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DLN: 93493045019054

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2012

Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 Name of organization D Employer identification number B Check if applicable H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC Address change 59-3238634 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 12902 MAGNOLIA DRIVE Terminated (813)745-4673 City or town, state or country, and ZIP + 4 TAMPA, FL 33612 _____Amended return Application pending G Gross receipts \$ 640,959,531 Name and address of principal officer Is this a group return for JOHN A KOLOSKY ┌ Yes 🗸 No affiliates? 12902 MAGNOLIA DRIVE TAMPA, FL 33612 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **□** Group exemption number 🕨 Website: ► WWW MOFFITT ORG L Year of formation 1994 M State of legal domicile FL Part I Summary Briefly describe the organization's mission or most significant activities TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 2,899 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 707 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5,365,311 6,143,920 Program service revenue (Part VIII, line 2g) . . 597,186,596 630,566,541 978,136 1,107,244 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,796,177 2,785,787 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 606,326,220 640,603,492 13 9,341,648 10,597,568 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 222,821,589 220,677,758 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 330,339,678 333,167,642 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 562,502,915 564,442,968 18 76,160,524 19 Revenue less expenses Subtract line 18 from line 12 43,823,305 t Assets or id Balances **Beginning of Current End of Year** Year 112,736,878 20 Total assets (Part X, line 16) . 125,951,439 21 43,809,973 Total liabilities (Part X, line 26) . . 29,868,396 22 Net assets or fund balances Subtract line 21 from line 20 96,083,043 68,926,905 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 2014-02-14 Signature of officer Sign Here Janene Culumber SVP/CFO Type or print name and title Print/Type preparer's name EMILY STANCIL Preparer's signature Check

Firm's name FRNST & YOUNG US LLP

Firm's address ► 75 BEATTIE PLACE SUITE 800

GREENVILLE, SC 29601 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

TYes VNo

P00115650

self-employed

Firm's EIN > 34-6565596

Phone no (864) 242-5740

Par		ement of Program Service A If Schedule O contains a response			
1	Briefly descr	tbe the organization's mission			
		RPOSE OF THE H LEE MOFFITT C THE PREVENTION AND CURE OF		INSTITUTE HOSPITAL, INC	IS TO
2	the prior Forn	nization undertake any significant pr n 990 or 990-EZ?			┌ Yes ┌ No
_		cribe these new services on Schedu			
3	services? .	nization cease conducting, or make		cts, any program	┌ Yes ┌ No
	If "Yes," desc	cribe these changes on Schedule O			
4	expenses Se	organization's program service acc ection 501(c)(3) and 501(c)(4) orga enses, and revenue, if any, for each	inizations are required to report the		
4a	(Code) (Expenses \$ 488	3,062,351 including grants of \$	10,597,568) (Revenue \$	630,573,391)
	FLORIDA IN TA CANCER " MOF DISTINCTION GROUP PRACT: COMMUNITY O SERVICES AND DO NOT HAVE THE HOSPITAL CANNOT PAY(3 FUTURE PHYSI ROLE IN CANCION IN BOT INCLUDES THE CANCER SCREI	T CANCER CENTER & RESEARCH INSTITUT MPA, FL SINCE OPENING IN 1986, THE HO FITT IS A LEADING NATIONAL CANCER INS TO HELP FURTHER ITS MISSION, THE HOSI ICES) WITHIN THE STATE PLUS ONE IN PENINCOLOGISTS REIMBURSEMENT IS CRITICA DEDUCATION TO THOSE NEEDING SPECIALITHE ABILITY TO PAY WILL BE TREATED, IF STO (1) PROVIDE CARE FOR PATIENTS COVER OF PROVIDE ONCOLOGY SPECIALIZATION TO ICIANS AND CONTINUING PROFESSIONAL EIGEN PREVENTION AND SCREENING ACTIVITION TO ICIANS AND CONTINUING PROFESSIONAL EIGEN PREVENTION AND SCREENING ACTIVITION CANCER INCIDENCE AND MORTALITY TO IMPORTATION OF THE MORTALITY TO INCIDENCE AND	SPITAL HAS BEEN GUIDED BY ONE MISSION TITUTE (NCI) COMPREHENSIVE CANCER C PITAL HAS ESTABLISHED A NETWORK OF AF INSYLVANIA AND ANOTHER IN KENTUCKY L TO THE HOSPITAL'S OPERATIONS, HOWEVED RESEARCH CAPABILITIES PATIENTS WE BUCH PROTOCOLS ARE NOT AVAILIABLE IN THE STATE OF FLORIDA THROUGH INVOLVED THE STATE OF FLORIDA THROUGH INVOLVED THE HOSPITAL IS A CRITICAL RESOURCE HE MOFFITT ORGANIZATION HAS MORE THOUGH OUTPATIENT TREATMENT CENTER LOCKING A WIDE ARRAY OF OUTREACH AND EDUNG	I, "TO CONTRIBUTE TO THE PREVENT: ENTER - ONE OF ONLY 41 IN THE NAT IFILIATES COMPOSED OF 7 ORGANIZA: THIS AFFILIATE AGREEMENT ALSO INC YER, MOFFITT RECOGNIZES ITS RESPI THO MEET MOFFITT'S MEDICAL AND SI THEIR COMMUNITY IT IS THIS COMMI TOWN COST(2) PROVIDE FREE CHARITY TEMENT IN INVESTIGATIONAL PROTOC LIED HEALTH CARE PROFESSIONALS(- E FOR THE STATE OF FLORIDA, WHICH AN 4,900 EMPLOYEES IT IS LICENSED TATED IN SOUTH TAMPA, AND A FREES TECATIONAL ACTIVITIES FOR THE GENE	ION AND CURE OF ION TO HOLD THIS ITONS (HOSPITALS AND CLUDES MORE THAN 200 DONSIBILITY TO PROVIDE JRGICAL PROTOCOLS AND ITMENT THAT GUIDES CARE FOR THOSE WHO OLS, EDUCATION OF 4) TAKE A LEADERSHIP H RANKS SECOND IN THE 0 FOR 206 BEDS AND ITANDING LIFETIME RAL PUBLIC AND SELECT
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	_				
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	· -	am services (Describe in Schedule			
	(Expenses \$	<u> </u>) (Revenue \$)
4e	Total progra	ım service expenses ► 488.	062.351		

Part IV Checklist of Required Schedule
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			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 1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	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 $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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		
С	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?	38	Yes	

Par	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 129		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
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
	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?	35		
Ĭ	The state of state of game at an increase in the state of	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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?		111	
_		8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
.0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		_	
c	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	:	1 3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			r 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			rs, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule			he 9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Interna	Reven	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Interna	l Reven	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interna	Reven		
10a			of such chapters,			No
10a b	Did the organization have local chapters, branches, or affiliates?	 civities on's e	of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	ivities on's e ts gov	of such chapters, xempt purposes? erning body before fili	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	on's ets gov	of such chapters, xempt purposes? erning body before fili	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	civities on's e ts gov Form 9	s of such chapters, xempt purposes? erning body before fili	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	on's e ts gov orm 9	s of such chapters, xempt purposes? erning body before fili	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	civities on's ets gov	s of such chapters, xempt purposes? erning body before fili	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	on's e ts gov orm 9 ly inte	s of such chapters, xempt purposes? erning body before fili	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	on's ets gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before fili	10a 10b 11a 12a 12b 5e 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ts gov form 9 ly inte the p lew an	s of such chapters, xempt purposes? erning body before filition. 190	10a 10b 11a 12a 12b 5e 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ts gov form 9 ly inte the p lew an	s of such chapters, xempt purposes? erning body before filition. 190	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ts gov form 9 ly inte the p lew an	s of such chapters, xempt purposes? erning body before filition. 190	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov	s of such chapters, xempt purposes? erning body before filition. 190	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (813)745-1329

Form	990	(2012)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)		organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
1b	Sub-Total			<u> </u>		<u> </u>		▶ -					
c	Total from continuation sheet	s to Part VII, S	ection A	۸.				Þ					
d 	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	· ·	to the	se l	ıste	d abov	e)w	3,586,699 ho received more th		52		786,188
_	\$100,000 of reportable compe	_						-,					
										[Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee,	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											tax vear	

(A) (B) Name and business address Description of services							
LAB CORP OF AMERICA PO BOX 12140 BURLINGTON NC 27216 LAB SERVICES							
PRECYSE SOLUTIONS LLC 1275 DRUMMERS LANE STE 200 WAYNE PA 19087 CONSULTING SERVICES							
DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE TN 37076	CONSULTING SERVICES	170,000					
THERMACIRC LLC 425 MAPLEWOOD DRIVE OLDSMAR FL 34677 CHEMOPERFUSION SERVICES							
2. Total number of independent contractors (including but not limited to these listed above) who recoved more than							

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 -4

Part V	/++1	Statement of Revenue					
		Check if Schedule O contains a respon	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
	1a	Federated campaigns 1a					511
Contributions, Giffs, Grants and Other Similar Amounts	Ь	Membership dues 1b	-				
Gra not		Fundraising events 1c					
≱ §	_						
Giff ilar	d	Related organizations 1d	3,246,176				
ž, ž	e	Government grants (contributions) 1e	94,639				
ŧ S.	f	All other contributions, gifts, grants, and 1f similar amounts not included above	2,803,105		Ì		
tributio Other	a	Noncash contributions included in lines	431,325	ł	ł		!
a t		1a-1f \$	131,323	6 442 020			
Con	h	Total. Add lines 1a-1f		6,143,920			
<u>ā</u>			Business Code				
Ę.	2a	NET PATIENT SERV REV	900099	620,665,294	620,665,294		
æ	Ь	SPECIALTY PHARMACY	900099	7,045,038	7,045,038		
ACe	С	OUTPATIENT PHARMACY	900099	1,418,032	1,418,032		
Se C	d	MEDICAID INCENTIVE	900099	505,931	505,931		
Ē	e	AFFILIATE SERVICES	900099	500,106	500,106		
Program Serwce Revenue	f	All other program service revenue		432,140	432,140		
ΔŤ	g	Total. Add lines 2a-2f	🕨	630,566,541			
	3	Investment income (including dividen		1,257,368			1,257,368
	4	and other similar amounts) Income from investment of tax-exempt bond	-	_,			
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
	-	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	205,915				
	ь	than inventory Less cost or					
		other basis and sales expenses	356,039				
	С	Gain or (loss)	-150,124				
	d	Net gain or (loss)		-150,124			-150,124
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		а					
ŧ	ь	Less direct expenses b					
0	C	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	Ь	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory				
	Ť	Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	2,203,430			2,203,430
	ь	INT FROM INS CO	524114	171,019			171,019
	C	REBATES	900099	142,115			142,115
	d	All other revenue	+	269,223	6,850		262,373
	e				·		
	12	Total revenue. See Instructions .	-	2,785,787			
		iotai ieveliue. See Tiistructions .	· · · · •	640,603,492	630,573,391	C	3,886,181

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) マ Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 10,597,568 10,597,568 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,760,064 2,622,429 137,635 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 246,826 234,518 12,308 Other salaries and wages 173,909,798 138,099,359 35,810,439 Pension plan accruals and contributions (include section 401(k) 8,739,109 7,103,620 1,635,489 and 403(b) employer contributions) Other employee benefits 22,180,269 19,811,104 2,369,165 10 12,841,692 10,092,977 2,748,715 11 Fees for services (non-employees) Management 1,846,202 Legal 1,846,202 314,115 314,115 405,925 405,925 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 15,758,464 12,027,432 3,731,032 Schedule O) Advertising and promotion . . 2,407,235 2,367,974 12 39,261 13 Office expenses . . . 42,323,920 28,868,436 13,455,484 6,648,911 6,648,911 14 Information technology . . 15 Royalties . 11,716,091 2,587,881 9,128,210 16 Occupancy **17** 548,804 242,023 306,781 Travel 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 7,494,856 7,494,856 Payments to affiliates 21 30,694,687 22 Depreciation, depletion, and amortization . 10,615,342 20,079,345 23 743,701 743.701 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEDICAL SUPPLIES 162,133,770 162,133,770 ALLOC OF INTERCO EXP 52,195,945 -52,195,945 PURCHASED SERVICES 25,987,664 8,727,939 17,259,725 d BAD DEBT EXPENSE 11,240,478 11,240,478 e All other expenses 12,306,730 10,226,180 2,080,550 Total functional expenses. Add lines 1 through 24e 25 564,442,968 488,062,351 76,380,617 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,375	1	10,875
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,003,895	3	1,300,429
	4	Accounts receivable, net	73,101,043	4	67,619,381
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
Se	_			6	
Assets	7	Notes and loans receivable, net	0.005.075	7	0.404.405
	8	Inventories for sale or use	9,625,275	8	8,491,465
	9	Prepaid expenses and deferred charges	2,325,454	9	1,246,795
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 158,221,046			
	Ь	Less accumulated depreciation 10b 127,571,487	34,425,841	10c	30,649,559
	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	5,458,556	15	3,418,374
	16	Total assets. Add lines 1 through 15 (must equal line 34)	125,951,439	16	112,736,878
	17	Accounts payable and accrued expenses	25,850,664	17	22,818,068
	18	Grants payable		18	
	19	Deferred revenue	898,014	19	166,667
	20	Tax-exempt bond liabilities		20	
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		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	3,119,718	25	20,825,238
	26	Total liabilities. Add lines 17 through 25	29,868,396	26	43,809,973
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	93,877,043	27	65,778,599
- B	28	Temporarily restricted net assets	2,206,000	28	3,148,306
Ξ	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 4	33	Total net assets or fund balances	96,083,043	33	68,926,905
ž	34	Total liabilities and net assets/fund balances	125,951,439	34	112,736,878
	<u> </u>	rotal natificies and net assets/fully balances	125,551,439	J4	112,130,010

Pai	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		640,6	503,492
2	Total expenses (must equal Part IX, column (A), line 25)	2		564,4	142,968
3	Revenue less expenses Subtract line 2 from line 1	3		76,1	160,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,0	083,043
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-103,3	316,662
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		68,9	926,905
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	ne 2c Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
За	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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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

(A) Name and Title	(B) A verage hours per week (list any	(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
AMARJIT S SAINI COORD BRACHYTHERAPY PHYSICS	55 00 0 00					х		227,929	0	14,975
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST II	55 00 0 00					х		213,377	0	21,949
STUART G WASSERMAN DIR CLINICAL PHYSICS	55 00 0 00					х		235,508	0	30,341
WILLIAM S DALTON FORMER PRES/CEO	0 00 55 00						х	0	1,082,849	44,981
DEAN R HEAD FORMER HOSPITAL VP-FAC MGMT	0 00 55 00						х	0	210,225	24,155
MARK F HULSE FORMER HOSPITAL VP-CIO	0 00 55 00						Х	0	314,124	39,989
W J WILSON FORMER HOSPITAL VP-GOVT REL	0 00 55 00						Х	0	255,407	30,803
SCOTT D ELDREDGE FORMER KEY EMP, DEPT ADMIN	55 00 0 00						х	193,253	0	19,450

