONS TREMONTI EVP-STRATEGY & BUS DEVEL	32 00			X				0	365,086	43,146
BRAULIO VICENTE SVP-HOSP OPERATIONS	48 00			X				392,600	0	44,121
JANENE CULUMBER VP-CFO, ASST TREASURER	22 00			X				0	456,168	35,159
JANE FUSILERO VP-PATIENT CARE SVS/CNO	55 00			X				257,615	0	9,016
BRENDA S GORDON VP-ANCILLARY SVCS	55 00			X				273,899	0	23,232
GENE WETZSTEIN DIR PHARMACY	55 00				X			198,912	0	37,143
VLADIMIR FEYGELMAN ASSOC MBR PHYSICIST	55 00					X		221,463	0	34,280

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			
KENNETH M FORSTER ASSOC MBR PHYSICIST	55 00					X		253,214	0	41,617
BRIAN K NORIEGA CLINICAL PHYSICIST II	55 00					X		214,018	0	30,141
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST II	55 00					X		216,387	0	21,071
STUART G WASSERMAN DIR CLINICAL PHYSICS	55 00					X		269,357	0	34,448
WILLIAM S DALTON FORMER PRES/CEO	0 00						X	0	1,283,434	75,263
NICOLAS C PORTER FORMER EVP-INST ADV & CORP	0 00						X	0	554,253	40,029
THOMAS A SELLERS FORMER EVP-ACD CANCER	0 00						X	0	621,238	47,380
MARYBETH REARDON FORMER VP-PAT CARE SVS/CNO	55 00						X	262,093	0	26,837
DEAN R HEAD FORMER HOSPITAL VP-FAC MGM	0 00						X	0	233,893	26,416
MARK F HULSE FORMER HOSPITAL VP-CIO	0 00						X	0	317,987	37,128
W J WILSON FORMER HOSPITAL VP-GOVT RE	0 00						X	0	273,699	27,036
PHILIP E JOHNSON FORMER DIR PHARMACY	55 00						X	193,262	0	19,343
SCOTT D ELDREDGE FORMER KEY EMP, DEPT ADMIN	55 00						X	197,582	0	21,353