EDUARDO G MOROS

SR MBR PHYSICIST

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) (B) (E) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related compensation per week an officer and a organızatıon (Worganizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Former 3 individual trustee or director Highest compensated employee hours organizations Institutional for emplo) ee related organızatıons below Trustee dotted line) 1 00 BETH A HOUGHTON 0 Х CHAIR 1 00 1 00 THE HONORABLE MARK A PIZZO Х 0 VICE CHAIR 1 00 1 00 THE HONORABLE H LEE MOFFITT 0 0 0 Х Х SECRETARY/TREASURER 4 00 55 00 W MICHAEL ALBERTS Х Х 376,855 0 46,830 DIRECTOR, VP-MED AFFAIRS 0 00 1 00 JOSEPH CABALLERO Х 0 0 0 DIRECTOR 1 00 1 00 JULIE DIEU Х 0 273,448 40,450 DIRECTOR, SR MBR FAC RSCH 54 00 1 00 VALERIE GODDARD 0 Χ **DIRECTOR** 0 00 1 00 DWAYNE HAWKINS 0 0 Χ DIRECTOR 0.00 1 00 RONALD A HURST 0 0 Х 0 DIRECTOR 0 00 STEPHEN K KLASKO MD 0 Х 0 0 DIRECTOR 0 00 1 00 ORLANDO NIEVES Χ 0 0 0 DIRECTOR 0 00 1 00 CHARLES PAIDAS Х 0 0 0 0 00 1 00 MARY ANNE REILLY 0 **DIRECTOR** 0 00 32 00 654,465 45,876 HOSPITAL PRES 23 00 22 00 0 490,687 Х 40,001 EVP-GEN COUNSEL, ASST SEC 33 00 23 00 G DOUGLAS LETSON 45,952 Х 260,666 307,869 EVP-PHYS IN CHIEF 7/26/12 32 00 15 00 ALAN F LIST Х 405,452 320,050 45,389 EVP-PHYS IN CHIEF TO 7/25/12 40 00 32 00 YVETTE LYONS TREMONTI Х 0 351,262 50,456 EVP-STRATEGY & BUS DEVEL 23 00 48 00 BRAULIO VICENTE SVP-HOSP OPERATIONS Х 378,766 40,957 7 00 22 00 JANENE CULUMBER Χ 398,066 34,768 SVP-CFO, ASST TREASURER 33 00 55 00 Х 296,841 0 34,082 VP-PATIENT CARE SVS/CNO 0 00 55 00 BRENDA S GORDON х 0 248.453 24.804 VP-ANCILLARY SVCS 0 00 55 00 GENE WETZSTEIN Х 0 186,407 35,339 DIR PHARMACY 0 00 55 00 VLADIMIR FEYGELMAN Х 217,739 0 37,111 ASSOC MBR PHYSICIST 0 00

55 00

0 00

345,453

37,530

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045019054

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

H LEE MOFFITT CANCER CENTER AND

Department of the Treasury Internal Revenue Service

Total

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.

Inspection

KESEA	KCH II	ISITIOLE	HUSPITAL INC						<u>59-323</u> 86	34	
	rt I									structions	•
The	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)		
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).		
2	Γ	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	~	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
_	_										
5	ı	_	· ·		=	or universit	y owned or o	perated by a	a government	al unit desc	ribed in
	_		. , . , .		•						
6	<u> </u>		•	=	_						
7	 	_		•		•	support from	a governme	ntal unit or fr	om the gene	eral public
8	Г		-				•	-			
9	Г	Anorga	anization th	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	outions, memb	pership fees	, and gross
		receipt	s from actıv	Public Charity Status (All organizations must complete this part.) See instructions. Invate foundation because it is (For lines 1 through 11, check only one box) Invented in section 170(b)(1)(A)(ii), (Attach Schedule E) cooperative hospital service organization described in section 170(b)(1)(A)(iii). Invate forganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Invate forganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Invate for granization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Invate for granization operated for the benefit of a college or university owned or operated by a governmental unit described in operated for the benefit of a college or university owned or operated by a governmental unit described in (1)(A)(iv). (Complete Part II) In that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi). (Complete Part II) In that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross inclustives related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of migross investment income and unrelated business taxable income (less section 511 tax) from businesses are organization after June 30, 1975 See section 509(a)(2). (Complete Part III) In organized and operated exclusively to test for public safety. See section 509(a)(4). In organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of biblicily supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check is scribes the type of supporting organization and complete lines 11e through 11h In Direction of the carry of the supported organization and complete lines 11e through 11h In the carry of the supporting organization and complete lines 11e through 11h In the carry of the supported							
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	sinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section 5	609(a)(2). (C	omplete Par	tIII)		
10	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from goss investment income and unrelated business staxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 II b Type III c Type III - Functionally integrated d Type III - Non-functionally integrated 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 s										
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 - Non-functionally integrated										
e	ı	other tl section	nan foundatı ı 509(a)(2)	on managers and ot	her than one	or more pub	licly support	ed organızat	ions describe	ed in section	1 509(a)(1) or
f			_	received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or I ype	III supporti	ng organization,
g				2006, has the organ	ızatıon accer	oted any gift	or contribution	on from anv	of the		,
			-			, 5		,			
		(i) A p	erson who d	ition operated for the benefit of a college or university owned or operated by a governmental unit described in (b)(1)(A)(iv). (Complete Part II) tate, or local government or governmental unit described in section 170(b)(1)(A)(v). (Ition that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II) (Ition that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II) (Ition that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross in activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) (Ition organized and operated exclusively to test for public safety. See section 509(a)(4). (Ition organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the public supported organization section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the describes the type of supporting organization and complete lines 11e through 11h (per I b Type III c Type III - Functionally integrated d Type III - Non-functionally integrated girls box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons oundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 9(a)(2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (5) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7							
		and (III) below, the	governing body of th	ne supported	organization	1?				
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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)(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 runctionally integrated d Type III non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly or organization of the following persons? (i) A family member of a person described in (i) organization organization organization in col (ii) organization in col (ii) organized in (ii) abo										
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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										
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)				
	suppoi	rted	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	on in ted in rning	the organiz	zation f your	organizati col (i) orga	on in anized	monetary
				instructions))	Yes	No	Yes	No	Yes	No	1
						+			+		+

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493045019054

OMB No 1545-0047

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.

Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC 59-3238634 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2		
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election		
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN		
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN		
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly				
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public o							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)					
c	Total lobbying expenditures (add lines 1a and 1b							
d	O ther exempt purpose expenditures	nditures						
e	Total exempt purpose expenditures (add lines 1c	c and 1d)						
f	Lobbying nontaxable amount Enter the amount fo	ying nontaxable amount Enter the amount from the following table in both mns e amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:					
	Not over \$500,000	20% of the amount on li	ne 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000				
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (enter 25% of lin	e 1f)						
_	Subtract line 1g from line 1a If zero or less, ente	•		-				
i	Subtract line 1f from line 1c If zero or less, ente			-				
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1		
-	section 4911 tax for this year?					┌ Yes ┌ No		
_	4-Voor Av	veraging Period U	Inder Section	F01/b)				
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five		
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots nontavable amount							

1

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)).

	The live of the late of the la	(a	1)	(b)	
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
C	Media advertisements?	Yes		9,500	
d	Mailings to members, legislators, or the public?	Yes		23,467	
е	Publications, or published or broadcast statements?	Yes		2,646	
f	Grants to other organizations for lobbying purposes?	Yes		9,500	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		494,410	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		19,954	
i	O ther activities?	Yes		10,052	
j	Total Add lines 1c through 1i			569,529	
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		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī		

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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 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'S PUBLIC RECORDS AND THE PUBLIC MEETINGS LAWS THE CORPORATION FROM TIME TO TIME ENGAGES LOBBYISTS AND OTHER CONSULTANTS (1) TO ASSIST IT IN COMPLYING WITH ITS REPORTION 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 FURTHER TO THE STATE OF FLORIDA UNDER SECTION 1004 43, FLORIDA STATUTES, (2) TO MONITOR LEGISLATIVE AND EXECUTIVE BRANCH ACTION AND CLINICAL PROFICE LEGISLATION IN FURTHERANCE OF ITS MISSION IN THE AREAS OF CANCER RESEARCH AND CREATION AND THE FURTHERANCE OF ITS MISSION IN THE AREAS OF CANCER RESEARCH AND TREATMENT, THE TEACHING AND COMMUNITY EDUCATION AND OUTREACH ACTIVITIES THE CORPORATION DOES NOT E
Part IV, Supplemental Information		OTHER ACTIVITIES, LINE 1: THE OTHER ACTIVITIES AMOUNT LISTED ON LINE 1: IS COMPRISED OF EXPENSES RELATED TO ORCHESTRATING CONTACT BETWEEN GRASSROOTS SUPPORTERS AND ELECTED OFFICIALS TO PROMOTE THE INSTITUTION'S LEGISLATIVE

DLN: 93493045019054

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

tema	r Revenue Service F Attach to For	m 990. ► See separate instructions.		Inspection
H L	EE MOFFITT CANCER CENTER AND			
	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year			
	organization answered fes to Form 990		T	(b) Funds and other accounts
L	Total number at end of year	(a) Bonot dathed lands	1	(2) Fullus una sense accounts
2	·		1	
3				
ļ				
5	Did the organization inform all donors and donor advisor		nor advi	
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef	onor advisors in writing that grant funds		r purpose
Pa		the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
L 2	Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic structure
	· · ·			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	, ,	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
ļ	Number of states where property subject to conservat	ion easement is located 🕨		
;	Does the organization have a written policy regarding t			
;	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
,		g, and enforcing conservation easement	s durin	g the year
3	Does each conservation easement reported on line 2(o	d) above satisfy the requirements of sec	ction 17	
)	balance sheet, and include, if applicable, the text of the	e footnote to the organization's financia		•
аT			or Ot	her Similar Assets.
la	works of art, historical treasures, or other similar asse	ts held for public exhibition, education,	or rese	arch in furtherance of public
b	works of art, historical treasures, or other similar asse	ts held for public exhibition, education,		
	(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, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>tori</u>	<u>cal Tı</u>	<u>reasu</u>	res, or O	<u>the</u>	<u>r Similar <i>i</i></u>	<u>Asset</u>	S (coi	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, ch	neck	any of	the follo	wing that a	re a	significant u	ise of i	ts	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	ΓY	es	┌ No
Par	t IV Escrow and Custodial Arrang								es" to Forn			
	Part IV, line 9, or reported an an									,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets r	not	┌ ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
							-	_		Amour	ıt	
C	Beginning balance						-	1c				
d	Additions during the year						⊢	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							ΓY	es	□ No
b	If "Yes," explain the arrangement in Part XII											<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		were Prior					t IV, line 1 Three years bad		our uo	are back
1a	Beginning of year balance	(a)Curient year	(0,	PHOL	усаі	D (C)IV	o years back	(u)	Tillee years bac	CK (E)	our ye	als back
b	Contributions							\vdash				
c	Net investment earnings, gains, and losses									+		
								<u> </u>		_		
d	Grants or scholarships							-				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end baland	ce (lın	e 1g	colum	n (a)) h	eld as			•		
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation '	that a	are hel	d and a	dministered	d for	the	_		
	organization by								Г.	-	Yes	No
	(i) unrelated organizations			•				•	—	3a(i) Ba(ii)		
ь	If "Yes" to 3a(II), are the related organization							• •	· · · [3b		
4	Describe in Part XIII the intended uses of th	•							_			
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	rt X	, line :	10.						
	Description of property				Cost or s (invest		(b) Cost or of basis (othe		(c) Accumula depreciatio		(d) Boo	ok value
1a	Land											
b	Buildings											
c	Leasehold improvements						281	,110	281	.,110		0
d I	Equipment		-				157,219	,271	127,290	,377	29	,928,894
	Other							,665		\perp		720,665
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part 🛭	X, colu	ımn (B), Iine	10(c).)			🛌		30	,649,559

Part VIII Investments—Other Securities. See	1 01111 330, 1 410 11, 11110 121	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o tilel		
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	 -	
Part VIII Investments—Program Related. Se	o Form 000 Part V June 12	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	1	
-		
	+	
	.	
	 -	
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a) Description (a) Part 1X		(b) Book value
		(b) Book value
(a) Descr	iption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part	5.) X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part	5.) X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes HCCB ASSESSMENT ESTIMATED THIRD-PARTY SETTLEMENTS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes HCCB ASSESSMENT	5.)	

Part	XI Reconciliation of Revenue per Audited Financial State	emen	ts Wit	<u>h Rev</u>	enue p	er Re	eturn
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						
а	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 XIII)	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						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)	4b					
c	Add lines 4a and 4b					4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 3	12).				5	
Part	VII. Decemblishing of Eugenees was Audited Financial Chal	to o :	ntc \4/i	th Ev	20200		Dotum
Репи	Reconciliation of Expenses per Audited Financial State	teme	IICS AAI	UI EX	pelises	рег	Return
Part 1	Total expenses and losses per audited financial statements					1	keturn
							Return
1	Total expenses and losses per audited financial statements				,		Return
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25						Return
1 2 a	Total expenses and losses per audited financial statements						Return
1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities						Return
1 2 a b c	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c			· .		Return
1 2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c 2d				1	Return
1 2 a b c d	Total expenses and losses per audited financial statements	2a 2b 2c 2d				1 2e	Return
1 2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c 2d				1 2e	Return
1 2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c 2d				1 2e	Return
1 2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c 2d				1 2e	Return
1 2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a 2b 2c 2d 4a 4b				2e 3	Return

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	THE CANCER CENTER RECOGNIZES UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT (I E , GREATER THAN 50% LIKELIHOOD OF RECEIVING BENEFIT) AND RECORDS THESE BENEFITS AT THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS THE CANCER CENTER HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS AND DOES NOT BELIEVE THAT THERE WILL BE ANY MATERIAL CHANGES IN THE CANCER CENTER'S UNRECOGNIZED TAX POSITION OVER THE NEXT 12 MONTHS

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

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

Employer identification number

59-3238634 Financial Assistance and Certain Other Community Benefits at Cost No 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . Yes 1b Yes If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year Applied uniformly to most hospital facilities Applied uniformly to all hospital facilities Generally tailored to individual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care За Yes **b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care 3b Yes ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year Yes 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during Yes **b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? Νo f c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c 6a Yes **b** If "Yes," did the organization make it available to the public? Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

worksneets with the Schedule H										
7	7 Financial Assistance and Certain Other Community Benefits at Cost									
	nancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense			
a	Financial Assistance at cost (from Worksheet 1)			14,943,056		14,943,056	2 700 %			
b	Medicaid (from Worksheet 3, column a)			43,685,000	30,893,656	12,791,344	2 310 %			
С	Costs of other means-tested government programs (from Worksheet 3, column b)									
d	Total Financial Assistance and Means-Tested Government Programs .			58,628,056	30,893,656	27,734,400	5 010 %			
	Other Benefits									
е	Community health improvement services and community benefit operations (from Worksheet 4)			159,818	580	159,238	0 020 %			
f	Health professions education (from Worksheet 5)			1,786,808		1,786,808	0 320 %			
g	Subsidized health services (from Worksheet 6)			39,859		39,859	0 010 %			
h	Research (from Worksheet 7)									
1	Cash and in-kind contributions for community benefit (from Worksheet 8)									
J	Total. Other Benefits			1,986,485	580	1,985,905	0 350 %			
k	Total. Add lines 7d and 7j .			60,614,541	30,894,236	29,720,305	5 360 %			
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50192T Schedule H (Form 990) 20										

	rt II Community Buildi	na Activitia	c Complete t	his table if the or	·a a nız a tı	00.00	nduct	od any commun	uty b	uddin	Pag
Pa	activities during the of the communities i	tax year, an									
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect off revenue	_	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
6	for community members Coalition building								+		
7	Community health improvement										
8	Workforce development				-				+		
9	Other										
.0	Total										
	Bad Debt, Medicar	e, & Collec	tion Practic	es							
	ion A. Bad Debt Expense	d dabt avnana		. with Heathern Fir	anaial M		mant A			Yes	No
1	Did the organization report bac Statement No 15?	u debt expense	e in accordance	• with HeathCare Fir		anage	ment A	· · · ·	1	Yes	
2	Enter the amount of the organ methodology used by the orga		•	-	e 	2		11,240,478			
3	Enter the estimated amount of										
	patients eligible under the org the methodology used by the d any, for including this portion of	organization to	estimate this	amount and the rati		3					
4	Provide in Part VI the text of to or the page number on which t	he footnote to	the organization	on's financial staten			rıbes b	oad debt expense			
ect	ion B. Medicare										
5	Enter total revenue received f	rom Medicare	(ıncludıng DSH	and IME)		5		151,821,872			
6	Enter Medicare allowable cost	s of care relat	ing to payment	s on line 5		6		161,795,262			
7	Subtract line 6 from line 5 Th	•	` ,			7	<u> </u>	-9,973,390			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source					·			
	Cost accounting system	Γc。	st to charge ra	tio 🔽	Other						
ect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy di	uring the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part	ection practice	s to be followe	d for patients who a	re known	to qua	alify for	financial	9b	Yes	
Pa	rt IV Management Comp	anies and J	Joint Ventur	es (owned 10% or more by	officers, dire	ctors, tr	ustees, k	ey employees, and physicia	ans—se	e instruct	ions)
	(a) Name of entity	(E	Description of pi activity of entit		(c) Organiz profit % o ownersh	r stock		d) Officers, directors, trustees, or key employees' profit % or stock ownership %	pro	e) Physic fit % or wnershi	stock
1											
2											
3											
4											
5											
5											
7											
3											
•											
10											
11											
12											
13		1							1		

Part V	Facility Information										
Section	n A. Hospital Facilities	Licensed	General	Children's	Теас	Critic	Research	ER-2	ER-other		
smalles How ma organiza 1	order of size from largest to t—see instructions) iny hospital facilities did the ation operate during the tax year? ———	sed hospital	ral medical & surgical	ren's hospital	Teaching hospital	Critical access hospital	arch facility	ER-24 hours	ther		
Name, a	address, and primary website address		=							Other (Describe)	Facility reporting group
1	H LEE MOFFITT CANCER CENTER & RESEARCH 12902 MAGNOLIA DRIVE TAMPA,FL 33612	х									
-											
-											
-											

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

H LEE MOFFITT CANCER CENTER & RESEARCH

Name of	hospita	l facilit\	or facility	reportina v	aroup
---------	---------	------------	-------------	-------------	-------

	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_		
			Yes	No
Con	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			
	health needs assessment (CHNA)? If "No," skip to line 9		Yes	\vdash
	A definition of the community served by the hospital facility			
a h	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			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	▼ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2 3	Indicate the tax year the hospital facility last conducted a CHNA 20 12 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in			
	Part VI how the hospital facility took into account input from persons who represent the community, and identify the	_	\	
1	persons the hospital facility consulted	3	Yes	\vdash
-	facilities in Part VI	4		No
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	▼ 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 CHNA, indicate how (check all that apply			
а	to date) Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
ь	Execution of the implementation strategy			
c	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
e	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
	✓ Prioritization of health needs in its community			
_	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	Other (describe in Part VI)			
	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI			
-	which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			
L	required by section 501(r)(3)?	8a		No
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		

Part V Facility Information (continued)								
Fin	nancial Assistance Policy		Yes	No				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that							
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes					
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Yes					
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 00000000000%							
11	If "No," explain in Part VI the criteria the hospital facility used		\ ,					
-11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes					
	If "No," explain in Part VI the criteria the hospital facility used							
12	Explained the basis for calculating amounts charged to patients?	12	Yes					
	If "Yes," indicate the factors used in determining such amounts (check all that apply)							
а	▼ Income level							
b	Asset level							
c	▼ Medical indigency							
d	Insurance status							
е	Uninsured discount							
f	▼ Medicaid/Medicare							
g	State regulation							
h	Other (describe in Part VI)							
13	Explained the method for applying for financial assistance?	13	Yes					
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes					
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)							
а								
b	The policy was attached to billing invoices							
C	The policy was posted in the hospital facility's emergency rooms or waiting rooms							
d	The policy was posted in the hospital facility's admissions offices							
е	The policy was provided, in writing, to patients on admission to the hospital facility							
f	The policy was available upon request							
g	Other (describe in Part VI)							
	lling and Collections	1	1					
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes					
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during		1 03					
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP							
а	Reporting to credit agency							
b	Lawsuits							
C	Liens on residences							
d	Body attachments							
е	Other similar actions (describe in Part VI)							
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			NI -				
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		No				
2	Reporting to credit agency							
a b								
	Liens on residences							
4	Body attachments							
u _	Other similar actions (describe in Part VI)							
_	· \ \ \ \ \ \ \ \	1	I .	i				

chedule H	Form 990	2012

Page

$\mathbf{P}c$	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
C	Notified individuals of the financial assistance policy in communications with the 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			
е	Other (describe in Part VI)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19		No
	If "No," indicate why			
а	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)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	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			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22		Νo
	If "Yes," explain in Part VI			

Ρ	а	a	e

Part V	Facility	Information	(continued

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

How many non-hospital health care facilities did the organization operate during the tax year?		
1		
2		
3		
4		
5		
6 7		
8		
9		
10		

Schedule H (Form 990) 2012

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 III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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
		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 METHODOLOGY USED TO CALCULATE CHARITY CARE, MEDICAID, AND OTHER MEANS-TESTED EXPENSES IS COST TO CHARGE RATIO, USING PATIENT EXPENSES TO GROSS CHARGES, WHILE THE DIRECT COST METHOD IS USED TO DETERMINE OTHER COMMUNITY BENEFITS/PROGRAMS EXPENSES
		Part I, Line 7g CALCULATION OF SUBSIDIZED HEALTH 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 IS
		\$564,442,968 THE BAD DEBT EXPENSE INCLUDED IN
		THIS AMOUNT WAS \$11,240,478 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 \$553,202,490
		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 ADJUSTMENTS TO
		REVENUE PART III, LINE 3 AN AMOUNT OF BAD DEBT
		SHOULD BE INCLUDED IN COMMUNITY BENEFIT AS IT IS
		SIMILAR TO UNREIMBURSED FINANCIAL ASSISTANCE
		HOWEVER, HOSPITAL HAS NOT CALCULATED AN AMOUNT
		l '
		OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE
		UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE
	I	POLICY

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
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
INCLUDES CONTACT INFORMATION FOR A PATIENT
SERVICE REPRESENTATIVE IF THE PATIENT NEEDS
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 HOSPITAL REPRESENTATIVE MAY OFFER
REASONABLE PAYMENT PLANS TO HELP PATIENTS MEET

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 3 OVER 100 INDIVIDUALS INCLUDING ORGANIZATIONAL LEADERS FROM MULTIPLE SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS ADDITIONALLY, AN ADVISORY COMMITTEE COMPRISED OF BOTH INTERNAL MOFFITT STAFF AND COMMUNITY LEADERS PROVIDED FEEDBACK AND GUIDANCE THROUGHOUT THE ASSESSMENT PROCESS INTERNAL KEY INFORMANTS VICE PRESIDENT, MOFFITT DIVERSITY CONFERENCE PLANNING ASSISTANTMANAGER, CONTINUING EDUCATION AND CONFERENCE PLANNINGRESEARCH FACULTY COORDINATOR, PROGRAM OUTREACH, LATTE (LUNG AND THORACIC TUMOR EDUCATION) MANAGER, EMPLOYEE HEALTH SERVICES DIRECTOR, NUTRITION THERAPY SUPERVISOR AND COORDINATOR, MELANOMA PROGRAM DEPARTMENT ADMINISTRATOR, WOMEN'S ONCOLOGYMANAGER CLINIC OPERATIONS, MOFFITT CANCER CENTER SCREENING AND PREVENTIONMEDICAL DIRECTOR, MOFFITT CANCER CENTER SCREENING AND PREVENTIONRESEARCH COORDINATOR MANAGER, MOFFITT PROGRAM FOR OUTREACH WELLNESS EDUCATION & RESOURCES (M-POWER) A REPRESENTATIVE OF ORGANIZATIONS OR COMMUNITY RESIDENT DEEMED EXTERNAL KEY PARTICIPANTS EAST TAMPA PARTNERSHIPBAY AREA MEDICAL ASSOCIATION OF BLACK PHYSICIANSHILLSBOROUGH AREA REGIONAL TRANSIT (HART) HERNANDO COUNTY HEALTH DEPARTMENT SARASOTA HEALTH DEPARTMENTTAMPA BAY UNITED WAY, DIRECTOR COMMUNITY SERVICES AND PUBLIC POLICYCANCER SURVIVORGULF COAST NORTH AREA HEALTH EDUCATION CENTERVY OF VOLUNTEER SERVICES, WEST CENTRALFLORIDA AREA ON AGINGWEST CENTRAL FLORIDA AREA ON AGINGMANATEE COUNTY HEALTH DEPARTMENT HILLSBOROUGH COUNTY SCHOOL DISTRICT, SUPERVISOR OF SCHOOL HEALTH SERVICES MANATEE COUNTY HEALTH DEPARTMENTPASTOR AND EAST TAMPA PARTNERSHIP HAITIAN
H LEE MOFFITT CANCER CENTER & RESEARCH		ASSOCIATIONPINELLAS COUNTY HEALTH DEPARTMENT Part V, Section B, Line 7 IN GENERAL, MANY OF HOSPITAL'S COMMUNITY BENEFIT PROGRAMS ARE CURRENTLY ADDRESSING KEY ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THE ISSUES ADDRESSED MAY BE FRAMED FROM A DIFFERENT PERSPECTIVE OR MAY APPEAR AT A DIFFERENT HIERARCHICAL LEVEL OF THE PLAN, BUT THE TWO PLANS ARE THEMATICALLY CONSISTENT AND ARE INTENDED TO BE IMPLEMENTED COLLABORATIVELY AND SYNERGISTICALLY DETAILED ACTION PLANS RELATED TO THE NEEDS IDENTIFIED WILL BE DEVELOPED ANNUALLY AND TRACKED THROUGHOUT THE COURSE OF THE YEAR TO MONITOR AND EVALUATE PROGRESS

Identifier	ReturnReference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 14g REFERENCE TO THE POLICY 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 HOSPITAL'S BILLING AND COLLECTIONS AREA OF ITS WEBSITE ALSO STATES THAT IF A PATIENT IS UNDERINSURED OR UNABLE TO PAY, A PATIENT ACCOUNT REPRESENTATIVE OR A SOCIAL WORKER WILL HELP IDENTIFY ASSISTANCE PROGRAMS THAT OFFER HELP IN MEETING FINANCIAL OBLIGATIONS
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 18e 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 19d THE CANCER CENTER IS A SPECIALTY HOSPITAL AND THEREFORE, DOES NOT PROVIDE EMERGENCY MEDICAL TREATMENT WITHIN THE MEANING OF SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD) IF, HOWEVER, AN INDIVIDUAL SEEKING SUCH CARE ENTERS THE CANCER CENTER'S FACILITY, THE CANCER CENTER WITHOUT DISCRIMINATION WILL STABILIZE THE PATIENT AND ASSIST THE PATIENT AND/OR THE PATIENT'S FAMILY IN OBTAINING TRANSPORTATION FOR THE PATIENT TO A LOCAL HOSPITAL EQUIPPED FOR EMERGENCY MEDICAL CARE
H LEE MOFFITT CANCER CENTER & RESEARCH		Part V, Section B, Line 20d HOSPITAL PROVIDES A GENERAL DISCOUNT OF 50% TO ALL UNINSURED PATIENTS THE HOSPITAL WILL WORK WITH THE PATIENT TO APPLY FOR AVAILABLE ASSISTANCE PROGRAMS TO COVER A PORTION OF OR THE ENTIRE FINANCIAL OBLIGATION

Identifier	ReturnReference	Explanation
		Part VI, Line 2 THE H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE (MOFFITT) IS A NATIONALLY
		RECOGNIZED COMPREHENSIVE CANCER CENTER WHOSE
		MISSION IS "TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER" LOCATED IN TAMPA, FLORIDA,
		MOFFITT SERVES A SEVEN COUNTY CATCHMENT AREA
		(HILLSBOROUGH, PASCO, PINELLAS, POLK, HERNANDO, MANATEE, AND SARASOTA COUNTIES) ITS COMMUNITY
		BENEFIT MISSION IS TO PROVIDE PATIENT-CENTERED
		AND CULTURALLY COMPENTENT OUTREACH, EDUCATION, TRAINING, AND RESOURCES THROUGHOUT THE GREATER
		TAMPA BAY COMMUNITY AND THE STATE OF FLORIDA TO
		SUPPORT PATIENTS, FAMILIES AND CLINICIANS IN ADVANCING CANCER PREVENTION, EARLY DETECTION,
		CLINICAL CARE, AND RESEARCH ESPECIALLY FOR THOSE
		AT-RISK POPULATIONS DISPROPORTIONATELY IMPACTED BY THE DISEASE IN MARCH 2012, MOFFITT
		CONTRACTED WITH HEALTH RESOURCES IN ACTION
		(HRIA), A NON-PROFIT HEALTH CONSULTANCY ORGANIZATION IN BOSTON TO CONDUCT A COMMUNITY
		HEALTH ASSESSMENT (CHA) THIS ASSESSMENT EFFORT
		AIMS TO FULFILL SEVERAL OVERARCHING GOALS, SPECIFICALLY TO IDENTIFY THE HEALTH-RELATED
		NEEDS AND ASSETS OF THE SEVEN COUNTY REGION IN
		WHICH MOFFITT IS LOCATED AND IS THE RESIDENCE OF THE MAJORITY OF ITS PATIENTS, TO DETERMINE WHERE
		THERE ARE GAPS AND POTENTIAL OPPORTUNITIES FOR
		H LEE MOFFITT CANCER CENTER TO ADDRESS THESE NEEDS, AND, TO IDENTIFY HOW MOFFITT AND ITS
		PARTNERS CAN ADDRESS THESE NEEDS IN A
		COORDINATED AND COLLABORATIVE APPROACH THE CHA DEFINES HEALTH IN THE BROADEST SENSE AND
		RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS,
		FROM LIFESTYLE BEHAVIORS (E G , DIET AND EXERCISE) TO CLINICAL CARE (E G , ACCESS TO MEDICAL SERVICES)
		TO SOCIAL AND ECONOMIC FACTORS (E.G., EMPLOYMENT
		OPPORTUNITIES) TO THE PHYSICAL ENVIRONMENT (E.G., AIR QUALITY), ALL HAVE AN IMPACT ON THE
		COMMUNITY'S HEALTH EXISTING SOCIAL, ECONOMIC,
		AND HEALTH DATA WERE DRAWN FROMNATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U S
		CENSUS AND FLORIDA DEPARTMENT OF HEALTH, WHICH
		INCLUDE SELF-REPORT, HOSPITALIZATION, AND VITAL STATISTICS DATA OVER 100 INDIVIDUALS INCLUDING
		ORGANIZATIONAL LEADERS FROM MULTIPLE SECTORS,
		COMMUNITY STAKEHOLDERS, AND RESIDENTS WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS TO GAUGE
		THEIR PERCEPTIONS OF THE COMMUNITY, THEIR HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR
		INITIATIVES ARE MOST NEEDED TO ADDRESS THESE
		CONCERNS ADDITIONALLY, AN ADVISORY COMMITTEE COMPRISED OF BOTH INTERNAL MOFFITT STAFF AND
		COMMUNITY LEADERS PROVIDED FEEDBACK AND
		GUIDANCE THROUGHOUT THE ASSESSMENT PROCESS Part VI, Line 3 IN BILLING SECTION OF HOSPITAL'S
		WEBSITE, IT NOTIFIES PATIENTS THAT A PATIENT
		ACCOUNT REPRESENTATIVE OR A SOCIAL WORKER WILL HELP YOU TO IDENTIFY ASSISTANCE PROGRAMS THAT
		MIGHT OFFER HELP IN MEETING YOUR FINANCIAL
		OBLIGATIONS ALSO 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 THE HOSPITAL RECOGNIZES THAT IT MAY
		NOT BE INITIALY EVIDENT THAT A PATIENT HAS AN INABILITY TO PAY FOR SERVICES THEREFORE, HOSPITAL
		ALSO PROVIDES INFORMATION ON ITS BILLING
		STATEMENT THAT NOTIFIES THE PATIENT TO CONTACT A
		FINANCIAL COUNSELOR OR PATIENT SERVICE REPRESENTATIVE IN THE EVENT THE PATIENT NEEDS
1		FINANCIAL ASSISTANCE HOSPITAL ALSO OFFERS
1	I	PAYMENT PLAN OPTIONS

Identifier	ReturnReference	Explanation
		Part VI, Line 4 DEMOGRAPHICS OF MOFFITT'S SERVICE AREA THE HEALTH OF A COMMUNITY IS ASSOCIATED WITH NUMEROUS FACTORS INCLUDING WHAT RESOURCES AND SERVICES ARE AVAILABLE (E.G., SAFE GREEN SPACE, ACCESS TO HEALTHY FOODS) AS WELL AS WHO LIVES IN
		ACCESS TO HEALTHY FOODS) AS WELL AS WHO LIVES IN THE COMMUNITY THE SECTION BELOW PROVIDES AN OVERVIEW OF THE POPULATION OF MOFFITT'S SERVICE AREA THE DEMOGRAPHICS OF A COMMUNITY ARE
		SIGNIFICANTLY RELATED TO THE RATES OF HEALTH OUTCOMES AND BEHAVIORS OF THAT AREA WHILE AGE, GENDER, RACE, AND ETHNICITY ARE IMPORTANT CHARACTERISTICS THAT HAVE AN IMPACT ON AN
		INDIVIDUAL'S HEALTH, THE DISTRIBUTION OF THESE CHARACTERISTICS IN A COMMUNITY MAY AFFECT THE NUMBER AND TYPE OF SERVICES AND RESOURCES AVAILABLE MOST PARTICIPANTS DESCRIBED THEIR
		COMMUNITIES AS VERY DIVERSE, MENTIONING THE WIDE VARIETY IN AGE, SOCIAL CLASS, AND RACE AND ETHNICITY THEY ALSO NOTED A FLUCTUATING POPULATION THAT INCLUDES HISPANICMIGRANT
		WORKERS, NEW IMMIGRANTS, AND THE MORE SEASONAL AND ELDERLY "SNOW BIRDS" WHO MAKE THEIR WAY TO THE AREA EACH WINTER SOME REPORTED THAT, AT TIMES, THERE IS TENSION BETWEEN NEWCOMER
		POPULATIONS AND LONG-TIME RESIDENTS THAT CREATES CHALLENGES FOR COMMUNITIES POPULATION IN 2010, THE SEVEN COUNTY
		REGION SERVED BY MOFFITT (THE REGION) HAD A POPULATION OF 4,087,619, RANGING FROM 172,778 IN HERNANDO COUNTY TO 1,229,226 IN HILLSBOROUGH COUNTY HILLSBOROUGH COUNTY (30 1%) COMPRISED
		THE LARGEST PROPORTION OF THE REGION'S POPULATION, FOLLOWED BY PINELLAS COUNTY (22 4%) FURTHERMORE, THE REGION'S OVERALL POPULATION HAS INCREASED BY 17 8% OVER THE PAST DECADE, WHICH IS
		SIMILAR TO GROWTH OF THE US POPULATION (17 6%), BUT IS NEARLY DOUBLE THAT OF FLORIDA (9 7%) PINELLAS COUNTY WAS THE ONLY COUNTY WHOSE POPULATION DECREASED DURING THIS SAME TIME
		PERIOD, WHEREAS THE REMAINING COUNTIES INCREASED BY AT LEAST 16 4%, WITH PASCO COUNTY EXPERIENCING THE GREATEST AMOUNT OF GROWTH (34 8%) AGE DISTRIBUTION OF THE REGION
		WAS SIMILAR TO THAT OF FLORIDA'S IN 2010, WITH A SLIGHTLY HIGHER PROPORTION OF THE POPULATION BEING AGE 65 AND ABOVE SARASOTA COUNTY HAD THE LARGEST PROPORTION OF SENIORS (AGE 65 AND ABOVE),
		FOLLOWED BY HERNANDO AND MANATEE COUNTIES RACIAL AND ETHNIC DIVERSITY CULTURAL, RACIAL, AND ETHNIC DIVERSITY WAS THE MOST
		FREQUENTLY-CITED CHARACTERISTIC OF MANY COMMUNITIES EXCEPTIONS WERE THE COMMUNITIES OF SARASOTA AND THE RETIREMENT AREA OF HERNANDO WHICH WERE DESCRIBED BY RESPONDENTS AS
		PREDOMINANTLY WHITE IN 2010, THE MAJORITY OF THE POPULATION IN THE REGION WAS WHITE, WITH A SMALLER PROPORTION OF BLACKS AND HISPANICS (ANY RACE) THAN BOTH THE STATE OVERALL AND THE US
		EXAMINING THE INDIVIDUAL COUNTIES REVEALS THAT HERNANDO AND SARASOTA WERE THE MOST HOMOGENEOUS COUNTIES, WITH APPROXIMATELY 90% OF THEIR POPULATIONS BEING WHITE HILLSBOROUGH
		COUNTY HAD THE GREATEST PROPORTION OF HISPANICS (24 9%) AND BLACKS (16 7%), HIGHER THAN THAT OF THE STATE (22 5% AND 16 0%, RESPECTIVELY)
		ADDITIONALLY, WHILE ALL COUNTIES HAVE SEEN AN INCREASE IN THEIR HISPANIC POPULATIONS, IN HERNANDO, PASCO, POLK, AND SARASOTA COUNTIES THE HISPANIC POPULATIONS HAVE INCREASED BY MORE
		THAN 100% OVER THE PAST DECADE, WHICH IS GREATER THAN THAT OF THE STATE OR THE U S COMPARED TO FLORIDA AND THE U S , THE REGION HAD PROPORTIONALLY FEWER FOREIGN BORN (NON-U S BORN)
		RESIDENTS HILLSBOROUGH COUNTY WAS THE EXCEPTION WITH 17 1% OF ITS POPULATION BEING FOREIGN BORN, WHICH WAS ABOVE THE U.S. AVERAGE (14 1%) BUT BELOW THAT OF THE STATE (20 4%)
		HOWEVER, OVER THE PAST DECADE MOST OF THE COUNTIES HAVE SEEN INCREASES IN THEIR FOREIGN BORN POPULATIONS, RANGING FROM 36 5% IN HILLSBOROUGH TO 76 5% IN POLK, WHICH WERE GREATER
		THAN NATIONAL (25 5%) AND STATE (24 2%) INCREASES, PINELLAS COUNTY ON THE OTHER HAND SAW A DECREASE 2 ACROSS THE REGION, 17 5% OF THE POPULATION SPOKE A LANGUAGE OTHER THAN ENGLISH
		AT HOME, WHICH IS BELOW THE STATE (26 6%) AND NATIONAL (20 1%) AVERAGES ALTHOUGH, IN HILLSBOROUGH COUNTY (25 4%), APPROXIMATELY 1 IN 4 RESIDENTS SPOKE A LANGUAGE OTHER THAN ENGLISH AT
		HOME 3 SPANISH WAS OVERWHELMINGLY THE LANGUAGE THAT NON-ENGLISH SPEAKERS SPOKE INCOME AND POVERTY IN 2010, THE PROPORTIONS OF INDIVIDUALS (13 1%) AND FAMILIES (9 4%) LIVING BELOW POVERTY IN
		THE REGION WERE SIMILAR TO THOSE OF FLORIDA (13 8% AND 9 9%, RESPECTIVELY) AND THE U S (13 8% AND 8 7%, RESPECTIVELY) FAMILIES WITH FEMALE-HEADED
		HOUSEHOLDS ARE DISPROPORTIONATELY AFFECTED BY POVERTY, AT THE STATE, COUNTY, AND NATIONAL LEVELS, MORE THAN ONE IN FOUR OF THESE FAMILIES WERE LIVING BELOW POVERTY OF THE SEVEN COUNTIES,
		POLK COUNTY HAD THE HIGHEST PERCENT OF INDIVIDUALS (15 2%) AND FAMILIES (11 5%) LIVING BELOW POVERTY, APPROXIMATELY HALF OF FAMILIES WITH FEMALE HEADED HOUSEHOLDS WITH CHILDREN
		UNDER AGE 5 WERE LIVING BELOW POVERTY EDUCATION OVERALL, THE EDUCATIONAL ATTAINMENT IN THE SEVEN COUNTY REGION WAS SIMILAR TO THAT OF FLORIDA AND THE US, HOWEVER,
		THERE IS SOME VARIATION WHEN EDUCATIONAL ATTAINMENT IS EXAMINED BY COUNTY FOR EXAMPLE, HILLSBOROUGH AND SARASOTA COUNTIES HAD THE HIGHEST LEVELS OF EDUCATIONAL ATTAINMENT, WHERE
		NEARLY 30% OF INDIVIDUALS (AGE 25 AND OLDER) HAVE OBTAINED A BACHELORS DEGREE OR HIGHER ALTERNATIVELY, POLK COUNTY HAD THE LOWEST LEVELS OF EDUCATIONAL ATTAINMENT, MORE THAN 18% OF
		INDIVIDUALS HAVE LESS THAN A HIGH SCHOOL DEGREE EMPLOYMENT UNEMPLOYMENT RATE IN FLORIDA (8 8%) WAS SLIGHTLY HIGHER THAN THAT OF THE U S
		(7 9%) IN 2010 ACROSS THE SEVEN COUNTIES OF MOFFITT'S SERVICE AREA, UNEMPLOYMENT RANGED FROM A LOW OF 7 7% IN PINELLAS COUNTY TO A HIGH OF 12% IN HERNANDO COUNTY SOCIAL AND PHYSICAL
		ENVIRONMENT TRANSPORTATION - WHEN LOOKING AT HOW PEOPLE GET TO WORK, DATA SHOW THAT NEARLY 90% OF RESIDENTS IN THE REGION DRIVE TO WORK RATES WERE SLIGHTLY HIGHER IN HILLSBOROUGH,
		PINELLAS, AND SARASOTA COUNTIES IN GENERAL, FEWER THAN 2% OF RESIDENTS TAKE PUBLIC TRANSPORTATION TO WORK ACCORDING TO THE U.S. CENSUS, 6.5% OF HOUSEHOLDS IN FLORIDA DID NOT HAVE ACCESS TO A
		CAR IN 2010 IN PINELLAS AND HILLSBOROUGH COUNTIES, A GREATER PROPORTION OF HOUSEHOLDS DID NOT HAVE A VEHICLE AVAILABLE COMPARED TO THE STATE HOUSING - IN 2010, THE PROPORTION OF OWNER-
		OCCUPIED HOUSING UNITS IN MOFFITT'S SERVICE AREA (68 8%) WAS SLIGHTLY ABOVE THAT OF THE STATE (67 4%) OR THE NATION (65 1%) IN EACH OF THE SEVEN COUNTIES, THE MAJORITY OF HOUSING WAS OWNER-
		OCCUPIED IN 2010, HOWEVER, HILLSBOROUGH COUNTY HAD A GREATER PROPORTION OF RENTER-OCCUPIED HOUSING UNITS (39 1%) THAN THE REMAINING
		COUNTIES, NEARLY DOUBLE THAT OF HERNANDO COUNTY IN 2010, THE MEDIAN HOUSING COST FOR OWNERS IN REGION WAS \$1,523 WHEN ACCOUNTING FOR MORTGAGES, WHICH WAS BELOW THE MEDIAN HOUSING
		COSTS FOR OWNERS STATEWIDE (\$1,586) ACROSS THE SEVEN COUNTIES, MEDIAN HOUSING COSTS FOR HOMEOWNERS WITH MORTGAGES RANGED FROM \$1,235 IN HERNANDO COUNTY TO \$1,638 IN MANATEE COUNTY IN
		THE SEVEN COUNTY AREA, THE MEDIAN RENT (\$901) WAS BELOW THAT OF THE STATE (\$957) AND RANGED FROM \$864 IN HERNANDO COUNTY TO \$1,004 IN SARASOTA COUNTY CRIME - ACCORDING TO FBI UNIFORM CRIME
		REPORTING, BETWEEN 2006 AND 2008 FLORIDA HAD A VIOLENT CRIME RATE OF 706 PER 100,000 POPULATION WHILE HERNANDO, PASCO, SARASOTA, AND POLK HAD VIOLENT CRIME RATES BELOW THAT OF THE STATE,
		MANATEE, PINELLAS, AND HILLSBOROUGH COUNTIES EXPERIENCED VIOLENT CRIME AT ALMOST DOUBLE THE RATE OF THESE COUNTIES 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 US BASED ON OUTPATIENT VISITS THE MAJORITY OF THE
		HOSPITAL'S BOARD MEMBERS RESIDE AND ARE CONSIDERED COMMUNITY LEADERS IN THE SERVICE AREA HOSPITAL'S COMMUNITY BENEFIT MISSION OF PROVIDING PATIENT-CENTERED AND CULTURALLY
		COMPETENT OUTREACH, EDUCATION, TRAINING, AND RESOURCES THAT AFFECT THE HEALTH OF THE COMMUNITY AND TO PROMOTE HEALTHLY LIFESTYLES AND ASSIST IN THE PREVENTION OF CANCER IS
		ENHANCED BY THE FOLLOWING ACTIVITIES OR PROGRAMS HIGHLIGHTED BELOW 1,342 UNITS OF BLOOD AND PLATELETS WERE DONATED BY MOFFITT EMPLOYEES
		DURING BLOOD DRIVES HELD ON CAMPUS,3,000 POUNDS OF FOOD AND 402 HOURS OF SERVICE WERE DONATED TO METROPOLITAN MINISTRIES,1,430 CHILDREN WERE EDUCATED ABOUT THE IMPORTANCE AND BENEFITS OF
		HEALTHY BEHAVIORS THROUGH THE MOFFITT HEALTHY KIDZ PROGRAM, EACH YEAR, APPROXIMATELY 650 MEDICAL RESIDENTS AND FELLOWS, AS WELL AS, 300 MEDICAL STUDENTS FROM THE USF COLLEGE OF
		MEDICINE AND OTHER SITES RECEIVE MEDICAL EDUCATION AND TRAINING THROUGH MOFFITT CANCER CENTER'S GRADUATE MEDICAL EDUCATION (GME) PROGRAM TRAINEES LEARN PHYSICAL EXAMINATION
		SKILLS, ASSIST CANCER RESEARCHERS, STUDY STRATEGIES FOR PREVENTING CANCER AND COMPLETE ELECTIVES IN MANY ASPECTS OF ONCOLOGY, INCLUDING CANCER SCREENING, CANCER ANSWERS IS A TOLL-FREE
		NATIONWIDE CANCER INFORMATION SERVICE STAFFED BY REGISTERED NURSES WHO PROVIDE ANSWERS TO CANCER-RELATED QUESTIONS CONCERNING DIAGNOSIS,
		TREATMENT, NEW DISCOVERIES, DRUG THERAPIES, THE AVAILABILITY OF RESEARCH STUDIES AND CLINICAL TRIALS, TRANSLATION SERVICES OVERSEES THE TRANSLATION OF ALL WRITTEN DOCUMENTS THAT ARE
		USED IN THE DELIVERY OF HEALTH CARE SERVICES TO MOFFITT'S PATIENTS AND FAMILIES WITH LIMITED ENGLISH PROFICIENCY TRANSLATION SERVICES PROFESSIONALS ACT AS INTERNAL CONSULTANTS
		REGARDING LANGUAGE ACCESS, LANGUAGE BARRIERS, AND TRAINING ON WORKING WITH PROFESSIONAL LINGUISTS, AND,HOSPITAL PROVIDES PATIENT & FAMILY ORIENTATION THIS COMPREHENSIVE INTRODUCTION TO
		MOFFITT CANCER CENTER PROVIDES PATIENTS AND FAMILY MEMBERS WITH AN OVERVIEW OF WAY FINDING, SELF-ADVOCACY, PATIENT SAFETY AND THE FULL RANGE OF SUPPORT SERVICES AVAILABLE ATTENDEES RECEIVE
		TOOLKITS, EQUIPPED WITH RESOURCES AND FILE FOLDERS TO HELP ORGANIZE MEDICAL INFORMATION

Identifier	ReturnReference	Explanation
		Part VI, Line 6 TO FURTHER THE MISSION OF
		CONTRIBUTING TO THE PREVENTION AND CURE OF
		CANCER, MOFFITT CANCER CENTER COLLABORATES WITH
		RESPECTED ACADEMIC, HOSPITAL SYSTEMS, REGIONAL
		CARE CENTERS AND PHYSICIANS GROUPS KNOWN AS THE
		MOFFITT ONCOLOGY NETWORK WHOLLY COMMITTED TO
		MOFFITT'S MODEL OF PATIENT-CENTERED, INTEGRATED
		CANCER CARE, THE MOFFITT ONCOLOGY NETWORK IS
		HELPING MOFFITT DEVELOP A PREMIER CANCER CARE
		DELIVERY SYSTEM, FOCUSED SOLELY ON PROVIDING
		PATIENTS THE BEST PERSONALIZED CANCER CARE THE
		MOFFITT ONCOLOGY NETWORK IMPLEMENTS MOFFITT'S
		CLINICAL CARE MODEL, INCLUDING MULTIDISCIPLINARY
		CANCER CARE, PEER REVIEW, CLINICAL PATHWAYS AND QUALITY ASSURANCE THE COMMUNITY HEALTH NEEDS
		ASSESSMENT DETERMINED OPPORTUNITIES THAT CAN
		BE ADDRESSED BY THE CANCER CENTER AS A WHOLE THE
		CANCER CENTER'S NON-HOSPITAL FACILITIES
		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 RELATED ENTITIES MOFFITT MEDICAL
		GROUPFINANCIAL ASSISTANCE AT COST WAS
		\$1,865,747PERCENT OF TOTAL MMG ENTITY EXPENSE
		1 92%PERCENT OF COMBINED EXPENSE 23%MOFFITT MEDICAL GROUPHEALTH PROFESSIONS EDUCATION WAS
		\$3,350,174PERCENT OF TOTAL MMG ENTITY EXPENSE
		3 44% PERCENT OF COMBINED EXPENSE 42% MOFFITT
		MEDICAL GROUP'S BAD DEBT EXPENSE \$3,085,895
		MOFFITT RESEARCHRESEARCH NET COMMUNITY BENEFIT
		EXPENSE WAS \$28,536,373PERCENT OF TOTAL AFFILIATE
		EXPENSE 23 22% PERCENT OF COMBINED EXPENSE
		3 59%
	•	

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Schedule I (Form 990)

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

► Attach to Form 990

Governments and Individuals in the United States

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

2012

Inspection

Open to Public

DLN: 93493045019054OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

59-3238634

organization or government (1) H LEE MOFFITT CC&RI 59-2 INC 12902 MAGNOLIA DRIVE	21, for any re		d more than \$5,000	. Part II can be dupl		I space is needed.	
organization or government					(f) Method of	(a) Decomption of	
INC 12902 MAGNOLIA DRIVE	2451713			cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
,		501(C)(3)	10,576,930				INTERCOMPANY SUPPORT
(2) MOFFITT GENETICS 20-8 CORPORATION 10902 N MCKINLEY DRIVE TAMPA,FL 33612	8486180		19,138				INTERCOMPANY SUPPORT

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered	"Yes" to Form 990,	Part IV,	line 22
Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount 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, Part III, column (b), 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

Schedule I (Form 990) 2012

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DLN: 93493045019054

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Employer identification number

59-3238634

	Questions Regarding compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	_	Housing allowance or residence for personal use			
	Travel for companions	_	Payments for business use of personal residence			
	,	7	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 organiz reimbursement or provision of all of the expenses describ			1b		No
2	Did the organization require substantiation prior to reimb directors, trustees, and the CEO/Executive Director, reg			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that apused by a related organization to establish compensation	ply	y Do not check any boxes for methods			
	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 or a related organization	VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	nen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental r	non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based	СО	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must ∞	mp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of		, did the organization pay or accrue any			
а	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 payments not described in lines 5 and 6? If "Yes," descr			7		No
8	Were any amounts reported in Form 990, Part VII, paid o					
	subject to the initial contract exception described in Reg	ula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the rebi section 53 4958-6(c)?	utta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for a	any additional information
-------------------------------	----------------------------

Ident if ier	Return Reference	Explanation
	Part I, Line 1b	PAYMENTS MADE FOR CLUB DUES ARE APPROVED BY THE JOINT EXECUTIVE COMPENSATION AND BENEFITS COMMITTEE (JEC&BC)
	Part I, Line 4b	THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND AMOUNTS LISTED ARE INCLUDED IN THEIR TOTAL COMPENSATION, RESPECTIVELY WILLIAM M ALBERTS-\$8,514 03 YVETTE M LYONS TREMONTI-\$8,032 95 JANENE J CULUMBER-\$8,330 90 JOHN A KOLOSKY-\$33,589 68 BRAULIO VICENTE-\$8,135 06 LOUIS D DE LA PARTE-\$109,485 26 G DOUGLAS LETSON-\$23,378 03
	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

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 59-3238634

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

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	,	
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
W MICHAEL ALBERTS	(I) (II)		19,838	42,488	26,125 0	26,338 0	429,318 0	0
JULIE DJEU	(I) (II)		0 685	0 0 15,071	0 26,125	0 15,268	0 314,841	0
JOHN A KOLOSKY	(ı) (ıı)		O C	0 0 61,985	0 26,125	0	0	0
LOUIS D DE LA PARTE	(I) (II)		, O	0 112,218	0 26,125	0 20,051	0 536,863	0
G DOUGLAS LETSON	(I) (II)				0 26,125	8,535 16,932		
ALAN F LIST	(I) (II)			29,515	26,125 0	16,457 9,891		
YVETTE LYONS TREMONTI	(ı) (ıı)		, O C	0 0 22,036	0 26,125	0 30,069	0 407,456	0
BRAULIO VICENTE	(ı) (ıı)		47,767	7 22,165	20,000 0	27,800 0	426,566	0
JANENE CULUMBER	(ı) (ıı)		0 C	0 38,499	0 20,000	0 20,621	0 438,687	0
JANE FUSILERO	(ı) (ıı)		22,000	3,960	20,000	22,066 0	338,907	0
BRENDA S GORDON	(ı) (ıı)		23,808	4,098	19,767 0	11,445 0	279,665	0
GENE WETZSTEIN	(ı) (ıı)		3 11,291 0	4,283	12,100 0	25,125 0	223,632	0
VLADIMIR FEYGELMAN	(ı) (ıı)		O C	1,267	22,942 0	15,783 0	256,464 0	0
EDUARDO G MOROS	(ı) (ıı)		0 C	2,732	17,765 0	21,849 0	385,067 0	0
AMARJIT S SAINI	(ı) (ıı)	0	o o	0 0	14,275 0	700 0	242,904 0	0
SIRIPORN SARANGKASIRI	(ı) (ıı)) 208,295) 0		1,920	13,380 0	9,462 0		0
STUART G WASSERMAN	(ı) (ıı)		14,119	5,013	15,078 0	17,158 0	267,744 0	0
WILLIAM S DALTON	(ı) (ıı)		0 250,000	0 41,165	0 28,174	0 27,352	0 1,138,375	0
DEAN R HEAD	(ı) (ıı)		0 14,670	0 0 4,794	0 16,675	0 14,688	0 241,588	_
MARK F HULSE	(I) (II)	0 273,513	0 3 39,201	0 1,410	0 20,000	I	0 360,918	_

Form 990, Schedule J, Part .	11 - Officers, Direc	<u>.tors, Trustees, K</u> e	<u>y Empioyees, ano</u>	<u> A Hignest Compen</u> s	sated Employees		
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	` '	(E) Total of columns	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
W J WILSON (1)) 0'	0	0	0	0	0	0
(11)	234,642	20,000	765	19,872	15,490	290,769	0
SCOTT D ELDREDGE (1)) 166,064) 0	16,371 0	10,818	12,044	11,358 0	216,655	0
	,	•	•	'	•	1	· .

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DLN: 93493045019054

Transactions with Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
H LEE MOFFITT CANCER CENTER AND

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

RESEARCH INSTITUT	TE HOSPITAL INC						59	-3238	3634			
	ss Benefit Tran											
	ete if the organizati											
1 (a) Name of disqualified person				between di d organizat		(c) Descri	ption o	ftrans	saction		(d) Corrected	
			person an	u organizat	1011						Yes	No
	nount of tax incurre	ed by organiza	ation mana	agers or dis	qualified perso	ns during the	yearu	nders	section			
4958								•	- \$			
3 Enter the an	nount of tax, if any,	on line 2, abo	ove, reimb	oursed by th	ne organization			•	- \$			
Part III Loa	ns to and/or F	rom Inter	ested P	ersons.								
	plete if the organiz				O-EZ, Part V, li	ine 38a, or Fo	rm 990	O, Par	t IV, lın	ie 26, o	rıfthe	
	nization reported a					Lane	Ι.,	_	1	_	1	
(a) Name of Interested	(b) Relationship with organization		(d) Loai		(e)Original principal	(f)Balance due	(g) defa	In ult?	Appro		(i)Written	
person			organizat		amount			by board		ard or	r	
					_			committee		1	 	
			То	From			Yes	No	Yes	No	Yes	No
					+					-	_	
											_	
					+					1	_	
										1	_	
											_	
otal	•	•	▶ \$	•	•	•				•	7	
	nts or Assistan					_						
	plete if the orga								T		_	
(a) Name of into person		lationship bet ted person ar		c) A mount o	of assistance	(d) Type o	tassis	tance	(e)	Purpos	e of ass	istanc
person		organization										
-												
						<u>-</u>						

Part IV Business Transactions In Complete if the organization			e 28a. 28b. or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: zation's
				Yes	No
(1) CAITLAN MILLER	SEE PART V	24,771	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 VICENTE, OFFICERTRANSACTION COMPENSATION

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493045019054

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization
H LEE MOFFITT CANCER CENTER AND

Employer identification number

RESE	ARCH INSTITUTE HOSPITAL INC				59-3238634			
Pa	rt I Types of Property			<u> </u>	<u> </u>			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	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	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(<u>EQUIPMENT</u>)	Х	1	431,325	PURCHASE PRICE	<u> </u>		
	Other ►()							
	Other ►()							
	Other ► ()	h + h. a. a. u. u. a.			<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			0
20-	During the year, did the organiza	tion rossiii	a by contribution and mar-	arty reported in Deat Tillings	1-20 +6-++		Yes	No
30a	must hold for at least three year							
	for exempt purposes for the entire				a to be used			No
						30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	í I					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e third parti	=	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) ıs checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributions	, , ,	THE NUMBER OF CONTRIBUTORS REPORTED REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED

Schedule M (Form 990) (2012)

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DLN: 93493045019054

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
2012
Open to Public

Inspection

Name of the organization H LEE MOFFITT CANCER CENTER AND	Employer identifi	cation number
DECEMBELL INCTITUTE LICENTAL INC	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 - DIRECTOR AND OFFICER JOHN A KOLOSKY - OFFICER LOUIS D DE LA PARTE - OFFICER JANENE J CULUMBER - OFFICER ALAN F LIST - DIRECTOR AND 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

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

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

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

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

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

Identifier	Return Reference	Explanation						
	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						

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	TRANSFER TO TAX EXEMPT AFFILIATES -104258968 INTEREST IN NET ASSETS OF FOUNDATION 942306

DLN: 93493045019054

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

RESEARCH INSTITUTE HOSPITAL INC

(Form 990)

Name of the organization H LEE MOFFITT CANCER CENTER AND

Employer identification number

59-3238634

Part 1 Identification of Disregarded Entities (Complete	if the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)	
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(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 Tay-Eyempt Organizations (Complete if the organization answered "Yes" to Form 990. Part IV. June 34 hecause it had one

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC	PARENT-RESEARCH	FL	501(c)(3)	Line 7			No
12902 MAGNOLIA DRIVE					N/A		
TAMPA, FL 33612 59-2451713							
(2) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE FOUNDATION INC	FUNDRAISING	FL	501(c)(3)	Line 7			No
12902 MAGNOLIA DRIVE					N/A		
TAMPA, FL 33612 59-3238636					IN/A		
(3) H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC	PRACTICE MANAGEMENT	FL	501(c)(3)	Line 9			No
12902 MAGNOLIA DRIVE					N/A		
TAMPA, FL 33612 59-3238640							
For Denominal Reduction Act Notice and the Instructions for Forms 000	l	Cat Na F013			Cabadula D (Farm		<u> </u>

(a) Name, address, and EIN o related organization	(b) Primary activity	(c) Ity Legal domicile (state or foreign country)	(d) Direct controlling entity	ct Predomin illing income(rela		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate r allocations?		te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner? 1		(k) Percentage ownership	
					514)				Yes	No		Yes	No	
Part IV Identification of Related Or Inne 34 because it had one or r	rganizations Taxable more related organization	as a Corpo	s a cor	or Trust	: (Complete or trust dur	e if t ring t	he organ he tax ye	ization an ear.) (f)	swere	ed "Ye	s" to Form		Part	t IV,
Name, address, and EIN of related organization	Primary activity	Leg domi (state or count	al cıle foreıgn	Dı	rect controlling entity	(C co	e of entity orp, S corp, r trust)	Share of tota income	- -	re of er of-year assets	nd- Percer	tage		Section 512 (b)(13) controlled entity?
(1) MOFFITT TECHNOLOGIES CORPORATION	TECHNOLOGY MANAGEMENT			N//	1	С							ŀ	Yes No
12902 MAGNOLIA DRIVE TAMPA, FL 33612 30-0332914		F	L											
(2) MOFFITT GENETICS CORPORATION	DATABASE MANAGEMENT			N//	1	С								No
10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180		F	L.											
		1		1		1			1		1			1

Note. Complete line 1 if any entity is listed in Parts II	, III, or IV of this schedule					Yes	No	
${\bf 1}$ During the tax year, did the organization engage in any σ	f the following transactions with one or more re	lated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties or (v) rent from a controlled entity				1a		No	
Gift, grant, or capital contribution to related organization(s)						Yes		
f c Gift, grant, or capital contribution from related organiz	c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization	n(s)				1d		No	
e Loans or loan guarantees by related organization(s)					1e		No	
f Dividends from related organization(s)					1f		No	
g Sale of assets to related organization(s)					1g		No	
h Purchase of assets from related organization(s)					1h		No	
i Exchange of assets with related organization(s)					1i		No	
${f j}$ Lease of facilities, equipment, or other assets to relate	ed organization(s)				1j		No	
${f k}$ Lease of facilities, equipment, or other assets from re	ated organization(s)				1k		No	
I Performance of services or membership or fundraising solicitations for related organization(s)							No	
m Performance of services or membership or fundraising solicitations by related organization(s)								
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other $oldsymbol{a}$	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
• Sharing of paid employees with related organization(s					10		No	
p Reimbursement paid to related organization(s) for exp	enses				1 p		No	
q Reimbursement paid by related organization(s) for exp	penses				1q		No	
$oldsymbol{r}$ O ther transfer of cash or property to related organizat	on(s)				1r		No	
s Other transfer of cash or property from related organiz	ation(s)				1s		No	
2 If the answer to any of the above is "Yes," see the ins	ructions for information on who must complete	(b)	· · · · · ·	(d)				
Name of other organization		Transaction type (a-s)	(c) Amount involved	Method of determining am	ount in	volved		

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 59-3238634

Name: H LEE MOFFITT CANCER CENTER AND

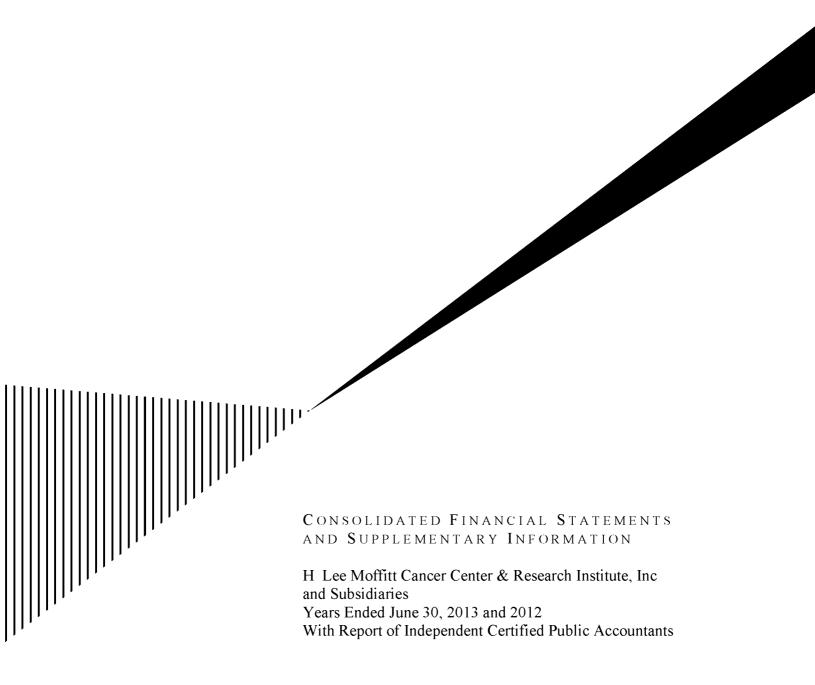
RESEARCH INSTITUTE HOSPITAL INC

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to pr	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)					
	Identifier	Return Reference	Explanation				



Ernst & Young LLP



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

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2013 and 2012

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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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of H. Lee Moffitt Cancer Center & Research Institute. Inc. and Subsidiaries (the Cancer Center), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in conformity with U.S. generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

1308-1116622



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated balance sheets of the Cancer Center as of June 30, 2013 and 2012, 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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The 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. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional 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 information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we also have issued our report dated October 17, 2013, on our consideration of the Cancer Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Cancer Center's internal control over financial reporting and compliance.

October 17, 2013

1308-1116622

Ernst + Young LLP

Consolidated Balance Sheets

	June 30			
	2013	2012		
Assets		_		
Current assets				
Cash and cash equivalents	\$ 86,941,683	\$ 31,342,152		
Current portion of assets limited as to use	9,275,205	12,031,216		
Accounts receivable, less allowances for uncollectibles				
(2013 - \$16,207,000, 2012 - \$15,277,000)	77,015,193	81,484,525		
Current portion of pledges receivable	3,754,159	1,373,713		
Inventories	8,491,465	9,647,775		
Estimated third-party receivable	_	3,177,556		
Grant receivables	8,862,666	9,524,292		
Prepaid and other current assets	12,034,997	12,351,327		
	206,375,368	160,932,556		
		165 505 000		
Assets limited as to use, net of current portion	293,619,889	165,587,003		
Pledges receivable, less discounts and allowances for				
uncollectible pledges, net of current portion	9,994,818	7,693,812		
anconcentere preases, net or earrent portion	7,774,010	7,075,012		
Property, plant, and equipment				
Land	9,306,184	9,306,184		
Building and land improvements	360,402,078	348,519,102		
Equipment	387,531,743	369,986,534		
	757,240,005	727,811,820		
Less accumulated depreciation	(424,242,107)	(387,912,018)		
	332,997,898	339,899,802		
Construction-in-progress	8,382,824	12,462,653		
	341,380,722	352,362,455		
Other assets	3,565,741	3,126,377		
Total assets	\$854,936,538	\$689,702,203		

	June 30			
	2013	2012		
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued expenses	\$ 48,416,546	\$ 48,266,626		
Accrued employee compensation	38,251,994	40,485,580		
Accrued interest	5,673,463	4,530,396		
Estimated third-party settlements	12,598,877	_		
Current portion of long-term debt	4,595,000	7,950,000		
Total current liabilities	109,535,880	101,232,602		
Odern Bakillidar	21 074 502	9 ((2 27)		
Other liabilities	21,064,503	8,662,376		
Long-term debt, net of current portion	312,828,864	194,510,076		
Total liabilities	443,429,247	304,405,054		
Net assets				
Unrestricted	337,784,031	311,893,216		
Temporarily restricted	60,286,832	60,309,087		
Permanently restricted	13,436,428	13,094,846		
Total net assets	411,507,291	385,297,149		

Total liabilities and net assets \$3	854,936,538	\$689,702,203

See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30		
	2013	2012	
Unrestricted revenues and other support			
Net patient service revenues	\$ 691,152,110	\$ 648,294,902	
Provision for patient service bad debts	(14,326,373)	(16.495.293)	
Net patient service revenues less provision for bad debts	676,825,737	631,799,609	
Other revenues, less provision for grant and other bad debts			
(2013 – \$30,000, 2012 – \$135,000)	77,564,295	93,195,662	
Net assets released from restrictions and used			
for operating expenses	25,094,908	29,935,093	
Total unrestricted revenues and other support	779,484,940	754,930,364	
Expenses			
Salaries, wages, and benefits	383,987,410	387,301,990	
Faculty fees	9,636,730	9,255,723	
Purchased services	69,442,153	66,952,339	
Supplies	203,315,182	204,426,087	
Other operating expenses	55,922,609	53,382,685	
Depreciation and amortization	40,447,058	41,528,155	
Interest	8,810,223	9,165,445	
Total expenses	771,561,365	772,012,424	
Income (loss) from operations	7,923,575	(17.082.060)	
Nonoperating gains, net	9,989,687	2.358.615	
Excess (deficiency) of revenues and gains over expenses and losses	17,913,262	(14.723.445)	

1308-1116622 5

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

		Year Ended 2013	June 30 2012
Unrestricted net assets			
Excess (deficiency) of revenues and gains	\$	17,913,262 \$	(14.723.445)
over expenses and losses			
Other changes			
Net assets released from restrictions and used to purchase			
property, plant, and equipment		1,550,554	503,998
Net assets released from restrictions and used for payment			
of long-term debt		7,009,239	5,344,697
Change in net unrealized gains (losses) on investments		(63,273)	14.840
Grants (used for purchases) received for reimbursement of property, plant.			
and equipment		(42,207)	1.703.173
Restricted investment income		(532,793)	(491,932)
Other		56,033	153,696
Increase (decrease) in unrestricted net assets		25,890,815	(7.494.973)
Temporarily restricted net assets			
Contributions and memorials		15,808,388	12,379,340
Grants and contracts with purpose restrictions		11,669,648	16.770.753
Investment income		532,793	491.932
Net assets released from purpose restrictions and used to purchase			
property, plant, and equipment		(1,550,554)	(503.998)
Net assets released from purpose restrictions and used for payment			
of operating expenses		(23,772,898)	(28,444,243)
Net assets released from restrictions and used for payment			
of long-term debt		(7,009,239)	(5.344.697)
Net assets released from purpose restrictions and used			
for payment of interest		(657,164)	(877.995)
Net assets released from time restrictions and used for payment of			
operating expenses		(664,846)	(612,855)
Proceeds from the Cigarette Tax Trust Fund		5,691,996	5,691,996
Interest earnings on proceeds from the Cigarette Tax Trust Fund		122	149
Loss on uncollectible temporarily restricted pledges		(70,500)	(20,777)
Other		(1)	_
Decrease in temporarily restricted net assets		(22,255)	(470.395)
Permanently restricted net assets			
Contributions and memorials		341,582	304,883
Other		-	
Increase in permanently restricted net assets		341,582	304,883
Increase (decrease) in net assets		26,210,142	(7,660,485)
Net assets at beginning of year		385,297,149	392.957.634
Net assets at end of year	\$	411,507,291 \$	
The transfer at the original part	Ψ	TERROUTENZE W	202,27,117

See accompanying notes

Consolidated Statements of Cash Flows

	Year Ended June 30		
		2013	2012
Operating activities and nonoperating gains			
Increase (decrease) in net assets	\$	26,210,142 \$	(7,660,485)
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		444,915	110,858
Restricted contributions and restricted investment income		(22,375,375)	(18.865.281)
Grants and contracts with purpose restrictions		(11,669,648)	(16.770.753)
Grants received for reimbursement of property, plant, and equipment purchases		(42,207)	(1.703.173)
Investments in assets limited as to use designated as trading securities, net		(7,059,841)	(7.884.551)
Change in net unrealized gains on investments		(1,289,888)	1.653,476
Depreciation and amortization		40,447,058	41,528,155
Amortization of bond premium and discount		(816,800)	(391,000)
Gain on early extinguishment of debt		(1,348,691)	_
Provision for bad debts		14,356,373	16,630,647
Changes in operating assets and liabilities		11,00,0,070	10,02,0,017
Accounts receivable		(9,887,041)	(11.732.206)
Inventories		1,156,310	(687,422)
Grant receivables		661,626	480,270
Prepaid and other assets		807,463	(72.663)
Pledges receivable			1.978.255
		(4,681,452)	
Accounts payable and accrued expenses		149,919	(6.904.855)
Accrued employee compensation		(2,233,587)	(16.334.042)
Accrued interest		1,143,067	(133.824)
Estimated third-party settlements		15,776,433	(844,719)
Other liabilities		12,402,127	2.387.654
Net cash provided by (used in) operating activities and nonoperating gains		52,150,903	(25.215.659)
Investing activities			
Purchases of property, plant, and equipment		(29,822,058)	(31.114.940)
Change in assets limited as to use		(116,927,145)	13,935,579
Net cash used in investing activities		(146,749,203)	(17,179,361)
Financing activities			
Payments on long-term debt		(66,415,000)	(7.175,000)
Proceeds from the issuance of long-term debt		183,986,487	_
Restricted contributions and restricted investment income		22,375,375	18,865,281
Grants and contracts with purpose restrictions		11,669,648	16,770,753
Grants received for reimbursement of property, plant, and equipment purchases		42,207	1.703,173
Payment for debt financing costs		(1,460,886)	_
Net cash provided by financing activities		150,197,831	30,164,207
Increase (decrease) in cash and cash equivalents		55,599,531	(12,230,813)
Cash and cash equivalents at beginning of vear		31,342,152	43,572,965
Cash and cash equivalents at end of year	\$	86,941,683 \$	31,342,152

See accompanying notes

Notes to Consolidated Financial Statements

June 30, 2013

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

Notes to Consolidated Financial Statements (continued)

1. Organization (continued)

Mission Statement

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

2. Summary of Significant Accounting Policies

Nonoperating Gains and Losses

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

Use of Estimates

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

Statements of Cash Flows

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

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Estimated Third-Party Settlements

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

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

Net Patient Service Revenues

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigation Net patient service revenue decreased by approximately \$1,248,000 and \$674,000 for the years ended June 30, 2013 and 2012, respectively, for adjustments to prior-year estimated third-party settlements

The Cancer Center adopted the provisions of Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) as of July 1, 2012 ASU 2011-07 requires health care entities to change the presentation of the statements of operations and changes in net assets by reclassifying the provision for doubtful accounts from an operating expense to a deduction from patient service revenues (net of contractual allowances and discounts) All periods presented in these financial statements have been reclassified in accordance with ASU 2011-07

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Revenues are recognized during the period the health care services are provided, based upon the estimated amounts due from the patients and third-party payers. Third-party payers include federal and state agencies (under the Medicare, Medicaid, and other programs), managed care health plans, and other private contractual agreements. Estimates of contractual allowances under managed care health plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts). The Cancer Center also recognizes a provision for doubtful accounts related to uninsured accounts to reflect the amounts that are expected to be collected. Revenues from our third-party payers and other revenues for the fiscal year ended June 30, 2013 and 2012, are summarized in the following table.

	Twelve Months Ended June 30				
	2013	Ratio	2012	Ratio	
Medicare	\$ 186,894,268	27.6%	\$ 168,520,853	26 7%	
Medicaid	37,632,520	5.6	37,142,288	5 9	
Managed care	444,598,824	65. 7	423,519,913	67 0	
Other/self-pay	22,026,498	3.2	19,111,848	3 0	
Revenues before provision for patient service bad debts	691,152,110	102.1	648,294,902	102 6	
Provision for patient service bad debts	(14,326,373)	(2.1)	(16,495,293)	(26)	
Net patient service revenues less provision for bad debts	\$ 676,825,737	100.0%	\$ 631,799,609	100 0%	

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

Excess of Revenues and Gains Over Expenses and Losses

The consolidated statements of operations and changes in net assets include the excess (deficiency) 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

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.

Notes to Consolidated Financial Statements (continued)

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.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The following table summarizes the Cancer Center's significant financial assets as of June 30, 2013

	Fair Value Measurements at Reporting Date Using			
		Level 1	Level 2	Level 3
	Total	Inputs	Inputs	Inputs
Assets				
Cash and cash equivalents	\$ 86,941,683	\$ 86,941,683	\$ -	\$ -
Assets limited as to use				
Cash and cash equivalents	172,641,381	172,641,381	_	_
U S Government obligations	4,610,724	4,610,724	_	_
Fixed income securities	90,527,333	_	90,527,333	_
Equity securities	34,471,739	34,471,739	_	_
Real assets	643,917	643,917	_	
Total assets	\$ 389,836,777	\$ 299,309,444	\$ 90,527,333	\$ -

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, 2013 and 2012, is approximately \$310,180,000 and \$203,742,000, 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

Notes to Consolidated Financial Statements (continued)

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, 2013 and 2012

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 \$87,576,000 as of June 30, 2013, to be primarily funded by the Bond issuances as described in Note 6

Notes to Consolidated Financial Statements (continued)

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, 2013 or 2012, 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

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

future legislative support from the State For each of the years ended June 30, 2013 and 2012, 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, 2013 and 2012

Deferred Financing Costs

Deferred financing costs are included in other assets 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

Notes to Consolidated Financial Statements (continued)

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 year ended June 30, 2012, the Cancer Center received \$6,221,000 related to this agreement This amount is appropriately netted against expenses and released from temporarily restricted net assets During the year ended June 30, 2012, the Cancer Center made qualifying expenditures and accordingly \$5,864,000 was 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

Notes to Consolidated Financial Statements (continued)

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 \$16,809,000 and \$13,914,000 for the years ended June 30, 2013 and 2012, respectively. 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 \$36,937,000 and \$39,913,000 for the years ended June 30, 2013 and 2012, 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 or indigent care amount.

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 \$6,748,000 and \$6,337,000 for the years ended June 30, 2013 and 2012, respectively

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and professional that adopt and use electronic health records (EHR) in a meaningful way Meaningful use is demonstrated by meeting established criteria that focuses on capturing and using electronic health information to improve health care quality, efficiency, and patient safety

The Cancer Center records incentive payments under the gain contingency model within U S GAAP Under this method, the income from incentive payments will be recorded entirely in the period in which the last remaining contingency is resolved. Thus, the cash received or receivable from an incentive payment would be recognized as income entirely in a single quarter

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The Cancer Center recognized approximately \$506,000 of incentive payments for the year ended June 30, 2013 Incentive payment revenue is subject to change as a result of audits of compliance with meaningful use criteria and Medicare cost reports

Retail Pharmacy

Effective July 2012, the Cancer Center sold the right to use its retail pharmacy assets to a third party. The retail pharmacy offers specialized convenience to patients treated at Moffitt on an outpatient basis, Moffitt employees and their dependents, and other Cancer Center visitors. The cash payment for the transaction was received in July 2012. The gain from the transaction was deferred and is being recognized over the life of the agreement in the approximate amount of \$800,000 per year.

Recently Issued Accounting Pronouncements

In October 2012, the FASB issued technical corrections and improvements to the Codification Included in this ASU are source literature amendments, guidance clarification, reference corrections, and relocated guidance affecting a variety of topics in the Codification The ASU also includes conforming amendments to the Codification to reflect ASU 820's fair value measurement and disclosure requirements All amendments that are subject to transition guidance are effective for fiscal periods beginning after December 15, 2013 All other amendments were effective immediately upon issuance (October 1, 2012) The adoption of this guidance did not have a significant impact on the Cancer Center's consolidated financial statements

In October 2012, the FASB issued guidance on how to report cash receipts from the sale of donated financial assets within the cash flow statements. The final consensus will be effective prospectively to cash receipts on or after the date of adoption from the sale of donated financial assets for fiscal years beginning after June 15, 2013, and interim periods within those years. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In April 2013, the FASB issued guidance on how a not-for-profit (NFP) should report services received from personnel of an affiliate Affiliate is defined as a party that, directly or indirectly though one or more intermediaries, controls, is controlled by, or is under common control with an entity A recipient NFP entity will be required to recognize all services received from personnel of an affiliate that directly benefit the recipient NFP entity. Those services should be measured at cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of that service, the recipient NFP entity may elect to recognize that services at its fair value. The amendments are effective for fiscal years beginning after June 15, 2014, and interim periods after those years. The Cancer Center does not expect adoption of this guidance to have a significant impact on the Cancer Center's consolidated financial statements.

In 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 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 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 adopted the provisions of this standard as of July 1, 2012, and retrospectively applied the provisions to all periods presented.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In February 2013, the FASB clarified that nonpublic entities as defined in ASC 820, Fair Value Measurement, are not required to disclose the fair value hierarchy level for financial instruments that are not measured at fair value on the balance sheet but for which fair value is disclosed The final consensus was effective immediately. The adoption of this guidance did not have a significant impact on the Cancer Center's consolidated financial statements

Reclassifications

Certain reclassifications have been made to the 2012 financial statements to conform to the 2013 presentation. These reclassifications had no effect on net assets previously reported

Prior to July 1, 2012, the provision for grant and other bad debts was reported within expenses on the consolidated statements of operations and changes in net assets. However, the Cancer Center has elected an accounting policy change to report the provision for grant and other bad debts net with other revenues. This change better reflects the collectability of revenues and is consistent with how the Cancer Center presents patient service bad debts. The change in accounting policy is applied retrospectively and there was no effect on the balance sheet items of the Cancer Center at June 30, 2012, and the statement of operations and changes in net assets of the Cancer Center for the fiscal year then ended

3. Subsequent Events

The Cancer Center has evaluated subsequent events for the year ended June 30, 2013 through October 17, 2013, the date the financial statements were issued No significant subsequent events were noted that would require recognition or disclosure through such date

Notes to Consolidated Financial Statements (continued)

4. Assets Limited as to Use

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

	June 30			
	2013	2012		
Money market funds	\$ 172,641,381	\$ 69,438,686		
U S Government obligations	4,610,724	4,267,961		
Corporate debt securities	65,159,979	50,311,423		
Asset-backed securities	14,133,982	13,510,966		
Mortgage-backed securities	11,233,372	12,268,924		
Equity securities	34,471,739	27,313,290		
Real assets	643,917	506,969		
	302,895,094	177,618,219		
Less current portion	(9,275,205)	(12,031,216)		
- -	\$ 293,619,889	\$ 165,587,003		

Notes to Consolidated Financial Statements (continued)

4. Assets Limited as to Use (continued)

Assets limited as to use are designated as follows

	June 30			
	2013	2012		
Investment securities (trading)				
Internally designated	\$ 99,820,788	\$ \$ 91,382,513		
Donor-restricted	41,744,080	41,769,474		
Held by bond trustee under indenture				
Interest fund	4,845,950	4,427,688		
Construction fund	133,918,588	14,037,422		
Principal fund	4,429,248	7,129,193		
Debt service reserve fund	11,376,816	11,586,730		
Administrative fund	_	- 2		
Rebate fund	_	51,369		
Revenue allocation fund	7	474,333		
	154,570,609	37,706,737		
Cigarette Tax Trust Fund	6,759,617	6,759,495		
-	302,895,094	177,618,219		
Less current portion	(9,275,205	(12,031,216)		
-	\$ 293,619,889	\$ 165,587,003		

Notes to Consolidated Financial Statements (continued)

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			
		2013		2012
Patient care	\$	4,795,333	\$	3,690,846
Research and education		42,912,904		44,033,429
Patient and family lodging		1,695		1,230
Financial aid for employees		39,367		35,815
Cigarette Tax Trust Fund (research tower)		6,759,617		6,759,495
Operations		5,777,916		5,788,272
	\$	60,286,832	\$	60,309,087

Permanently restricted net assets are restricted to

	June 30			
		2013		2012
Investment in perpetuity, the income from which				
is expendable to support				
Patient care	\$	633,550	\$	633,350
Research and education		12,580,576		12,264,316
Operations		222,302		197,180
	\$	13,436,428	\$	13,094,846

The FASB issued guidance on the net asset classification of donor-restricted endowment funds for NFP organizations subject to a state-enacted version of the Uniform Prudent Management of Institutional Act of 2006 (UPMIFA) The Cancer Center's endowment is subject to the State of Florida Uniform Management of Institutional Funds Act (FUMIFA) as enacted in 2003 Effective July 1, 2012, the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA) replaced FUMIFA FUPMIFA enhances provisions of FUMIFA, apply to all charitable institutions, not just those associated exclusively with education purposes, allow pooling for institutional funds for purposes of managing and investing, delineate factors to be

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Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

considered prior to expenditures of funds, provide new procedures for releasing restrictions on small institutional funds, provide for modification of restrictions on the use of endowment funds and provide for reversion of real property to the board of trustees of the State of Florida Internal Improvement Trust Fund if an entity holding a deed subject to a reverter clause violates the deed restrictions

The following disclosures are made as required by these rules

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.

FUPMIFA requires the Board to use reasonable care, skill, and caution as exercised by a prudent investor, in considering the investment management and expenditures of endowment funds. In accordance with FUPMIFA, the Board may expend so much of an endowment fund as the Board determines to be prudent for the uses and purposes for which the endowment fund is established consistent with the goal of conserving the long-term purchasing power of the endowment fund

In accordance with FUPMIFA, the Cancer Center considered the following factors in making a determination to distribute or accumulate donor-restricted 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

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Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

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 FUPMIFA

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

Notes to Consolidated Financial Statements (continued)

5. Temporarily and Permanently Restricted Net Assets (continued)

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, 2013.

The following is a summary of changes in endowment net assets for the years ended June 30, 2013 and 2012, respectively

	_ <u>U</u> :	nrestricted	ermanently Restricted	Total
Endowment net assets, July 1, 2011 Investment return	\$	1,995,050	\$ 12,789,963	\$ 14,785,013
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 Appropriation of endowment assets		_	304,883	304,883
for expenditure Other changes		(95,921)	_	(95,921)
Appropriation of endowment interest		401,932	_	401,932
Endowment net assets, June 30, 2012		2,131,312	13,094,846	15,226,158
Investment return		222,014	_	222,014
Investment income Net appreciation (realized and unrealized)		1,398,715	_	1,398,715
Total investment gain		3,752,041	13,094,846	16,846,887
Contributions Appropriation of endowment assets		_	341,582	341,582
for expenditure Other changes		(99,192)	_	(99,192)
Appropriation of endowment interest		442,793	_	442,793
Endowment net assets, June 30, 2013	\$	4,095,642	\$ 13,436,428	\$ 17,532,070

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt

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

	June 30		
	2013	2012	
Capital Improvement Hospital Revenue Bonds, Series 1999A, including serial bonds due in varying amounts from July 1, 2012 through July 1, 2014, with interest rates from 4 75% to 5 0% and 5 75% term bonds due July 1, 2029, including an unamortized net original issue premium of \$0 and \$1,245,641 at June 30, 2013 and 2012, respectfully (refunded in November 2012)	\$ -	\$ 33,305,641	
Cigarette Tax Allocation Bonds, Series 2002A and 2002B, including an unamortized net original premium of \$0 and \$752,505 at June 30, 2013 and 2012, respectively (refunded in September 2012)	_	23,962,505	
Capital Improvement Hospital Revenue Bonds, Series 2002C, including 5 375% term bonds due July 1, 2022, and 5 50% term bonds due July 1, 2032, including an unamortized net original discount of \$0 and \$105,986 at June 30, 2013 and 2012, respectfully (refunded in November 2012)	_	8,594,014	
Capital Improvement Hospital Revenue Bonds, Series 2007A, including \$13,560,000 due in varying amounts from July 1, 2013 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 \$981,937 and \$1,002,916 at June 30, 2013			
and 2012, respectively	113,411,937	115,017,916	

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

	June 30			
	2012	2011		
Capital Improvement Hospital Revenue Bonds, Series 2010A, including \$20,720,000 in serial bonds due in varying amounts from September 1, 2013 to September 1, 2030, plus interest at variable rates	\$ 20,720,000	\$ 21,580,000		
Refunding and Capital Improvement Cigarette Tax Allocation Bonds, Series 2012A, including \$96,950,000 in serial bonds due in varying amounts from September 1, 2013 to September 1, 2029, and \$35,360,000 of 4 00% term bonds due September 1, 2033, including an unamortized net original premium of \$11,307,276 and \$0 at June 30, 2013 and 2012, respectively	143,617,276			
Hospital Revenue Refunding Bonds, Series 2012B, including \$36,635,000 in serial bonds due in varying amounts from July 1, 2013 to July 1, 2032, plus interest at variable rates, including an unamortized net original premium of \$3,039,651 and \$0 at				
June 30, 2013 and 2012, respectively	39,674,651			
	317,423,864	202,460,076		
Less current portion	(4,595,000)	(7,950,000)		
	\$ 312,828,864	\$ 194,510,076		

In March 1999, the Cancer Center issued \$42,000,000 in Capital Improvement Hospital Revenue Bonds (Revenue 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 These Bonds were refunded during the year ended June 30, 2013

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

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. These Cigarette Tax Allocation Bonds were retired during the year ended June 30, 2003.

In November 2002, the Cancer Center issued \$96,210,000 in Cigarette Bonds, Series 2002A, and 2002B, and \$10,345,000 of 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 These Cigarette Tax and Revenue Bonds were refunded during the year ended June 30, 2013

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, 2013, the Cancer Center is in compliance with these requirements

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

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, 2013, the Cancer Center is in compliance with these requirements

In September 2012, the Cancer Center issued additional Cigarette Tax Bonds in the amount of \$132,310,000 and refunded the existing Series 2002A and Series 2002B Cigarette Tax Bonds The additional Cigarette Tax Bonds were issued for the construction and equipping of a multistory clinical and research facility, as well as the construction and equipping of clinical and research facilities, including additional bed capacity, operating suites, and associated facilities and infrastructure 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 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, 2013, the Cancer Center is in compliance with these requirements

In November 2012, the Cancer Center issued \$36,635,000 in Revenue Bonds, Series 2012B The proceeds were used to refinance the existing Series 1999A and Series 2002C Revenue Bonds in order to achieve cost savings based on the current economic environment The 2012B 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, 2013, the Cancer Center is in compliance with these requirements

A gain on early extinguishment of debt of approximately \$1,349,000 was recorded during 2013, and is included in other nonoperating gains, net in the accompanying consolidated statements of operations and changes in net assets

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

Maturities of long-term debt as of June 30, 2013, are as follows

2014	\$ 4,595,000
2015	8,560,000
2016	8,850,000
2017	9,180,000
2018	9,525,000
Thereafter	261,385,000
	302,095,000
Unamortized net premium	15,328,864
	\$ 317,423,864

For the years ended June 30, 2013 and 2012, the Cancer Center incurred interest costs of approximately \$8,810,000 and \$9,165,000, respectively, and paid interest of approximately \$11,137,000 and \$9,521,000, respectively Interest capitalized was approximately \$3,345,000 (interest costs of approximately \$3,475,000 net of capitalized interest income of approximately \$130,000) and \$426,000 (interest costs of approximately \$468,000 net of capitalized interest income of approximately \$42,000) in 2013 and 2012, respectively

At June 30, 2013 and 2012, 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, 2013, the Cancer Center is in compliance with these requirements. There were no outstanding balances under the line of credit at June 30, 2013 and 2012.

Notes to Consolidated Financial Statements (continued)

7. Operating Leases

Rental expense for space and equipment incurred under operating leases was approximately \$9,508,000 and \$10,391,000 in 2013 and 2012, respectively Commitments for noncancelable operating leases with terms in excess of one year are as follows

2014	\$ 5,534,784
2015	5,197,741
2016	3,080,212
2017	1,839,002
2018	1,709,673
Thereafter	16,643,710_
	\$ 34,005,122

8. Retirement and Health Plan

The Cancer Center has a defined contribution benefit plan (the Plan) covering substantially all of its employees Previously, the Cancer Center's contribution to the Plan was based on a percentage of eligible payroll. As of January 2013, this discretionary contribution was no longer made and all of Moffitt's contributions to retirement accounts are now made through a matching contribution formula 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 \$16,052,000 and \$18,104,000 in 2013 and 2012, 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 \$23,427,053 and \$27,594,000 for the years ended June 30, 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued)

9. Nonoperating Gains, Net

Nonoperating gains, net, consist of the following

	Year Ended June 30			
	_	2013	2012	
Interest income and dividends	\$	3,679,877	\$ 3,594,684	
Net unrealized and realized investment gain (losses)		4,718,042	(1,389,825)	
Gain on early extinguishment of debt		1,348,691	_	
Loss on sale of property, plant, and equipment		(444,915)	(110,858)	
Other gains, net		687,992	264,614	
	\$	9,989,687	\$ 2,358,615	

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 \$57,500,000 or 75%, and \$66,900,000 or 82%, due from managed care payors and \$17,900,000 or 23%, and \$17,700,000 or 22%, due from the Medicare program at June 30, 2013 and 2012, respectively. The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services. Accounts receivable are reported net of estimated allowances for uncollectible accounts in the accompanying consolidated balance sheets

Notes to Consolidated Financial Statements (continued)

11. Pledges Receivable

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

	June 30			
	2013 2012			
Pledges due				
In less than one year	\$ 3,754,159 \$ 1,373,713			
In one to five years	13,424,170 10,998,327			
	17,178,329 12,372,040			
Discounts on pledges greater than one year	(3,339,352) (3,274,515)			
Allowance for uncollectible pledges	(90,000) (30,000)			
	13,748,977 9,067,525			
Less current portion	3,754,159 1,373,713			
	\$ 9,994,818 \$ 7,693,812			

At June 30, 2013 and 2012, approximately \$13,701,000 and \$9,923,000, 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, 2013, the Cancer Center did not record approximately \$91,000 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, 2009, 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, 2013 and 2012, approximately \$0 and \$8,000, respectively, was released from restrictions as qualifying expenses were made for the purposes as defined in the related agreement

Notes to Consolidated Financial Statements (continued)

12. Other Funding Sources (continued)

The Cancer Center receives funds from pharmaceutical companies for research and development related to the Cancer Center Initiatives 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, 2013 and 2012, the Cancer Center recognized \$1,049,000 and \$3,248,000, 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 of South Florida (the University) through an affiliation agreement whereby the Cancer Center and its subsidiaries agree to participate as an affiliated teaching hospital of the University and to permit the use of the facilities and access to its programs and patients by University faculty, resident physicians, and students for mutually approved patient care, training, education, and research programs and activities. The amounts charged to the Cancer Center for transactions with the University may not necessarily result in the net costs that would be incurred by the Cancer Center on a stand-alone basis

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

Notes to Consolidated Financial Statements (continued)

13. Affiliated Organizations (continued)

The Cancer Center has other agreements with the University to purchase utility services, to lease parking spaces, and to provide maintenance, cleaning, environmental, and water services to the University During 2013 and 2012, the Cancer Center paid the University approximately \$7,724,000 and \$7,567,000 and received approximately \$148,000 and \$141,000 in connection with these agreements

During the years ended June 30, 2013 and 2012, 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

	y ear Ended June 30				
	2	2013	2012		
Faculty salaries	\$ 9,	637,000 \$	9,256,000		
Other support	8	864,000	672,000		

Amounts due from (to) the University are as follows

	June 30				
		2013	2012		
Due from (included in prepaid and other current assets) Due to (included in accounts payable and	\$	1,174,000	\$	1,598,400	
accrued expenses)		(667,000)		(517,000)	

The University of South Florida Foundation, Inc (the Foundation), 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 Foundation's Board of Directors Approximately \$7,157,000 and \$6,283,000 of investments at June 30, 2013 and 2012, respectively, are held by the Foundation for the dual benefit of the Cancer Center and the University Such amounts are not included in these consolidated financial statements

Notes to Consolidated Financial Statements (continued)

14. Professional Liability and Other Contingencies

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 28 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 sheets, accrued expenses and other liabilities include \$2,862,000 and \$1,909,000 for professional liability reserves as of June 30, 2013 and 2012, respectively

The Cancer Center may be liable for potential losses in excess of the amount recorded at June 30, 2013, 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, 2009, 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

From time to time, the Cancer Center is subject to other asserted claims and is aware of other unasserted matters that might be asserted at a later date. In the opinion of management, the resolution of all such matters would not have a significant impact on the Cancer Center's financial position.

Notes to Consolidated Financial Statements (continued)

15. Functional Expenses

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

	Year Ended June 30				
	2013 201				
Patient care	\$ 644,382,827	\$ 633,148,988			
Research and education	107,974,218	119,933,517			
Fund-raising	4,990,441	4,917,876			
General and administrative	14,213,879	14,012,043			
	\$ 771,561,365	\$ 722,012,424			

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				
	2013 20			2012	
Restriction accomplished					
Patient care	\$	484,131	\$	416,628	
Research and education		24,417,445		28,301,466	
Patient and family lodging		469,776		376,611	
Financial aid for employees		8,134		6,452	
Cigarette Tax – used for payment of					
principal and interest		7,666,403		6,222,692	
Time		608,812		459,939	
	\$	33,654,701	\$	35,783,788	

Supplementary Information

Consolidating Balance Sheet

June 30, 2013

	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
Assets								
Current assets								
Cash and cash equivalents	\$ 10.875	\$ 82 746 513	\$ 135 892	\$ -	\$ 260 191	\$ 3 788 212	\$ \$	86 941 683
Current portion of assets limited as to use	-	9 275 205	-	-	-	-	_	9 275 205
Accounts receivable net	67 619 381	-	-	9 395 812	-	-	_	77 015 193
Current portion of pledges receivable	-	-	3 754 159	-	-	-	_	3 754 159
Inventories	8 491 465	_	-	-	-	-	_	8 491 465
Grant receivables	1 300 429	7 562 237	-	-	-	-	_	8 862 666
Prepaid and other current assets	1 441 863	23 084 720	260 656	178 386	_	567 790	(13 498 418)	12 034 997
Total current assets	78 864 013	122 668 675	4 150 707	9 574 198	260 191	4 356 002	(13 498 418)	206 375 368
Assets limited as to use net of current portion	-	200 569 940	93 049 949	-	_	-	-	293 619 889
Pledges receivable less discounts and allowances for								
uncollectible pledges net of current portion	-	-	9 994 818	-	-	_	-	9 994 818
Property plant and equipment								
Land	_	9 306 184	_	_	-	_	_	9 306 184
Building and land improvements	281 110	359 790 706	330 262	_	-	_	_	360 402 078
Equipment	157 219 271	229 921 992	172 100	63 874	_	154 506	_	387 531 743
	157 500 381	599 018 882	502 362	63 874	-	154 506	-	757 240 005
Less accumulated depreciation	(127 571 487)	(296 029 646)	(464 041)	(48 671)	_	(128/262)		(424 242 107)
	29 928 894	302 989 236	38 321	15 203	-	26 244	-	332 997 898
Construction-in-progress	720 665	7 662 159	=	=		=	=	8 382 824
	30 649 559	310 651 395	38 321	15 203	-	26 244	-	341 380 722
Other assets	75 000	2 311 378	1 674 663	_	4 800	_	(500 100)	3 565 741
Interest in net assets of Foundation	3 148 306	25 873 058	_	-	-	-	(29 021 364)	_
Total assets	\$ 112,736,878	\$ 662,074,446	\$ 108,908,458	\$ 9,589,401	\$ 264,991	\$ 4,382,246	\$ (43,019,882) \$	854,936,538

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Consolidating Balance Sheet (continued)

H Lee Moffitt

		H Lee Moffitt Cancer Center & Research Institute Hospital, Inc		Moffitt Center & earch ite, Inc	H Lee Moffitt Cancer Center & Research Institute Foundation, Inc		Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc		Moffitt Technologies Corporation		loffitt enetics poration	Eliminations	Total
Liabilities and net assets				•	· · · · · · · · · · · · · · · · · · ·		,						
Current liabilities													
Accounts payable and accrued expenses	\$	25 656 727	\$ 2	0 494 152	\$ 5 670 889	\$	1 637 564	\$	-	\$ 8	8 455 632	\$ (13 498 418) \$	48 416 546
Accrued employee compensation		2 068 000	3	1 101 102	107 000		4 711 028		_		264 864	_	38 251 994
Accrued interest		_		5 673 463	_		_		_		_	_	5 673 463
Estimated third-party settlements		12 598 877		_	-		-		_		_	_	12 598 877
Current portion of long-term debt		-		4 595 000	-		-		_		_	_	4 595 000
Total current liabilities		40 323 604	6	1 863 717	5 777 889		6 348 592		-	8	8 720 496	(13 498 418)	109 535 880
Other liabilities		3 486 369	1	3 721 546	585 386		-		4 800	.3	3 266 402	_	21 064 503
Long-term debt net of current portion		-	31	2 828 864	-		-		_		_	_	312 828 864
Total liabilities		43 809 973	38	8 414 127	6 363 275		6 348 592		4 800	11	I 986 898	(13 498 418)	443 429 247
Net assets													
Unrestricted		65 778 599	23	4 982 896	41 626 288		3 240 809		260 191	(7	7 604 652)	(500 100)	337 784 031
Temporarily restricted		3 148 306	3	8 677 423	47 482 467		_		-		-	(29 021 364)	60 286 832
Permanently restricted		_		_	13 436 428		_		_		_	_	13 436 428
Total net assets		68 926 905	27	3 660 319	102 545 183		3 240 809		260 191	(7	7 604 652)	(29 521 464)	411 507 291
Total liabilities and net assets	\$	112,736,878	\$ 66	2,074,446	\$ 108,908,458	\$	9,589,401	\$	264,991	\$ -1	1,382,246	\$ (43,019,882) \$	854,936,538

Consolidating Statement of Operations

Year Ended June 30, 2013

H Lee Moffitt

	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	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	\$ 620 665 293	\$ -	\$ -	\$ 70 486 817		\$ -	\$ - \$	
Provision for patient service bad debts	(11 240 478)	-	-	(3 085 895)	_	-	_	(14 326 373)
Net patient service revenues less								
provision for bad debts	609 424 815	_	-	67 400 922	-	-	_	676 825 737
Other revenues less provision for grant and other bad debts	18 206 447	76 317 365	3 895 473	1 391 995	=	3 597 682	(25 844 667)	77 564 295
Net assets released from restrictions and		15 107 202	0.007.534					25 00 1 000
used for operating expenses	627 631 262	15 197 382	9 897 526	68 792 917		3 597 682	(25 844 667)	25 094 908 779 484 940
Total unrestricted revenues and other support	027 031 202	91 514 747	13 792 999	09 192 911	=	2 397 082	(55 844 007)	113 494 340
Expenses								
Salaries wages and benefits	187 304 178	110 907 990	1 752 446	80 332 563	_	3 690 233	-	383 987 410
Faculty fees	8 536 430	1 079 300	-	229 433	_	-	(208 433)	9 636 730
Purchased services	37 846 412	35 490 109	2 104 655	4 217 795	-	3 832 367	(14 049 185)	69 442 153
Supplies	190 912 829	12 224 518	19 380	87 645	_	70 810	_	203 315 182
Other operating expenses	15 008 032	39 291 295	11 414 588	1 403 254	_	356 961	(11 551 521)	55 922 609
Intercompany Services	102 622 324	(114 680 788)	975 020	11 083 444	_	-	-	_
Depreciation and amortization	10 798 425	29 564 108	32 120	13 216	_	39 189	-	40 447 058
Interest	=	8 810 221	=	=	-	35 530	(35.528)	8 810 223
Total expenses	553 028 630	122 686 753	16 298 209	97 367 350	_	8 025 090	(25 844 667)	771 561 365
Income (loss) from operations	74 602 632	(31 172 006)	(2 505 210)	(28 574 433)	-	(4 427 408)	-	7 923 575
Nonoperating gains net	1 126 567	2 635 636	6 181 264	39 282	966	5 972		9 989 687
Excess (deficiency) of revenues and gains								
over expenses and losses	\$ 75,729,199	\$ (28,536,370)	\$ 3,676,054	\$ (28,535,151)	\$ 966	\$ (4,421,436)	\$ - \$	17,913,262

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